

# Audit of completion of Emergency Detention Certificate Forms across NHS Lanarkshire 2024-25

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## Introduction

The Mental Health (Care and Treatment) (Scotland) Act 2003 enables doctors holding full GMC registration to legally detain a person for assessment for up to 72 hours under an Emergency Detention Certificate (EDC). Healthcare Improvement Scotland issued guidance recommending that EDCs must be completed in full and signed. NHS Lanarkshire also issued local guidance in March 2022. This audit intended to assess quality of completion of Emergency Detention Certificates and identify any barriers to completion. This is of particular relevance to resident doctors in psychiatry, but is also important for doctors working in all specialties, at all grades above FY1.

## Objectives

The objective of this audit was to assess the current standard of completion of EDC paperwork across all sites of NHS Lanarkshire. Based on local and national guidelines, a standard of 95% was set for completion of all sections of the EDC form. We also aimed to identify any potential factors which may contribute to EDC forms not being completed in full.

## Methods

An audit of EDC form completion for all patients (50 in total) across NHSL was carried out retrospectively for patients detained between 01/11/2024 and 07/02/2025. Each section was assessed and the information was recorded in an Excel Spreadsheet. The results of the first audit cycle were shared at the NHSL Resident Doctors meeting. A summary sheet with results from the first audit and link to Healthcare Improvement Scotland guidance were distributed to all doctors working in Psychiatry in NHSL. We recognised that many EDCs were completed by out-of-hours General Practitioners (GPs), so information was disseminated to all out-of-hours NHSL GPs via email. Following intervention, a re-audit was carried out between 10/04/2025 and 07/07/2025, again of 50 EDCs.

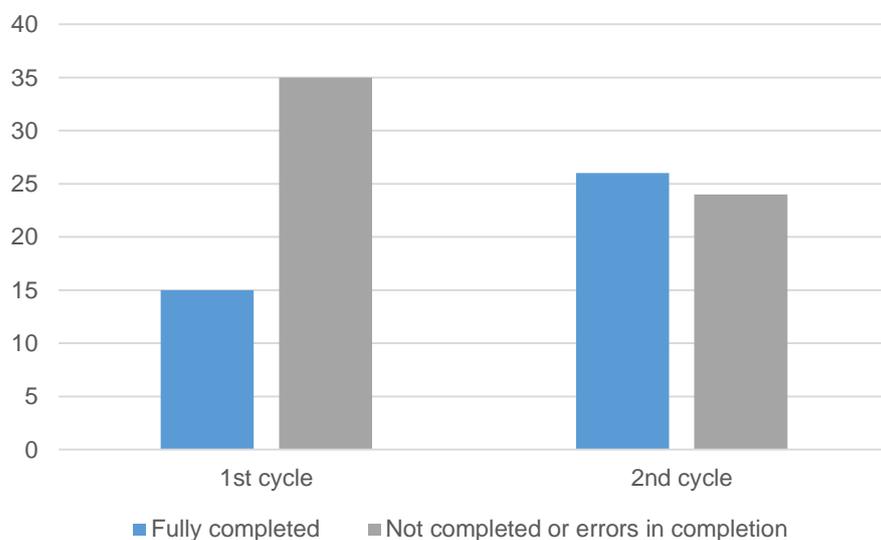
## Results

In the first cycle, only 30% (15) of the EDC forms were completed fully and used the most up to date version of the form (7.1). This improved to 52% (26) in the second cycle. The sections with poorest completion in the first cycle were the sections on MHO contact, ethnicity and current location of patient at time of detention. All of these areas showed improvement in completion in the second cycle. Furthermore, in the re-audit, the 95% standard set was met in 9 out of 14 areas assessed.

## Conclusion

This audit provided insights into the quality of EDC form completion and highlighted the need for further training. Even in the re-audit, only just over 50% of EDCs were fully completed to the required standard. We gained an insight into why colleagues had not completed the ethnicity section – as they did not want to make assumptions about this without first asking the patient. We educated them on the presence of the “information not provided” box, and completion markedly improved in this section in the re-audit. Distribution of up-to-date guidance is crucial to maintain adherence to local and national guidelines. Development of an E-Learning module via LearnPro which can then be accessed by all doctors holding full GMC registration is planned and update of local guidelines may also be beneficial. Learning from this project can also be used to guide future inductions for resident doctors.

### EDC completion



### Ethnicity section completion

