never injected heroin in the past were provided with Naloxone for 367 patients, although this is a good practice it comes at the expense of missing out on providing Naloxone to patients who would definitely need it (OUALIFYING POPULATION)

Conclusion.

1. The robustness of the data collection done by the professionals was commendable, but this was let down by the ambiguity and obscurity of the data recorded on two different headings (episode and events)
2. There was evidence of Naloxone being provided to the patients who have not injected heroin
3. There was accurate documentation on the type of Naloxone being issued (Injectable vs Nasal)
4. There was sparse documentation on the Naloxone training provision within the electronic system.

An Audit Reviewing the Completion and Quality of the Admission, Then Six Monthly ALL-Physical Health Assessments (A Six Monthly Health Check) on a Low Secure, Inpatient Forensic Psychiatric Ward in Sussex Partnership NHS Foundation Trust

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Aims. Background: It has long been known that having a Severe Mental Health Condition is a risk factor for cardiovascular disease. In order to facilitate early intervention, NHS has implemented annual physical health reviews. Within Sussex Partnership Foundation Trust (SPFT), compliance with this is outlined within local guidance and an assessment on admission and thereafter six-monthly is mandatory and called ALL-Physical Health Assessment. Historically, completion of this has been poor and therefore, this audit has been done to review the quality of completion and whether ALL is UpToDate and implement changes to improve the care. The Categorisation of completion into green, amber, and red as errors are linked to potential harm to patient's care. The review of actions taken from areas highlighted as abnormal results.

Methods. This study was done within the setting of Pine Ward, a 17-bed male, inpatient, low-secure forensic psychiatric ward.

Data were collected in November 2022 by reviewing ALL-Physical Health Assessments (six-monthly physical health check) on Carenotes(an electronic record system) and evaluating the quality of completion by categorising it as green(no errors), amber(minor errors, potential for risk to patient care), and red (major error/ missing documentation, which can lead to serious harm). ALL has fourteen categories. Smoking, Diabetes, Cholesterol/HDL ratio, Blood pressure, Pulse, Body Mass Index, Diet, Exercise, Alcohol, Substance misuse, National screening programme, Sexual functioning, Oral health and QRISK. This was compared with the results from February 2022 ALL assessments.

Results. Of the 17 patients, 15(88%) had an ALL done in the last 6 months. When splitting completion of the ALL, 89.9% of completions were green, 4.6% amber and 5.5% red.

In February, overall 76.4% of patients had ALL done and 67.2% of completions were green, 15.5% amber and 17.2% were red.

Improvement was seen in QRISK, Alcohol, diet, and exercise status, as they were 100% documented in November whilst it was 70%, 58%, 82%, and 70% respectively in February. The diabetic and smoking status is now 82% and 88% whilst it was 58% and 76% in February.

Conclusion. This audit has highlighted that certain areas of the ALL that are not completed up to the standard expected. The importance of the assessment needs to be raised to trainees to allow for the best patient care. There is potential for harm to patients if the assessment is completed inaccurately or incorrectly.

Side-Effect Monitoring for Patients on Depot Antipsychotic Medication Within a Community Treatment Team

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Aims. To determine whether the community treatment team (CTT) were meeting the following three trust standards for patients receiving antipsychotic depot medication: 1. 100% of patients should have side effects monitored using a validated scoring system in the form of the Glasgow Antipsychotic Side-effect Scale (GASS) once yearly. 2. 100% of patients should have had a GASS completed ever. 3. 100% of patients with a completed GASS should have this document available in full. Additionally adherence to these measures was compared to the previous year's audit to assess for change following interventions and change in documentation.

Methods. A list of 146 patients receiving antipsychotic depot medication within the CTT was produced and subsequently set up in a Microsoft excel spreadsheet. Exclusion criteria were then applied as follows: any patient no longer under the CTT, any patient no longer on depot antipsychotics and any patient admitted in hospital at the time of audit (to allow for comparison to previous year where this was applied.) Following this 127 patients remained for whom I accessed their online notes and searched for evidence of completed GASS, when this was completed and if the full completed form was available. Once these data were gathered percentage of completion was calculated for each of the three standards outlined above both overall and subsequently broken down by depot administration group. These results were then compared to the results of the previous year's audit.

Results. None of the three standards outlined above were met, however notable improvement was noted when compared to the previous year and are listed below:

1. In this audit 66% of patients had received a GASS in the previous year compared to 53% previously.
2. In this audit 97% of patients had a completed GASS ever compared to 95% previously.

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