

Clinical Audit of First Medical Reviews Following Seclusion

Ridgeway Forensic Inpatient Services – Tees, Esk and Wear Valleys NHS Foundation Trust

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Background

Seclusion is a restrictive intervention used to manage serious risk.

National guidance and Trust policy mandate that a **medical review must occur within one hour of seclusion** and include comprehensive assessment of physical health, mental state, medication, risk, and consideration of less restrictive alternatives.

Failure to meet this standard exposes patients to avoidable harm and services to regulatory and legal risk.

Aim

To evaluate the timeliness and quality of first medical reviews following seclusion and assess compliance with Trust policy and the Mental Health Act Code of Practice.

Standards

Expected compliance: 100% for all criteria.

- The first medical review must:
- Occur within 1 hour of seclusion.
 - Review physical health and mental state.
 - Assess medication prescribed and adverse effects.
 - Review observations required.
 - Include risk assessment (to self and others).
 - Assess the ongoing need for seclusion.
 - Consider less restrictive alternatives.

Methodology

Design: Retrospective clinical audit.

Setting: Ridgeway Forensic Inpatient Services.

Period: 01 August 2024 – 01 January 2025.

Sample: 37 seclusion episodes.
Data Source: Electronic patient records identified by the medical secretary.

Audit Tool: Binary assessment (Yes / No) against eight predefined standards.

Benchmark: 100% compliance for each criterion.

Key Results (N=37)



Only **43%** of first medical reviews occurred within the 1-hour standard.



Interpretation

Significant non-compliance with Trust policy was identified.

Delayed reviews compromise patient safety, therapeutic decision-making, and legal compliance.

Documentation gaps reduce clinical clarity and medico-legal defensibility.

The findings indicate a need for system-level interventions rather than individual performance correction.

Recommendations / Action Plan

1. Improve Awareness and Visibility:

- Present findings at Forensic Governance and Audit meetings.
- Display clear posters in clinical areas outlining:
 - The 1-hour review requirement.
 - Mandatory documentation elements.

2. Strengthen Training and Induction:

- Incorporate mandatory seclusion review training into junior doctor induction.
- Update Forensic and Adult Mental Health induction handbooks.

3. Quality Improvement:

- Consider development of a structured electronic template or checklist for seclusion reviews.
- Re-audit after implementation to assess improvement.

Conclusion

Compliance with the 1-hour medical review standard following seclusion is currently suboptimal.

Targeted education, improved visibility of standards, and structured documentation processes are required to improve patient safety, regulatory compliance, and clinical quality.