12-month period. The objectives were to assess whether the side-effects were being monitored regularly, whether a scale (Liverpool University Neuroleptic Side-Effect Rating Scale or LUNSERS) was being used or not, the grade of staff conducting the assessment and whether the outcomes being scored and reviewed adequately in Multi-Disciplinary Team meetings or Care Programme Approach meetings.

Methods.

- It was a retrospective, cross-sectional audit involving inpatients on the Learning Disability Wards of Rowan View (Medium Secure Hospital under Merseycare) in the time period 01/06/21 to 31/05/22
- No patients were excluded
- Data pertaining to assessment of side-effects to antipsychotics were collected from electronic database PACIS, the computer database used in Rowan View using Microsoft excel tool created by author
- Descriptive statistics were used to analyse data

Results. There were 27 patients included in the study from four different learning disability wards in Rowan View Hospital. In all but one (96.3%), side-effects to antipsychotics were assessed at least once in 12 months, but formal assessment using a rating scale was conducted in only 88.5%. In majority of patients, only one assessment was done in 12 months (43.8%) whilst the maximum was 3 assessments in a year in 34.8%. None of the assessments had the grade of staff noted whilst only 8.7% assessments were scored despite 91.3% being calculated and only 26.1% assessments even reviewed further. All patients reported side-effects to some extent.

Conclusion. The modality and frequency of reviewing side-effects to antipsychotics in this neuro-sensitive patient population was noted to be inadequate. The practice of using LUNSERS appears to be completed only superficially with questionable delivery and review of results. There is no formal guideline available nation-wide for basing this assessment of side-effects despite STOMP actions (other than suggestions) and a real deficit was identified. A creation of a formal guideline for monitoring side-effects in patients with Learning Disability is needed and is currently being addressed by Rowan View Patient Safety Team.

Auditing the Treatment of Post-Traumatic Stress Disorder in Patients Experiencing Inner-City Homelessness

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Aims. Post-traumatic stress disorder (PTSD) is a mental health diagnosis resulting in symptoms which make daily functioning challenging and higher cognitive ability often troublesome, resulting in a diminished quality of life that requires specific intervention to improve. The objective of this audit was to evaluate whether evidence based best practice is being met, regarding the treatment of PTSD in 62 individuals experiencing inner city homelessness. The overarching aim of this research was to shine a light on some of the prominent obstacles that are preventing access to healthcare, particularly in a population that historically struggle to raise their hand and ask for help.

Methods. The method used was a classic audit-cycle structure, using quantitative and qualitative measures to visualise outcomes. Data were gathered through retrospective analysis of patient documentation, communications between services and records dating back to each original diagnosis.

Results. The results indicated that best practice in the form of trauma-focused therapies is not occurring as outlined by national guidance within this sample, but instead medication is acting a crutch, allowing individuals to cope with daily life. Over the 13-year period, 11% of individuals received some form of psychological therapy. Possible reasons for this suboptimal outcome were investigated, resulting in recognition of an array of barriers faced by the homeless population in accessing required therapeutic intervention. Results indicated the most common reasons for unsuccessful therapy were lack of contact or engagement by the individual, discharge on the grounds of substance misuse, then lack of record or follow-up within the service records.

Conclusion. In conclusion, barriers to the delivery of effective therapy are multifactorial and recommendations have been made here to promote integration of care across services, possibly providing an alternative pathway for these patients. Forward thinking models of psychologically informed environments may be useful to deliver treatment to people experiencing homelessness, in way that is accessible and approachable to them. Additionally, it has been recognised that improvement in communication across services regarding mental health interventions is required, to allow continual evaluation and improvement of care in the area. Finally, the question was raised whether current guidance is suitable and generalisable to the homeless population, particularly those under complex circumstances and co-morbid with substance or alcohol misuse. All recommendations have been made in the aim of improving provision of care for this population, to avoid deepening of already established health inequalities and to combat the inverse care law.

Audit of the Metabolic Side-Effects on Autistic Inpatients on a Rehabilitation Ward

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Aims.

- To evaluate current compliance in monitoring metabolic side effects for the patients with the diagnosis of autism, following the recommendations of NICE guidelines.
- Establish evidence based practices to reduce morbidity and increase quality of life.
- To identify areas of improvement.

Methods. Springs centre is a male locked secure rehabilitation ward, specialised in treating people with Autistic Spectrum Disorder (ASD), Learning Disabilities (LD) and co-morbid mental health conditions. It is a 17-bedded ward for male adults between 18 and 65 years old. Service users are transferred from hospitals or community placements located at the South East of England.

We collected data from service users admitted to the Springs Centre between 1st of January and 31st of July 2022. The selection

Criteria included in patients with a diagnosis of ASD, taking anti-psychotic medication, with records of clinical interventions and investigations. We conducted a search to electronic and paper files. Electronic records were available at MYPATH system as well as ward files with physical observations and health Action plans. Data were collected on spreadsheets and later analysed.

Results. A total of 17 patients were identified, we excluded 2 service users that were not taking antipsychotic medication, and 1 of these did not have a diagnosis of ASD. We collected data from 15 participants. All patients have Blood pressure, Body Mass Index and measure of HbA1C (100%), 86.6% had records of lipid profile, but only 60% have a waist circumference.

We analysed individually the risks factors for metabolic syndrome on the 15 selected patients; 79 % of the patients had excess central adiposity (large WC). 20% among males were diabetic type 2 and smokers. About 40 percent (40%) of sampled individuals were obese.

Conclusion. The findings of our study supports the notion that screening for metabolic side-effects needs to be prioritised for individuals. Clinicians need to be aware of the risk of metabolic syndrome. Periodical screening is required across all health services treating people with ASD, especially those taking regular medication. General measures of control such as losing weight, exercising regularly. Eating a healthy, balanced diet to keep blood pressure, cholesterol and blood sugar levels under control. Also, stopping smoking.

Lithium Monitoring in the Community; Mapping, Finding, Improving

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Aims. Lithium is a well-recognised treatment in Affective Disorders. Careful monitoring is required due to its narrow therapeutic index. Adherence to monitoring standards has been generally poor with high levels of incidents reported to the National Patient Safety Agency leading to financial settlements and inclusion in patient safety alert potentially selected on inspection by the Care Quality Commission. This audit aimed at mapping the provision of lithium monitoring for patients stable on Lithium in Vale Royal to facilitate implementation of quality improvements in ongoing transformation of community services. There are twelve general practices in Primary Care (PC) for this area, one specialist mental health Trust Cheshire and Wirral Partnership NHS Trust (CWP) and one Hospital Trust MidCheshire Hospital Trust (MCHT).

Methods.
1. Systems inventory
   No lithium central register was identified.
   All lithium requests were processed by North Midlands and Cheshire Pathology services (NMCPS).
   In specialist care lithium was managed by one Consultant Psychiatrist.
   In primary care nine practices provided information, all supported by a software overseen by administrative staff working collaboratively with doctors.

   b. Data collection.
   Anonymised Lithium results for adult patients stable between November 2021–2022 were collected from NMCPS.
   Plasma levels and frequency were compared to generally accepted standards of 0.4-1 mmol/L every 6 months for stable patients.

Results. Ninety patients were identified, eighty in PC and ten with CWP, median age 58, females (53%)/males (47%) gender ratio.

Frequency was mostly 3 monthly for 74% of patients in PC and 80% for CWP.

Levels below 0.4 mmol/L were found in 22.5% of levels measured in PC and 27% for CWP, and over 1 mmol/L in 5% in PC and 0% CWP.

Conclusion. This audit revealed that lithium monitoring for stable patients was primarily managed in PC.

Lithium level was measured more frequently than recommended which could be due to automated cues. Levels were often maintained at the lower end of the range. Those findings could be medically related.

Both computer and clinician led systems allowed for meeting, if not exceeding, targets.

Electronic systems are likely cost savings over a specialist clinic but could generate potentially unnecessary automatic checks, still require data reviews and medical oversight. This could be addressed by system amendments and an audit programme.

The absence of formally recognised central register could be remediated by shared agreement and managed by NMCPS.

Systemic approach to lithium monitoring can be collaboratively extrapolated to other localities, medications, or targets .

Naloxone Audit

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Aims. The aim of this audit was to look into the services' fidelity of Naloxone provision and training across the Essex wide area compared with local guidelines as well as national guidelines (UK guidelines on clinical management of drug misuse and dependence, 2017)

Methods. The electronic records database for substance misuse services (THESEUS) was used for extracting the data. A total of 1991 patient records were analysed out of these 885 patient records were excluded, as these patients had never injected heroin. The remaining 1106 patient records were treated as the QUALIFYING POPULATION. A time frame period of 3 years (2019 to 2021) was further applied to the qualifying population, which resulted in 700 patient records being analysed for Naloxone data.

Results. Naloxone provision was recorded under two different headings in the electronic database. The first heading, Naloxone episode – indicated the discussion held by the professional with the patient regarding the use of Naloxone. The second heading, Naloxone event – indicated the actual event of Naloxone being provided to the patient by a professional. There was a lack of clarity on both episode and events data capture regarding previously injected status.

Another important finding was that in the NON-QUALIFYING POPULATION i.e., patients who have