

## An Audit of Clinicians Completing Independent Seclusion Reviews (Trust-Wide Audit Within Cumbria, Northumberland, Tyne and Wear, NHS Foundation Trust)

Dr Nicole Edwards\* and Dr Edward Fearnley

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle-upon-Tyne, United Kingdom

\*Corresponding author.

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**Aims.** The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) seclusion policy states that if a patient has been nursed in seclusion for 8 consecutive hours (or 12 hours intermittently over a 48 hour period), then an independent seclusion review (ISR) is mandated. One member of this ISR team must include an Approved Clinician (AC). Our aim was to establish whether an AC (including non-medical) was present at ISRs. If the doctor was not an AC, we established whether a discussion with an AC was documented.

**Methods.** The method included reviewing all episodes of seclusion that took place in CNTW between the 01.10.2021 and the 31.12.2021 (i.e. Q4 for 2021). All electronic (RiO) seclusion records and progress notes were examined to determine who was present at each ISR occurring within each episode of seclusion.

**Results.** 260 episodes of seclusion occurred in Q4 2021 within CNTW. 96 episodes continued long enough to trigger an ISR.

Of the 96 episodes, a total of 221 ISRs were examined.

Of those senior clinicians present at ISR, 83% were medical members of staff, 11% were non-medical ACs and 6% were neither.

Of the medical clinicians present at ISR, 68% were not AC grade.

Of the different grades of non-AC doctors present at ISRs, 72% were "SHO grade".

The overall breakdown of non AC medical staff included 6% F2 Doctors, 16% Higher Trainees, 19% Speciality Doctors, 4% Associate Specialists, 5% were International Fellows and 1% Senior Trust Fellows.

29% of ISRs occurred outside of normal working hours.

71% occurred 9:00-17:00 Monday to Friday (excluding Bank Holidays).

0% of non-AC medical ISRs had a documented discussion with the AC.

**Conclusion.** Nearly a third of ISRs occurred outside of standard (contracted) working hours for doctors.

In addition, the majority of ISRs were completed by non AC doctors. The majority of these doctors were "SHO" level Doctors (including Core Trainees, GP Trainees and Foundation Trainees).

The audit was presented at the CNTW Seclusion Steering Group, with actions including a change to the seclusion policy. This now explicitly states that ISRs must be conducted by an AC "unless in the case of extreme circumstances, and in such cases the review should be discussed with an AC".

There are additional plans to develop consistent approaches for organising ISRs (to ensure the vast majority happen within normal working hours and with an AC present).

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.

## A Re-Audit of ECG Monitoring in Patients Admitted to the General Adult Inpatient Wards at Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust

Dr Yasmine Elagamy\*, Dr Cherian John,

Dr Adetokunbo Dacosta, Dr Declan Hyland, Dr Nesma Hassan and Dr Ryaz Nankoo

Mersey Care NHS Foundation Trust, Liverpool, United Kingdom

\*Corresponding author.

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**Aims.** The aim of this re-audit was to analyse current practice following a previous audit of ECG monitoring in patients admitted to the general adult wards at Clock View Hospital in 2020 and determine whether recommendations made from the original audit have improved performance. The objectives of this re-audit were: screen for recording of the admission ECG; ensure clear documentation of the ECG report; identify any reason why the ECG was not performed within 24 hours of admission and identify whether inpatients with an abnormal ECG on admission had any further investigation(s) done.

**Methods.** 92 inpatients discharged from the three general adult wards at Clock View Hospital between 1st of January 2022 and 31st of March 2022 was obtained. The same audit tool designed and used in the original audit in 2020 was used for this re-audit. Each inpatient's electronic record was reviewed to determine whether an ECG was performed within 24 hours of admission. In those patients who didn't have an ECG done, the reason why was recorded (if documented) and whether those patients who had an abnormal ECG were referred for further investigation. The quality of documentation of ECG reports was analysed.

**Results.** Of the 92 inpatients, 57 (62%) had an ECG within 24 hours of admission and 16 (17%) had one done more than 24 hours after admission. 19 (21%) inpatients never had an ECG done at any point during their admission. The reason for not performing an ECG was documented for 32 (91%) of affected inpatients. Of the 73 inpatients who had an ECG done, 16 (22%) had an abnormal ECG, but only nine had further investigation (56% vs 23% in the original audit).

**Conclusion.** The findings from this re-audit showed that completion of an ECG within 24 hours of admission to the general adult inpatient wards at Clock View Hospital has improved from 52% to 62%. There has been improvement in quality of documentation of ECG reports. There was no documentation of the ECG report in 13% of cases compared to 35% in the original audit. In almost all affected cases, the reason for not performing an ECG was documented. The authors recommend creating an alert on the electronic record system if an ECG is not performed within 24 hours of admission and asking the ECG reporting service to copy the ECG report to the ward clerk and / or Consultant PA to ensure the report is reviewed promptly.

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.

## Compliance Audit on Diagnosis and Treatment of Folate and Cobalamin (Vitamin B12) Levels in CAMHS Transition Service at Oldham, a Full Cycle Audit

Dr Antigoni Elisseou\*, Dr Genevieve Darwin and Dr Roshelle Ramkisson