

Interventions focusing on behavioural change in the mental health unit did achieve behavioural change but failed to solve issues with handover between departments.

It is worth noting that there was significant delay in some transfers out of mental health being escalated, considering the reduced facilities in mental health wards versus acute wards.

Conclusion. Transfer handover between Psychiatry and Acute Wards is a multi-system issue and as such will require a multi-system approach to achieve meaningful change. New local guidance for handover between mental health and acute wards is being drafted in response to the findings of this audit.

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.

Audit on Monitoring of National Early Warning Scores 2 (NEWS2) in Old Age Patients

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Aims. NEWS 2 is integral to post-admission physical health monitoring, guiding baseline establishment and observation frequency decisions. MDT discussions, involving medics or nurses per guidelines, ensure tailored care. Trust Standard Operating Procedure (SOP) and Physical Health policy, provides detailed procedures for assessment, recording, and actions. Adhering to NEWS 2 and SOP 1.62a, aligned with Trust standards, facilitates prompt escalation in case of patient deterioration, reinforcing our commitment to superior healthcare.

AIM

- To evaluate if NEWS2 monitoring is done as per set Trust standards/guidelines.
- To identify areas of improvement in the use of this observational tool.
- To improve the services and care of patients.

Methods. We conducted a comprehensive review of each section of NEWS 2 charts for 39 patients admitted to Ward 6 and 7 at Harplands Hospital over a 3-week period. Patient stays varied from 21 to 67 days. No pregnancies were noted; all patients were aged between 59–96, with a near equal gender distribution. Utilizing SPSS, we conducted data analysis, comparing results against Trust-set standards.

Results. Of the 39 charts, 37 were completed at admission, with notable issues: 9 lacked demographics, 13 had date/time missing. Weekly NEWS was predominant, but challenges included 6 missing signatures, 9 illegible entries, and 12 incomplete sections (4 without connecting observations). GCS completion issues were identified in two charts if CPVS score was more than 3. Escalation patterns varied: scores 1–4 were often routed to a Registered Nurse before medics, while scores >4 were mainly escalated directly to medics. Most charts were uploaded to electronic records, yet the electronic versions were frequently left unfilled.

Conclusion. In conclusion, the implementation of NEWS charts at admission, consistent chart uploads to Lorenzo, and effective escalation practices underscore a commitment to patient monitoring. The detailed procedures, including demographics completion, trend identification, and weekly reviews, contribute to a

comprehensive approach. The incorporation of printed patient information labels and targeted education sessions for ward teams further reinforces the emphasis on standardized and meticulous documentation practices, enhancing overall patient care and safety. Discussions with ward management will further support the ongoing success of these initiatives.

Above recommendation has been completed and Re-Audit in planned few months.

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Is ADHD Medication Monitoring Being Completed in CAMHS?

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Aims.

- To determine the demographics of the patients prescribed medications for ADHD under the CAMHS teams within Southern Trust (NI).
- To assess whether the physical health monitoring guidelines (as outlined by NICE – nice.org.uk/guidance/ng87) have been followed.
- If monitoring is not up to date, to determine why not.

Methods. We reviewed records from clinical notes and NIECR (Northern Ireland Electronic Care Record) to collect demographic details.

Following NICE guidelines, we used the clinical notes to determine which patients had physical health monitoring up to date, including heart rate (HR), blood pressure (BP), weight and height.

For any patient with monitoring not up to date, we reviewed the notes or contacted the practitioners to determine why this was the case.

Results. 96 patients were found to be prescribed ADHD medications. Full demographic details were obtained and collated for these patients, including age, sex, diagnosis, co-morbidities, and medication information (e.g. preparation, dose, polypharmacy).

Of the 96 patients, 1 was excluded as their monitoring was carried out by paediatrics.

71 out of the remaining 95 had their monitoring up to date, leaving 24 patients with monitoring not up to date. Of these 24:

- 8 were due to non-attendance
- 4 were due to equipment issues (e.g. faulty/unavailable)
- 3 only had partially completed monitoring (e.g. BP, weight, height but no HR recorded)
- 1 was only reviewed virtually
- 1 had documented completion of monitoring, but no figures documented
- 7 unknown – no reason given.

Conclusion. After 1 patient was excluded, 71/95 patients had monitoring up to date (~75%).

Of the remaining 24, some were due to systemic issues affecting all services, e.g. non-attendance or faulty equipment. However, some were due to issues more easily addressed.

This led to a discussion at a trust-wide patient safety meeting, with the following outcomes:

1. Staff were given a presentation on NICE guidelines for ADHD medication monitoring to ensure knowledge is up to date.