61.9% of prescriptions featuring complete wound assessments. Additionally, antibiotic indications met NICE criteria in only 42.8% of cases, while tetanus status documentation was absent across all records. Despite 76% receiving first-line antibiotics, only 19% had wound swabs collected.

Conclusion. Self-harm rates in the United Kingdom, particularly among those with mental health disorders, are alarming. Hospitalizations are often required to address acute self-inflicted wounds, yet in-patient settings present unique challenges exacerbating self-harming tendencies.

This audit underscores the imperative of optimizing acute wound management in in-patient settings. By implementing evidence-based practices and addressing identified deficiencies, healthcare providers can enhance patient outcomes and ensure optimal care delivery.

Introduction of the DUNDRUM Triage Urgency Tool to a Medium Secure Unit in Bed Crisis

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Aims. At a time of increased pressures across the whole forensic estate, The Orchard Clinic Medium Secure Unit faced the additional challenge of having to close multiple acute admission beds.

This led to challenges in determining how to triage patients in the face of multiple external pressures, frustrations for clinicians managing severely ill patients in prison and human rights concerns for those unfit to stand trial but remanded to custody to await a bed.

The need for an objective tool to aid triage decisions became apparent. We therefore piloted the use of the DUNDRUM triage urgency manual, a structured professional judgement tool to aid triage decisions for forensic units.

The aims of introducing this tool were to ensure decisions are more consistent and reliable, ensure scientifically valid items are not forgotten, make decision making processes more transparent, demonstrate equality of access to services and reduce chance of serious error.

Methods. This audit reviewed all acute admissions to The Orchard Clinic between Aug 22–Aug 23. This covered a period 6 months prior to the introduction of the tool and 6 months after.

In order to determine if the use of the tool improved our triage making decisions the Dundrum score was retrospectively calculated for admissions and those on the waiting list during the first 6 month period of the audit. The same information was recorded for those following the introduction of the tool in the second 6-month period.

Results. Prior to introduction of the DUNDRUM, the team's triage decisions were not in line with validated tools, those with lower DUNDRUM scores were prioritised over those with higher scores. Following introduction of the tool our triage decisions improved. Common themes emerged when we analysed the reasons why our triage decisions were out of line with validated tools. These included patients in hospital settings taking precedence over those in prison, patients admitted without prior discussion at bed management meetings, legal urgency taking precedence over clinical and lack of available HDU space.

Conclusion. Prior to the introduction of the DUNDRUM triage urgency manual the audit demonstrates that the team's triage decisions were not in line with validated tools. This improved following training and use of the tool at bed management meetings. The Orchard Clinic has now formalised use of this tool within bed management meetings. We are currently in the process of re-auditing over a 12-month period.

Is Annual Monitoring of Prolactin for Patients on Long Term Antipsychotics Being Completed and Results Acted Upon in Rochdale Community Mental Health Team?

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Aims. National guidelines (NICE) recommend that prolactin should be monitored every 12 months for patients on antipsychotics, excluding patients on aripiprazole, clozapine, quetiapine or on doses of less than 20mg daily of olanzapine. The purpose of this audit was to investigate whether patients under our services who are prescribed antipsychotics implicated in causing hyperprolactinemia, were having regular annual prolactin measurements as per the guidelines and whether abnormal results were being actioned appropriately.

Methods. A total of 61 patients were surveyed, as a random selection from the Outpatient Consultant case load in Rochdale CMHT. This was a retrospective analysis looking at annual prolactin measurements over 5 years between 01/01/2017 and 31/12/2022. This included all patients who had been stabilised on an antipsychotic for more than 2 years, and excluded patients on antipsychotics that did not cause significant prolactin rise (and so do not require annual prolactin measurements as per NICE guidelines).

Results. Our results showed that the majority of patients were not having regular annual prolactin measurements, with only 3.3% of patients having prolactin measured annually 100% of the time. 23% of patients had no prolactin measurements at all while on antipsychotic treatment during the time period assessed. In cases were there was an elevated prolactin reading, only 15% of these readings had a documented action plan.

Conclusion. This audit has demonstrated that the overall compliance with the NICE standards for annual prolactin monitoring for people on antipsychotic medication is of a poor standard, and we highlight possible reasons why this may not be done and areas for improvement.