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.