included a re-audit of patients under the Central Birmingham Assertive Outreach Team.

Background. Patients with severe and enduring mental illness are known to have poorer physical health outcomes. In Birmingham and Solihull there are 6 Assertive Outreach Teams. These teams manage patients with a diagnosis of psychosis who have complex needs requiring intensive multidisciplinary input and often struggle to engage with health services. The national cervical screening programme aims to prevent cervical cancer by detecting and treating cervical abnormalities. Acceptable coverage is defined as screening at least 80% of people aged 25–49 years within the last 3.5 years and 80% of people aged 50–64 years within the last 5.5 years. In 2018 71.4% of women in England and 70.9% in the West Midlands were screened adequately. An audit of 15 patients under the Central Birmingham Assertive Outreach Team in 2014 showed 46.2% had taken up screening, measured in the last 5 years for those aged 50–64 years and the last 3 years for those aged 25–49 years.

Method. A list was obtained of all female patients under the Assertive Outreach Teams with patients excluded if they were under 25 years or over 64 years or if they were known to have undergone a total hysterectomy. All GP practices with eligible patients registered to them were written to requesting the date of the patient's most recent smear test. Cervical screening was classed as in date if carried out in the last 3.5 years for patients aged 25–49 years or 5.5 years for patients aged 50–64 years.

Result. Out of 127 eligible patients, 110 had correct GP details on their record. Responses were received regarding 101 patients, 48 of whom had in date cervical screening (47.5%). Of 58 patients aged 25–49 years, 26 had in date cervical screening (44.8%). Of 43 patients aged 50–64 years, 22 had in date cervical screening (51.2%).

Conclusion. 13.4% patients did not have a known GP practice, increasing the risk of multiple poor physical health outcomes. The rates of cervical screening among Assertive Outreach Team patients are similar to the original audit in 2014 and fall significantly below the national standards and averages. These findings, along with the importance of working together to address the need for physical health monitoring in this population, will be communicated with the local Assertive Outreach Teams and GP practices.

A closed loop audit of clerking psychiatric histories in an acute psychiatric inpatient unit

Samuel Richard Smith[1]*, Rajiv Ark[2] and Thirunavukkarasu Aravinth[3]

[1]Lancaster University, Lancashire & South Cumbria NHS Foundation Trust; [2]Lancashire & South Cumbria NHS Foundation Trust, Lancaster University and [3]Lancashire & South Cumbria NHS Foundation Trust

*Corresponding author.

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Aims. An accurate and complete history is a key component of a medical consultation. Evidence suggests that up to 80% of diagnosis may be made entirely off the patient history. The aim of this closed loop audit was to examine the effects of a clerking pro forma on the quality of doctors clerking histories of new patients admitted to an acute psychiatric inpatient unit, against standards suggested in the New Oxford Textbook of Psychiatry.

Method. Data for this audit were gathered by finding the initial clerking history for inpatients at The Orchard on ECR and RIO. The clerking histories of the 18 inpatients present on 12.10.20 were initially audited. These standards recommend in the in the New Oxford Textbook of Psychiatry include; Patient Identification (ID), Presenting Complaint (PC), History of Presenting Complaint (HPC), Psychiatric history, Medical history, Family history, Forensic history, Social history, Personal history, Premorbid personality, Mental state exam (MSE). After analysis of the results of the first loop, a clerking pro forma was created and distributed to junior doctors to implement. The clerking histories for the subsequent 18 patients to be admitted were then audited and compared.

Result. The results of the first audit cycle were poor. Only patient identification and presenting complaint were present in 100% of clerked histories. Concerningly, only 72% of the histories included the patients' medical histories, forensic histories were included 44% of the time, and social history just 39% of the time.

The implementation of a clerking history proforma showed improvements in all areas of clerking. Patient ID, PC, HPC, psychiatric history and MSE were now present in 100% of clerked histories. Forensic history showed a statistically significant improvement from 44% to 73% [$X2(1) = 5.9$; $p = 0.015$]. Social history showed a statistically significant improvement from 39% to 78% [$X2(1) = 5.6$; $p = 0.018$]. Premorbid personality showed a statistically significant improvement from 44% to 89% [$X2(1) = 8.0$; $p = 0.005$]. Personal history showed a non-statistically significant improvement from 39% to 56%, as did medical history from 72% to 94%, and family history from 39% to 61%.

Conclusion. In conclusion, the implementation of a clerking history pro-forma has significantly improved the quality and completeness of clerking histories gathered by doctors at The Orchard. This is hopefully increase diagnostic accuracy and improve the quality of care of patients in the hospital.

Counting ECGs in acute psychiatry – The patients' price for junior doctors' rotations

Marianna Rogowska*, Adam Montgomery and Luiz Dratcu

John Dickson Ward, Maudsley Hospital

*Corresponding author.

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Aims. On 05/08/20, when a new cohort of doctors rotated onto an acute ward, (John Dickson Ward, Maudsley Hospital, London) a new handover tool on MS Teams was introduced, which replaced previously used MS Word document. The new handover tool can be accessed and edited by any of the users in the team. We hypothesised that the introduction of an interactive, live-updated tool would help improve physical health monitoring for patients, especially compliance with ECG taking. The aim of this project was to test this hypothesis.

Method. Authors have reviewed electronic documentation of patients admitted to and discharged from John Dickson Ward between 01/04/2020 and 24/12/2020. Evidence of whether an ECG was performed, was offered but declined by the patient, or was not offered were noted in the final audit. Patients were divided into 3 groups: (1) Patients admitted and discharged from 01/04/20 – 05/08/2020; (2) Patients admitted and discharged from 05/08/2020 – 24/12/20, and (3) Patients admitted before the intervention date, but discharged after the date (i.e., the period when new junior doctors had rotated onto the ward). Fifty patient records were identified in Group 1, fifty in Group 2, and 18 in Group 3.

Result. Surprisingly, the percentage of patients who had a documented ECG did not improve after the intervention, with 37/50 (74%) of patients having an ECG in Group 1, and 37/50 (74%) of patients having an ECG in Group 2. However, an incidental

finding was made that significantly fewer patients received ECGs during the changeover period (Group 3), with only 6/18 (33%) of patients receiving ECGs. The percentage of patients who were not offered ECGs also increased during the changeover period, with 2/50 (4%) in Group 1, and 3/18 (17%) in Group 3 not being offered.

Conclusion. This incidental finding highlights the challenges associated with the junior doctor changeover period. Much time is needed for doctors to adjust to their new surroundings and methods of working, and this may result in basic elements of patient care being overlooked. We surmise that other elements, such as ensuring all patients having regular blood tests and physical examinations, may also be of a lower standard during this period. There is scope for future audits to address this, and for future quality improvement projects to implement changes ensuring medical care remains at a high standard during junior doctor changeover periods.

Investigation and management of vitamin D insufficiency and deficiency in acute adult psychiatric admissions: a clinical audit

Rhiya Sood[2], Richard Hughes[2], Daniel Romeu[1]*, Tariq Mahmood[3] and Alastair Cardno[4]

[1]Leeds and York Partnership NHS Foundation Trust, Leeds Institute of Health Sciences, University of Leeds; [2]School of Medicine, University of Leeds; [3]Leeds and York Partnership NHS Foundation Trust and [4]Leeds Institute of Health Sciences, University of Leeds
*Corresponding author.

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Aims. Growing evidence suggests vitamin D as a contributing factor in psychiatric illness, particularly depression. Leeds and York Partnership NHS Foundation Trust (LYPFT) has a policy recommending that vitamin D levels are checked in all inpatients. The principal aims of this audit were to establish whether vitamin D levels were checked in inpatients and whether oral supplementation was commenced where appropriate, with a pre-determined target of 90% for both. The secondary aims were to assess whether rates of checking and replacing vitamin D, and mean vitamin D levels, differed between Caucasian and non-Caucasian populations.

Method. We investigated adults aged 18–65 years newly admitted to the Becklin Centre, an acute psychiatric inpatient unit of four wards, between 1st December 2019 and 29th February 2020. 140 patients met eligibility criteria and were included in this study, of which 86 (61.4%) were Caucasian. Data were collected between 25th and 28th February 2021 by retrospectively reviewing two electronic patient record systems, Care Director and PPM, and the electronic prescribing platform EPMA. Results were compiled on a pre-determined data collection tool and analysed using Microsoft Excel. We defined insufficiency as serum 25-hydroxyvitamin D levels below 75nmol/l and deficiency as below 30nmol/l.

Result. Vitamin D levels were checked in 79 (56.4%) inpatients, and the proportion checked differed significantly according to ethnicity (Caucasian = 64.0%, non-Caucasian = 44.4%; $\chi 2 = 4.59$, $p = 0.032$). Of these, 1 (1.3%) had an insufficient sample, 5 (6.3%) had normal levels, 41 (51.9%) had insufficient levels and 32 (40.5%) were deficient. Colecalciferol was commenced for 61 (83.6%) of those with insufficient or deficient vitamin D levels. Rates of colecalciferol prescribing did not differ between ethnic groups (Caucasian = 82.0%, non-Caucasian = 85.0%; $\chi 2 = 0.091$, $p = 0.76$). Mean vitamin D levels did not significantly differ ($p = 0.77$) between Caucasians (38.3nmol/l) and non-Caucasians (36.2nmol/l).

Conclusion. LYPFT did not meet the target for testing for and treating vitamin D insufficiency and deficiency in psychiatric inpatients. Other blood results were often available when vitamin D levels were not, suggesting a lack of awareness of the guidance. Ethnicity influenced rates of vitamin D analysis but not replacement or mean serum levels. We aim to present our findings to the Trust's medical workforce to raise awareness of the relevant guidance. Given the paucity of psychiatric inpatients with normal vitamin D levels, further research into the role of vitamin D in psychopathology is warranted.

Clinical audit investigating the recognition of tardive dyskinesia in an acute inpatient setting

Daniel Romeu[1]*, Christiana Elisha-Aboh[2], Hamza Abid[2], Lauren Merry[3], Tariq Mahmood[2] and Fiona Lacey[2]

[1]Leeds and York Partnership NHS Foundation Trust, Leeds Institute of Health Sciences, University of Leeds; [2]Leeds and York Partnership NHS Foundation Trust and [3]Leeds Teaching Hospitals NHS Trust
*Corresponding author.

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Aims. Tardive dyskinesia (TD) is a disabling extra-pyramidal side effect (EPSE) associated with long-term antipsychotic medication, with an incidence rate of 5% per year of typical antipsychotic exposure. The Abnormal Involuntary Movement Scale (AIMS) is a validated tool for screening for TD and its use is recommended every 3–6 months in those taking antipsychotics. Atypical antipsychotics present a lower risk and have contributed to complacency in monitoring and treatment. The primary aim of this audit was to establish whether AIMS was completed for all patients taking regular antipsychotic medication for three months or more. Secondary aims were to investigate whether patients were informed about EPSEs on initiation, titration and change of antipsychotics, and whether they were assessed for the emergence of side effects during subsequent clinical reviews.

Method. This single-site audit examined the care of inpatients on Ward 4 of the Becklin Centre, a male working-age acute psychiatric ward, between 1st November 2020 and 31st January 2021. Patients aged 18–65 years who were prescribed regular antipsychotics were eligible for inclusion. Exclusion criteria included the presence of other neurological movement disorders. 50 patients were included. Data collection took place between 8th February and 6th March 2021; this involved reviewing patient records throughout their inpatient stay on Care Director, an electronic patient record system. Results were compiled using a pre-determined data collection tool and analysed using Microsoft Excel.

Result. For 14 (28.0%) patients there was documented evidence of the provision of verbal information surrounding EPSEs during initiation or change of antipsychotics, and 12 (24.0%) received written or verbal information about wider side effects. For 19 (38.0%) there was a documented assessment of side effects during clinical review following the initiation or change of antipsychotic medication. Of the 33 patients who took antipsychotics for over three months, 3 (9.1%) received an AIMS assessment.

Conclusion. An inadequate proportion of inpatients prescribed long-term antipsychotics were assessed for TD, likely due to a lack of awareness of the relevant guidance. A substantial number of patients were not informed about side effects, suggesting an element of medical paternalism. This study provides opportunity to improve practice by educating the medical workforce and raising awareness of TD symptoms amongst the wider team.