assessment team. However, waiting time for initiating medication increased in current audit due to staffing issues.

Conclusion: Overall a green compliance was assigned to this clinical audit report, however, some issues were identified in terms of gathering information regarding progress and record keeping. Significant improvement noted following recommendation from previous audit with retrieval of rating scales. Although there is a centralized document with a list of service users as previously recommended, a more detailed document which shows salient information required for follow up will be more helpful. These activities should be added to the agenda of the weekly team meetings to allow monitoring progress in situations of staff sickness.

Audit on the Assessment of Patients by the Primary Care Mental Health Practitioner at the Brentwood Community Centre and Subsequent Referral Pathways from January 2023 till January 2024

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Aims: The general aim of the audit is to identify the assessment procedure and subsequent referrals of patients making contact with the Primary Care Practitioner at the Brentwood Community Centre.

Methods: All the patients who were assessed by the Primary Care Practitioner attached to The Brentwood Resource Centre from January 2023 till January 2024 in order of attendance were selected consecutively.

Audit standards:

1. All new referrals should be first seen by the Mental Health Practitioner.

2. MHP assessment template – MHP – PCN Consultation V2

Sampling: A list of all the patients who were assessed by the Primary Care Practitioner attached to The Brentwood Resource Centre in order of attendance were selected consecutively for the time period. Sample size was 776.

Data collection: Data was collected retrospectively from the operating system (Mobius) using a data collection tool.

Setting: Community Mental Health Team, Brentwood.

Inclusion criteria:

1. Adult patients aged 18–70.

2. All adult patients as stated above that presented to the Primary Mental Health Care Practitioner at the Brentwood Resource Centre.

3. Patients who were within the catchment area of the Primary Care Network for The Brentwood Resource Centre.

Exclusion criteria:

1. Patients aged below 18 years.

2. Patients aged above 70 years.

3. Patients who did not fall within the catchment area of the Primary Care Network for the Brentwood Resource Centre.

Data handling and analysis: SPSS Version 27 was used for data entry and analysis.

Time duration: The data collection and analysis was be completed in 3 months of obtaining approval.

Results: The target aim was for a 100% compliance however the compliance was less than 100%.

Overall referrals that were initially assessed – 69.2% (82.5%).

Referrals from GP that were compliant with audit standards – 67.2% (80.2%).

Assessment using MHP Assessment template – 100%.

These were because some of the patients referred did not engage with the service 190 (24.5%) and 44 (5.7%) of data were not available to be analysed.

Conclusion: Details of good practice:

1. All referrals made were screened and timely invites sent to patients for further assessments.

2. Outcomes of assessments were clearly documented.

3. Trust protocols for referrals i.e. discussions in MDT were followed.

Areas of improvement:

1. Clear documentations of outcomes for referrals made to the service and patients did not engage.

2. The use of the MHP Assessment template – MHP PCN Consultation V2 and uploading to the correct platform on operating software of the service.

An Audit of Physical Healthcare in Mental Health Inpatients on Admissions Ward (Cedar Ward) in Llandough Hospital in Line With NCEPOD Guidance

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Aims: Patients being admitted on mental health wards all have different forms of co-morbid physical health disorders needing complex care. They may require prompt transfer to medical wards for acute conditions and may need long-term monitoring for chronic ailments. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) did a survey in 2022 focusing on the quality of physical health care delivered in psychiatry inpatients.

Aims were: To ascertain the percentage of patients that get a complete basic physical health examination.

To understand what physical health examinations are being undertaken during admission.

To check the proportion of patients that have their physical health conditions (co-morbidities) documented in their initial clerking.

Creating awareness on the gaps and potential improvements for physical healthcare on mental health wards.

Methods: Retrospective study.

Adult inpatients with mental health conditions admitted on Cedar Ward.

Duration of one-month period (28/10/2023–28/11/2023).

To compare the data with the NCEPOD report of 2022 (guidance).

Target of $\geq$ 40 patients.

Results: It was difficult to collect the data from records due to lack of uniformity in the documentation of physical health findings.

Physical health plan was made in 100% of patients, but only 72% got bloods done and 79% had a physical examination.

Despite DSU/MSU being planned by nursing staff for most of the patients only 15% got urine dip done.