



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.

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.

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

Dr Vanessa Tolulope Jacobs, Dr Wan Yee Ko, Dr Monira Miah and Dr Ivan Shanley

Essex Partnership University NHS Foundation Trust, Rochford, United Kingdom

doi: [10.1192/bjo.2025.10610](https://doi.org/10.1192/bjo.2025.10610)

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.

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.

Audit of Seclusion: Evaluating Performance Against National and Local Standards

Dr Sadia Tabassum Javaid, Dr Raman Mittal, Dr Qammar Jabbar, Mrs Corrina Bentley and Miss Samantha Dawson

North Staffordshire Combined Healthcare NHS Trust, Stoke-on-Trent, United Kingdom

doi: [10.1192/bjo.2025.10611](https://doi.org/10.1192/bjo.2025.10611)

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.