which include risk of self-harm/suicide, risk to others and risk from others. AMBER.

Diagnosis: 66% of the letters had a clearly defined diagnosis or clinical impression which were at times (43%) not concise. AMBER.

Medication: Only 12% of the letters had a list of medications and any changes to medication by psychiatry liaison services clearly documented. RED.

Actions for GP: Only 29% of the letters had an identifiable list of actions for the GP to undertake. RED.

Conclusion: The audit highlighted that lack of a local service specific guidance and a lack of a standardized GP format led to marked variability, lack of consistency and missing of vital information from GP discharge letters; furthermore it became apparent that some letters were not uploaded to the electronic system.

Adherence to Trust Section 17 Leave Policy at High Dependency Unit and an Open Rehab Unit

Dr Heba Salem and Dr Nidhi Gupta

BSMHFT, Birmingham, United Kingdom

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Aims: Following initial audit on trust policy for section 17 leave in 2023, this second cycle aimed to reassess staff adherence with the trust section 17 leave policy as well as monitor the change in practice. The first cycle of audit was presented at the clinical forum, and all the professionals agreed about documentation of reflections on leave and urine drug screen (UDS) in electronic notes.

Methods: Data was collected retrospectively from electronic case notes/patient portal in July 2024, for all detained patients on both units. Fifteen patients were included in this audit. Section 17 leave was a Multidisciplinary team (MDT) decision.

Results: For all patients, a clear discussion regarding appropriateness of leave including current presentation and risk were documented. A clear physical description and photographs were completed for all the patients. The patients involved in the audit had utilized a total of 197 leaves in a one-month period. This included 33 escorted, 155 unescorted, 9 accompanied leaves. For accompanied leave, the accompanying person, and the purpose of the leave was recorded. For all leaves, restrictions and contingency plan were clearly documented on the leave prescription.

At the end of any leave period, staff reflection on the leave period were documented in 7.6% as compared with 20.14% in the first cycle of the audit. Staff scored 100% in recording patient feeling after the leave on patient portal. Out of 155 unescorted leaves, 92 leaves had search restriction. 100% searches were conducted which was an improvement from 95% in first cycle. UDS required as per leave prescription for 62 of unescorted leaves were completed and documented in 53.20%, which was an improvement from 17.20% in the first cycle.

Conclusion: The audit results show effective completion of risk assessment, physical description and making leave decisions as an MDT. There had been slight increase in the post leave search and UDS in comparison to the first cycle of audit (2023). However, staff reflection on electronic notes and UDS compliance still needs improvement.

Recommendations include increased training of staff in documentation, regular audits, and encouraging post leave evaluations to enhance the safety of section 17 leave process.

Re-Audit of the Assessment and Prevention of Risk of Fragility/Osteoporotic Fractures by Community Physicians in at Risk Old-Age Female Patients Admitted to Central Norfolk Older Adult Inpatient Unit at the Norfolk and Suffolk NHS Foundation Trust

Dr Samuel Diduyemi, Dr Amina Jaji, Dr Roseline Abiola Samuel

Norfolk and Suffolk NHS Foundation Trust, Norwich, United Kingdom

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Aims: Osteoporotic fractures are a major cause of mortality and morbidity in older adults, often leading to long-term disability and reduced quality of life. The National Institute for Health and Care Excellence (NICE) guidelines (2012) recommend that women aged ≥65 years and men aged ≥75 years be assessed for fracture risk using tools such as FRAX and QFracture. These assessments help identify high-risk individuals, enabling timely interventions like lifestyle changes, bone density scans (DEXA), and pharmacological treatments, including calcium and bisphosphonates, to prevent fractures. This audit aims to assess compliance with these NICE guidelines by General Practitioners (GPs) in a hospital setting and determine whether high-risk patients received appropriate management.

Methods: Retrospective audit was conducted using electronic patient records. The sample included 20 patients admitted to the ward in the month of December 2024. The audit focused on determining whether fracture risk assessments were performed using FRAX or QFracture for service users (women) aged 65 years and older. Additionally, the audit examined whether high-risk patients received appropriate management, including bone density scans (DEXA), lifestyle changes, and pharmacological treatments. Secondary risk factors such as chronic kidney disease, diabetes, and smoking were also evaluated for their impact on fracture risk.

Results: 0% had documented FRAX/QFracture assessments or evidence of a DEXA scan.

Over 90% of the audited patients were classified as having intermediate or high risk for major osteoporotic or hip fractures within 10 years.

Despite the high fracture risk, only 19% of patients were actively treated with bone-protecting medications, and none had documented assessments for fragility fracture risk prior to admission.

60% of the patients had secondary risk factors, such as chronic kidney disease, diabetes mellitus, rheumatoid arthritis, glucocorticoid use, smoking, or low BMI, which further increased their fracture risk.

Approximately 70% had a history of falls, and 57% had a history of previous fractures. However, none had undergone orthopaedic surgeries.

Internal barriers to initiating bone-protecting medications, largely due to the mental health-focused nature of the care