Medications – 68% full, 19% partial, 13% blank.

Leave – 77% full, 0% partial, 23% blank.

Conclusion: Ensuring consistent improvement in quality for MDT documentation is a challenge, complicated by limited meeting time, and rotations of trainees new to psychiatry.

We have tried different interventions, including strategies to improve access to information, and producing training material.

Our next intervention is to create a training pack for new doctors in the department, which includes the interactive video. We will then re-audit.

Re-Audit of Physical Health Equipment Available at the Mount Old Age Psychiatric Hospital

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Aims: The purpose of this audit was to re-audit (second cycle) the availability of physical health equipment on the psychiatric wards at the Mount psychiatric hospital. This was a second cycle of a previous audit performed in November 2023 to assess whether the previous recommendations had been successful in improving compliance with the 2022 CQC physical health recommended equipment list and equipment required to meet NICE guidelines for antipsychotic medication monitoring.

Methods: A stock check was performed of the physical health equipment available on the 4 old age psychiatric wards. This was against the items recommended in the 2020 CQC physical health guidance and key equipment required for basic investigations for monitoring of psychiatric medications, e.g. ECG and blood samples. The same criteria were used in the first cycle of this audit (completed by a different author), due to similarities in audit reference material, so this is a re-audit of the same checklist items.

Data was collected from all 4 old-age wards at the Mount on two separate occasions. Data from wards 1–3 were collected on 10/01/2025 and data from ward 4 were collected on 20/01/2025. This difference in date of data collection was due to staffing constraints.

Results: Overall, there was a lack of equipment across all four wards, with the percentage of recommended equipment that was not available ranging from 17.5–35%. There were 4 items that were missing across all 4 wards: Alcometer, Snellen chart, BMI chart, Tuning fork.

In addition to items that were lacking, as seen in item 2, there were several items that were either not working or expired. This includes several blood bottles and urinalysis sticks that are essential for basic monitoring. In terms of items that were not working, the only available otoscope and ophthalmoscope in the hospital was not functioning.

The variability in ECG machine function on all 4 wards means that QT interval monitoring cannot be performed reliably.

Conclusion: Overall, the results of the audit have shown that none of the wards at the Mount have all the necessary equipment required for adequate physical health care for psychiatric inpatients. This means that we are unable to provide adequate physical health care to psychiatric inpatients. Additionally, when compared with the results of the previous cycle of this audit there have not been significant improvements. Therefore, more clear-cut improvements are going to be required.

An Audit of Patients Who Did Not Attend Appointments in the East Lancashire Memory Assessment Service

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Aims: It is estimated that the rate of non-attendance at outpatient appointments in the NHS is 7.6%. As such, reducing the number of patients who "Did Not Attend" (DNA) is of paramount importance for improving capacity within the current NHS funding envelope.

The East Lancashire Memory Assessment Service (MAS) leads on cognitive assessment for patients from a geographically large catchment area which includes Hyndburn, Rossendale, Blackburn with Darwen, Burnley, Pendle and the Ribble Valley. Patients undergo a multi-disciplinary assessment, which typically includes a triage, initial assessment and diagnostic appointment. Medication monitoring is offered as required.

This audit aimed to establish how many patients DNA their MAS appointments and to understand the reasons for this.

Methods: We audited the records of the last 70 patients who had been discharged from the MAS as of 11 November 2024.

The Electronic Patient Record (EPR) was searched to identify key demographic characteristics and to establish whether any appointments were recorded as having an outcome of DNA. For any appointments that were not attended, we established what type of appointment had not been attended and whether any reminders had been sent.

Excel was used for data collection and analysis. Audit approval was granted by LSCFT.

Results: A total of 4 instances of patients not attending appointments were recorded in the EPR. These DNA were attributed to three patients. One who DNA an initial assessment, one who DNA a diagnostic appointment and one who DNA both an initial and a diagnostic appointment. In total, 99 appointments were offered to the patients in the audit sample, giving a DNA rate of 4%.

When there was a recorded reason for non-attendance, transport issues and an acute hospital admission were cited. Two patients sadly died whist awaiting already rescheduled initial assessments (these were not classed as DNA). Of the patients audited, there were no DNA for medication monitoring appointments.

Telephone reminders were offered to the majority of patients, 48 hours prior to their appointment, which may have reduced the total number of DNA. These reminders frequently led to appointments being re-arranged to more convenient times, helping to reduce the DNA rate.

Conclusion: Comprehensive telephone reminders ensure that the rate of DNA in the East Lancashire MAS is kept to a minimum and