cycle. Furthermore, there was almost 100% compliance in nursing/medical documentation of RT administration in patient notes, which was lacking in the previous audit.
- Psych liaison or dementia team involvement was observed in around 33% of cases in the current cycle, whereas it was not evident in the previous cycle.
- Post-sedation monitoring in line with policy was not evident in either cycle.

Conclusion. Overall, both audits highlighted consistent challenges in prescription practices and post-administration monitoring, albeit with variations in compliance levels and team involvement. Since the completion of this re-audit, a new RT policy has been approved which has much clearer guidance for the general hospital. This RT policy will be launched with a programme of teaching and training for the hospital. We aim to track progress by conducting a re-audit within 6–12 months.

Adherence of Baseline Physical Health Monitoring for Patients Receiving Antipsychotic Medications in a Psychiatry Ward, Lahore

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Aims.
- To identify current practices regarding baseline tests monitoring for antipsychotic medications.
- To identify potential causes for not adhering to the standard guidelines.
- To ensure all the baseline tests have been documented and reviewed properly.

Methods. In a retrospective analysis, a cohort of 28 patient case notes was examined in June 2023 to assess the baseline physical health parameters within the Psychiatry department at Punjab Institute of Mental Health, Lahore, in accordance with the guidelines outlined in "The Maudsley Prescribing Guidelines in Psychiatry 13th edition." The data was analyzed to fulfill the audit objectives, and significant trends were subsequently identified.

Results. The baseline assessments encompassed a comprehensive blood count, urea and electrolyte analysis, liver function testing, blood glucose measurement, and blood pressure monitoring, all of which were conducted in 100% of the cases. Nevertheless, electrocardiography (ECG) was only carried out in 71% of the cases prior to the initiation of antipsychotic treatment. Regrettably, there was a lack of documentation regarding baseline weight/BMI monitoring, serum prolactin level assessment, and creatinine phosphokinase level measurement.

Conclusion. The audit revealed several areas of concern that warrant immediate attention and improvement. These include:
- Protocols and Guidelines: The absence of defined protocols poses a significant challenge to maintaining consistent and standardized practices within the department.
- Awareness and Training: There is a noticeable lack of awareness among medical staff, including doctors and nurses, regarding the importance and proper procedures for baseline assessments.
- Sampling Errors: The occurrence of sampling errors during the data collection process has impacted the reliability and accuracy of the obtained results.
- Administrative Challenges: Administrative issues have been identified as a barrier to the seamless implementation of baseline assessment protocols.
- Resource Allocation: Insufficient funding for laboratory resources has hindered the comprehensive and timely conduct of essential tests.
- Test Availability: The limitations in the availability of certain required tests have impeded the thoroughness of baseline assessments for patients.

Addressing these areas of improvement is critical to enhancing the quality of care and ensuring the holistic well-being of our patients. It is imperative to implement robust protocols, enhance staff awareness and training, rectify administrative challenges, secure adequate funding for resources, and ensure the availability of essential tests. These measures will contribute to the delivery of comprehensive and effective healthcare services within the Psychiatry department at Punjab Institute of Mental Health, Lahore.

Completion Audit of Inpatient Glasgow Anti-Psychotic Side-Effect Scale (GASS) Forms

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Aims. Side-effects are a recognised burden of all medications and are linked to poor compliance. In psychiatry, poor compliance can result in a relapse and significant deterioration in mental health. This has an impact on both the patient and the wider healthcare system. It has been speculated that if patients had more control/recognition of side-effects, compliance would increase.

GASS is a self-rating scale for side-effects of antipsychotic medication. It has the added effect of being able to stratify side-effects by their severity and biological system involved (Central Nervous System (Sedating) effects, Neurological (Movement) disorders, Anticholinergic, Gastrointestinal and Endocrine). The form consists of 22 questions with a scoring sheet attached to the reverse. Symptoms are graded by frequency and patient's perceived burden.

The British National Formulary has 'minimum standards' expected. These are designed to create a standardised approach to side-effect reviewing, encouraging a proactive reviewing process. These are meant to take place: After initiation and dose titration, at 3 months and annually thereafter. The National Institute for Clinical Excellence Guideline CG178 and the Scottish Intercollegiate Guidelines Network (Guideline-131) both advocate this standardised approach with the gold standard adding a review at 1 month.

The aim for this project was to audit the current completion rate of GASS forms in inpatient wards. The secondary aim was to improve completion rates after intervention.

Methods.
1. Search case notes and extrapolate data to Microsoft excel.
2. Review data and identify challenges perceived from staff.

3. Implement changes targeting highlighted challenges.
    1. Present at ward QI meetings.
    2. Create & discuss Infographic for staff.
    3. Highlight role/importance of forms and usefulness to clinicians.
4. Re-audit after 2 months.

Results. Initial results found a completion rate of 7% across both wards reviewed (n = 41). Within this, 1 form was actually valid. One of the wards had no completed forms. The post-intervention group had fewer patients involved (n = 35), but an increased number of completed forms. Completion rate had risen from 7% to 26% (3–9 patients). Within this, the valid forms had increased from 1 to 4.
Conclusion. There was a clear impact on completion rate after initial interventions. The sub-optimal increase in completion highlighted the ongoing need for further input to improve completion rates.

This was a small, local audit of patients in an acute inpatient psychiatric ward. There was a recognised limitation on the number of patients in the study and acuity of some patient's illness, preventing completion.

Assessment of Compliance With NICE Guidelines on Safety Planning Following Self-Harm in Elderly Patients in a Mental Health Trust

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Aims. Our aim was to evaluate the extent to which the risk assessment protocol post self-harm incidents for patients aged over 65 at the Black Country Healthcare Trust is aligned with the recommendations set forth in the NICE Guideline (NG225). We specifically sought to determine whether safety plans are incorporated as recommended by the NICE Guideline (NG225), and in the absence of a distinct safety plan, whether essential components of such a plan are integrated within the risk assessment framework utilised following episodes of self-harm.
Methods. A retrospective audit was conducted utilizing data from the trust on self-harm incidents over a six-month duration. Of the 1,408 recorded incidents, 68 involved individuals aged 65 years or older. A sample of 30 incidents was randomly selected from this cohort to constitute the target sample for this study. Each case was anonymized with a unique identifier and subjected to a comprehensive review employing a bespoke data collection instrument, expressly developed for this audit. The review process was facilitated by the trust's digital record system (RIO). Data collated for analysis encompassed a range of variables, including demographic details, diagnostic classifications, geographical location, care setting, self-harm methodologies, the severity of the self-harm events, the origin of data, and compliance with the stipulated criteria of the NICE Guidance (NG225).
Results. Comprehensive safety plans were present in a minority of cases, specifically 6.7% (2 out of 30 patients). The documentation of individual components of the safety plan, analysed separately, yielded the following results:

1. Documentation of self-harm mechanisms was achieved in 70% of cases (21/30).
2. Identification of precipitants or triggers was noted in 56.7% of cases (17/30).
3. The formulation of coping strategies was documented in 20% of the sample (6/30).
4. The enumeration of essential contacts was completed in 33.3% of cases (10/30).
5. The identification of family members pertinent to the patient's support network was noted in 33.3% of cases (10/30).
6. The inclusion of contact details for these identified individuals was present in 30% of cases (9/30).
7. Guidelines to ensure a safe environment were applicable and recorded in 38.9% of the relevant cases (7/18).

Conclusion. The majority of patients did not have a safety plan post self-harm incidents. Notwithstanding the absence of a comprehensive safety plan, critical elements prescribed by NICE Guidance (NG225) were insufficiently addressed within the risk assessment and subsequent management planning post self-harm.

Full Cycle Audit on Health Appointment Attendance: Comparative Analysis of Initial Audit and Reaudit Findings in a Psychiatric Care Setting

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Aims. The full cycle audit aimed to evaluate and enhance attendance rates at health appointments in a psychiatric care setting. The initial audit (Phase 1) identified baseline attendance rates and underlying factors contributing to missed appointments. The reaudit (Phase 2) was conducted to assess the effectiveness of implemented interventions from Phase 1 and to identify areas for continued improvement.
Methods. Both phases employed a retrospective evaluation methodology. Phase 1 reviewed records of 23 patients over two years, totaling 89 appointments. Phase 2, conducted as a follow-up, involved 19 patients with 39 appointments over a six-month period. Data collected included the number of attended and missed appointments, and reasons for non-attendance. Interventions after Phase 1 focused on addressing identified issues such as patient transfers, leave protocols, and transportation challenges.
Results. Phase 1 recorded an attendance rate of 68.5%, with the missed appointment rate at 25.8%. Common reasons for non-attendance included patient decline and unclear reasons. Phase 2 showed a slight improvement in attendance rates (71.8%) but also an increased missed appointment rate (28.2%). Notable reasons for missed appointments in Phase 2 included patients on leave, ward cancellations, and transportation issues. The comparison revealed an improvement in attendance rates post-interventions, though challenges persisted, particularly in patient leaves and transportation.

The chi-square statistic is 2.2893 and the p-value is 0.3183. This indicates that there is no statistically significant difference between the attendance rates in Phase 1 and Phase 2. This suggests that the changes implemented between the two phases did not result in a statistically significant difference in attendance rates.