

The Audit tool looked at whether vitamin D was tested on admission. Vitamin D level ranges were defined according to the Royal Osteoporosis Society: <25nmol/L is deficient, 25–50nmol/L inadequate, >50nmol/L is sufficient. After the first round, an intervention in the form of pre-populated blood form including vit D testing was introduced. This was to be used on the first day of admission. The second round measured improvement while the third round measured maintenance. Microsoft Excel was used to analyse data.

Results. During the first round of data collection, no patient had their vitamin D tested. Following our intervention, 86.67% of our patients had their vitamin D tested suggesting significant improvement to compliance in the second round. In the third round, we were able to maintain compliance at 90%. Of the 44 patients that had their vitamin D tested after our intervention, 30 (68.18%) patients were within the deficient and inadequate thresholds, requiring vitamin D replacement.

Conclusion. This audit project examined international literature and local data identifying that vitamin D is indeed low among our patient group, therefore should be regarded as a high-risk group for vitamin D deficiency. There is sufficient evidence among the international literature that people with SUD suffer through significant physical and mental health effects of low vitamin D. A simple intervention of a prepopulated blood form was able to increase our compliance and maintained this.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

A Review of the Quality of Physical Health Care Provided to Adult Patients Admitted to Mental Health Inpatient Settings Across East and Central North Wales in Line With the National Confidential Enquiry Into Patient Outcome and Death (NCEPOD) Recommendations

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Aims.

1. Measure compliance with NCEPOD Recommendations in the quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting across the East and Central areas of North Wales.
2. Guide further service development and improvement in the quality of physical health care provided in mental health inpatient settings in North Wales.

Methods.

1. A retrospective case notes audit of 10 patients each who were inpatient for at least one week duration on the adult mental health wards was conducted in April 2023 across the East and Central areas of North Wales.
2. The audit was conducted using the NCEPOD audit Toolkit for “Physical Health in Mental hospitals”.

Results.

1. Inpatients percentage (%) compliance against NCEPOD recommendation 1, 5, 6, 7, 9 and 11 was 0% for both East and Central areas of North Wales respectively.
2. Recommendation 2 had 65% compliance for Central vs 61% for East.
3. Recommendation 3 had 62% compliance for Central vs 25% for East.
4. Recommendation 4 had 88% compliance for Central vs 40% for East.
5. Recommendation 8 had 3% compliance for Central vs 20% for East.
6. Recommendation 10 had 100% compliance for Central vs 94% for East.
7. Recommendation 12 had 72% compliance for Central vs 71% for East.

Conclusion.

1. Improve compliance with the NCEPOD recommendations in the quality of physical healthcare provided to adult patients in mental health inpatient settings.
2. Develop a Trust wide policy document for physical health care in mental health inpatient settings in North Wales as per NCEPOD recommendations.
3. Develop a new physical health assessment booklet for Betsi Cadwaladr University Health Board Mental Health and Learning Disabilities Division to be used by all inpatient staff for the provision of physical healthcare of mental health inpatients in line with the NCEPOD recommendations.

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Compliance With a Biopsychosocial Assessment Template When Assessing Presentations of Self-Harm or Suicidal Ideation by Liaison Psychiatry Practitioners in Dorset Healthcare: A Clinical Audit

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Aims. To evaluate whether a comprehensive biopsychosocial assessment is performed for patients presenting with self-harm or suicidal ideation in clinical practice, following National Institute for Health and Clinical Excellence guidelines 225 (NG225). We assessed Dorset Healthcare Liaison Psychiatry practitioners’ compliance with a standardized biopsychosocial assessment template.

Methods. A standardized biopsychosocial assessment template, aligned with NG225, is utilised in all Dorset Healthcare Liaison Psychiatry services for conducting initial assessments. Included data were the initial assessments of adult patients presenting from 01/08/2023 to 30/09/2023 for the following indications: 1) a suicide attempt, 2) a self-harm incident, or 3) suicidal ideation. Any initial assessment that did not use the standardised template was excluded. Retrospective analysis of Rio records assessed compliance with each heading on the biopsychosocial assessment template.

Results. A total of 60 records were included from Dorset Healthcare Psychiatry Liaison Services. Only one heading, the “Presenting Situation”, was documented in all assessments (100%). Psychiatric headings on the template showed high compliance: “Mental State Examination” and “Risk Summary” were each documented in 98% of assessments, and “Psychiatric Formulation” in 92%. The “Carer/Parent’s Understanding of the Assessment” was the least assessed (40%). Other significant headings that showed moderate compliance were, “Safeguarding Concerns” (71%), “Physical Health History” (75%) and “Social Situation” (81%).

Conclusion. Our findings emphasize the need for more comprehensive biopsychosocial assessments in Dorset Healthcare Liaison Psychiatry services. While Liaison Psychiatry practitioners exhibit proficiency in evaluating psychiatric aspects, there is reduced compliance in assessing social aspects, notably in assessing family understanding. Future qualitative analyses will evaluate practical barriers and human factors affecting compliance with specific headings. Moreover, data collection can expand to encompass additional Mental Health services in a wider catchment area, including settings such as community and inpatient facilities.

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Improving Pathways for Patients With Disordered Eating in General Acute Hospital, in Accordance With MEED Guidelines

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Aims. Patients with disordered eating in psychiatry are considered highly complex in the acute hospital setting. In Spring 2023 a pilot for a specialised dietitian was introduced to identify and target such patients; aimed at reducing length of stay to the acute medical wards. Hospital admissions for eating disorder increased by 84% between 2015/16 and 2020/21; with increasing complexity of presentations and a demand for Specialist Eating Disorder (SEDU) beds, there are increasing numbers admitted to acute medical beds for initial treatment and management. In 2021 the Royal College of Psychiatrists published its updated guidance, Medical Emergencies in Eating Disorders (MEED). There is recognition that acute trusts must identify care pathways for the management of patients with eating disorders and severe food restriction for psychiatric reasons. This audit aims to show how these guidelines are being implemented locally and where there is a need for improvements in care pathways focusing particularly on length of stay, frequent attenders and avoiding hospital admissions.

Methods. A retrospective audit of 26 patients presenting between 01/03/2023 and 31/12/2023 was completed. Patients were identified from data collated by the specialist dietitian as having presented with an existing diagnosis of eating disorder or disordered eating in the context of psychiatry. Some patients were detained under the Mental Health Act. Some patients presented on multiple occasions to the acute hospital during this period; each inpatient episode was analysed independently. Data was

collected retrospectively by analysing PICS documentation (electronic notes system) and entered into a data collection spreadsheet. A Google Form checklist was created to capture whether key points from MEED guidelines were met.

Results. Demographic data, details of initial presentation and admission events were collated including the team initially referred to and how long after the initial admission this occurred. Outcomes of admission were also recorded. Data was quantitatively analysed to understand trends in referral process, MDT working (inclusion of emergency clinicians, acute medicine, psychiatrist, specialist dieticians and nursing colleagues). Average lengths of stay, number of attendances and planned admissions were also captured.

Conclusion. An overall reduction in length of stay for detained patients with dietetic and wider MDT input was noted from 50 days prior to January 2023, to 29 in the period from March 2023 onwards. Frequent attendance for electrolyte abnormalities was significantly improved though implementing MDT working with teams in the community and planned admissions from inpatient units or SEDUs for medical management reduced overall length of stay for those patients.

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A Clinical Audit of ECT Documentation in NHS Grampian

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Aims. Electroconvulsive Therapy (ECT) is a treatment used for patients with severe depression, mania, catatonia, and schizophrenia. National Institute for Clinical Excellence (NICE) guidance for the use of ECT advises that for all patients, a risk/benefit assessment for the treatment should be made and documented with particular reference to anaesthetic risk and the adverse effect of cognitive impairment.

For patients who can consent to treatment, NICE recommends the use of patient information leaflets to help people to make an informed decision about their ECT treatment.

For patients who cannot consent to treatment, psychiatrists can authorise the use of ECT using the Mental Health Act. However, NICE recommends that any advance directive should be fully taken into account, and someone who speaks on behalf of the patient should be consulted.

This project aimed to audit whether the documentation of the consent process of patients undergoing ECT in NHS Grampian was in line with the above NICE Guidance.

Methods. The clinical notes and ECT folders of the six patients undergoing ECT treatment in NHS Grampian in January 2023 were reviewed in reference of the following domains:

- 1) The clinical indication for ECT.
- 2) If the patient (or their family/advocate) had the opportunity to receive the RCPsych Patient Information Leaflet for ECT.
- 3) If a discussion about the risks/benefits of ECT had taken place with a patient, their family or advocate.
- 4) If specific risks and side effects – namely anaesthetic risk and cognitive impairment – had been discussed with the patient, their family or advocate.