

found in the assigned handover teams channel, therefore, it is possible that the handover was sent in another way, i.e. in private chat in teams or emails etc. This audit has concluded the importance of keeping handover in one assigned place, so records can be easily accessible to other team members when needed.

Recommendations were made by meeting the locality college tutor, discussion was carried around notifying all doctors in training about the importance of handover in induction meetings and reminder emails. A poster was also designed and put in doctors' on-call room.

This audit is to be repeated for monitoring purposes. with a recommendation of having senior doctors involvement in monitoring.

There have been some limitations in doing this audit, for instance, the handover for twilight shifts could have been only partial when completed and this audit did not go into details whether full handover was received from all wards or not. This audit also did not look into the quality of the handover itself – whether details are clear and information needed is provided.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

An Audit on Antidepressant Prescribing Practices for Children and Adolescents With Depression in Tonteg Hospital, Tonteg

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Aims: To measure the extent to which management of depression in children and adolescents compares with standard guidelines.

To enhance the quality of care and improve management practices for depression in children and adolescents.

Methods: Source of data: Electronic patient records.

Audit time frames:

Initial audit: 01/01/2017–31/01/2024.

Re-audit: 01/06/2024–31/01/2025.

Retrospective data.

Inclusion Criteria: Children and adolescents from the Taf Ely area within the Rhondda Cynon Taf Council, Wales diagnosed with depression and started on antidepressants between January 2017 and January 2025 in Tonteg Hospital were studied.

Exclusion Criteria: Patients prescribed antidepressant medication without a diagnosis of Depression.

Results: Demographics: In both the initial audit and the re-audit, females outnumbered males. The age range was 13–18 years.

Findings: In the initial audit, 82.6% (38/46) of the patients had other diagnosis (e.g., anxiety, eating disorders, PTSD). This was 54.5% (6/11) in the re-audit. There were no comorbid cases of bipolar disorder and psychosis.

Psychological therapy was provided to 63% (29/46) of patients before initiating antidepressants in the initial audit, improving to 82% (9/11) in the re-audit.

100% of the patients were prescribed a single antidepressant medication in the initial audit and re-audit. Fluoxetine and sertraline were the only prescribed antidepressants. No other psychotropic medication was prescribed.

Conclusion: The findings are not different with regards to the prevalence of depression in males compared with females. There is a higher prevalence of depression in females in both audit and re-audit.

In the re-audit, there is an 82% compliance with the latest NICE guidelines for the treatment of depression in children and adolescents. This is an improvement from the initial audit which showed a 63% compliance.

Following the initial audit, it was recommended that psychotherapy must be considered before starting any child with a diagnosis of depression on an antidepressant medication. Also, this information must be included in letters sent to the GP. These recommendations were effectively implemented, contributing to improved compliance in the re-audit.

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Enhancing Patient Safety: Audit of Medicines Reconciliation of Psychiatry Inpatients in NHS Lanarkshire 2023–24

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Aims: Medication errors at the interface of care (admission, transfer and discharge) are a leading cause of patient morbidity and mortality. For this reason, the Scottish Patient Safety Programme and National Institute for Health and Care Excellence (NICE) have highlighted the need for accurate medicines reconciliation, and set a 95% standard that all medicines should be reconciled within 24 hours of the patient's admission. This audit intended to assess quality of completion of Medicines Reconciliation forms and identify any potential barriers to completion. The objectives of this audit were to assess current adherence to local Medicines Reconciliation guidelines across General Adult Psychiatry Wards 19 and 20 in University Hospital Hairmyres (UHH) and identify any potential factors which may be contributing to Medicines Reconciliation forms not being completed appropriately.

Methods: An audit of Medicines Reconciliation form completion for admissions to Wards 19 and 20 in UHH was carried out retrospectively for all (24 no.) patients admitted from 10/11/2023–12/12/2023 using electronic case notes. Other systems, including the software for online prescribing and TrakCare were also used. Each section of the proforma was assessed and information recorded in an Excel spreadsheet as well as information about whether this was completed in the first 24 hours of admission. Following this, a summary document with the latest guidelines and the link to an e-learning module were distributed amongst the Resident Doctors, and raised at the monthly Resident Doctor's meeting. The form completion was then re-audited for patients admitted from 11/3/24–11/4/24 (34 no.).

Results: In the first cycle of the audit, only 70% of patients had their form completed within 24 hours of admission, which then improved to 100% in the second cycle. Another section with poor compliance in the first cycle was the section confirming that 2 sources of information had been used (66% completed), which also increased to 100% in the re-audit. In terms of the other parameters assessed, there were improvements in all 12 areas.

Conclusion: The audit was straightforward to carry out and yielded valuable insights to improving inpatient psychiatry care. However,

the results may have been influenced by individual variability, given the involvement of multiple doctors in the clerking process for new admissions. The findings highlight the importance of regular training and reinforcement of local guidelines to enhance patient care. Nonetheless, there remains an opportunity for further work in this area, including regional audits and updates to local guidelines.

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Audit on the Appropriateness of Monitoring Frequencies and Clinical Escalation From National Early Warning Scores 2 (NEWS2) in Old Age Psychiatry Patients

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Aims: Physical health monitoring and assessment in psychiatry is fundamental to holistic care provision, and NEWS2 provide an objective, standardised pathway that aids the timely detection of clinical deterioration. This subsequently facilitates appropriate clinical review and care escalation.

This audit based on an older adult functional psychiatric ward aimed to evaluate the adherence to NEWS2 protocols in the following domains:

Monitoring frequency.

Clinical responses to NEWS2.

Methods: A thorough review of NEWS2 documentation for 24 patients on Beech Ward at Rochford Hospital over the same time period of 3 weeks was completed. Of these patients, 12 were present for this same time period, and 3 of these patients were omitted due to frequent refusal of clinical observations. This review yielded 476 NEWS2 entries from 9 patients between ages 68–86, with a gender ratio of 4:5 male to female and admission durations from 44–355 days. The aggregate score for each NEWS2 entry was collated, and the appropriateness of monitoring frequency was assessed by directly comparing the documented monitoring frequency to the Royal College of Physicians' recommended monitoring frequency. To evaluate the appropriateness of clinical responses to the aggregate score, care escalation documentation for each NEWS2 entry alongside corresponding clinical documentation of patient reviews by nursing staff and doctors were assessed.

Results: This study yielded 476 NEWS2 entries – 42% demonstrated appropriate monitoring frequencies, with most adherence to 12-hourly routine monitoring due to NEWS 0 (81%). The remaining 58% of entries evidenced monitoring frequencies which deviate from standard recommendations, with all of these observations monitored at frequencies less than the recommended minimum. Recommended minimum 1-hourly observations were monitored up to 12-hourly, minimum 4-hourly observations were monitored up to 30-hourly, and minimum 12-hourly observations were monitored up to 48-hourly. Inappropriate clinical responses to patient escalation were secondary to incomplete documentation of care escalation, and lack of escalation to the medical team for clinical review in light of a score of 3 in a single parameter.

Conclusion: In conclusion, these findings highlight the need for better adherence to recommended monitoring frequencies to promote patient safety and care, as evidenced by the deviation in monitoring intervals. Clinical nursing responses to NEWS2 were appropriate, however, completeness of documentation is imperative to ensure care escalation is not overlooked. This has prompted discussions with the multidisciplinary team regarding adherence to NEWS2 documentation recommendations, and intradepartmental teaching sessions outlining clinical handover and indications for care escalation.

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Audit of Seclusion: Evaluating Performance Against National and Local Standards

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Aims: Seclusion, under the Mental Health Act (MHA 1983) Code of Practice, is the supervised confinement of a patient to manage severe risks. The Mental Health Law Governance Group commissioned a clinical audit to assess compliance with the Trust's Seclusion Policy and MHA Code of Practice, prioritised in the 2024–2025 Audit Programme.

Aim and objectives were to improve the management of patients undergoing seclusion at North Staffordshire Combined Healthcare NHS Trust (NSCHT), and to assess compliance with seclusion standards and identify actions for improvement where necessary.

Methods: All seclusions were identified by the Mental Health Law Team (n=46) from January 2023 to February 2024. Data were collected using a template based on standards and analysed with SPSS by the Clinical Audit Department.

Results: Seclusions mostly occurred within the first week of admission, mainly in patients with bipolar disorder or paranoid schizophrenia, with over half detained under Section 2 of the MHA. The majority were authorised by the Nurse in Charge, with incident forms completed in 83% and de-escalation attempted in 87%. NEWS (National Early Warning Score) was incomplete in 82% at seclusion initiation. The Site Manager was informed in all cases, but timings were unclear in 93.5%. The doctor was notified in all but one case (67% within 30 minutes).

100% had medical reviews, with 39% within one hour and 29% after 120 minutes. In 96% of cases, reviews were repeated before Multi-disciplinary Team (MDT) meetings, with half occurring every four hours. Nursing reviews occurred in all cases, with half conducted every two hours and two nurses involved in two-thirds of cases.

Internal and external MDTs took place in 63% and 72% of cases, respectively. Internal MDTs occurred in 17% of cases in the first 24 hours, and external MDTs in 46%. External MDTs were repeated every 24 hours in 83%. In 46% of cases, both internal and external MDTs were conducted, but 11% had neither. Night-time reviews were suspended in 14 cases, as 10 patients were asleep, leading to review deferral.