

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

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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

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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.

Valbenazine is a new FDA-approved treatment for adults with tardive dyskinesia, representing a further avenue for management. Greater focus on patient involvement, and communication surrounding anticipated side effects, is likely to benefit compliance with treatment and improve the doctor-patient relationship.

Audit on the documentation of ethnicity within CAMHS

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Aims. Evidence suggests children from minority ethnic groups have lower rates of referrals from primary care to CAMHS, are more likely to be referred via involuntary or compulsory routes and less likely to have access to therapies than children from white backgrounds. In order to understand how ethnicity influences individuals and ensure service innovation meet these needs data collected have to be accurate. The Mental Health Services Data Set outlines all children and families receiving NHS care should have ethnicity included as a mandatory data submission and services are performance managed on this.

The aim of this audit to review the documentation of ethnicity for service users in CAMHS. We agreed that 100% of patients within York and North Yorkshire (Y&NY) CAMHS should have their ethnicity documented.

Method. Integrated Information Centre (IIC) was used to collect data on the documentation of ethnicity for patients under Y&NY CAMHS on 27th August 2020.

Result. The total caseload was 4109 patients.

823 (20%) had their ethnicity documented as 'unknown' (the clinician had entered 'unknown' or the patient has 'declined to disclose').

49 (1.2%) patients had no entry regarding ethnicity (missing).

Conclusion. We recommend further exploration to consider why 1 in 5 patients have 'unknown ethnicity' documented. We recommend: conducting a refined search considering the percentage of 'declined to disclose' and 'not stated' within the 'unknown ethnicity' section emailing care coordinators for patients with 'unknown ethnicity' or 'missing ethnicity' conducting a questionnaire to gather the opinions and experiences of clinicians, patients and families when talking about ethnicity

reviewing the process for documenting ethnicity to improve accuracy developing staff training, to promote a culture of confidence and curiosity when discussing ethnicity Following this intervention we will aim to re-audit and consider if this has improved the rates of documentation of ethnicity.

COVID-19 antibody seroprevalence in residential psychiatric inpatients

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Aims. While other mental health care outpatient facilities were moved to COVID-centers in March 2020 during the COVID-19 pandemic, the Institute of Mental Health and Neurosciences in Kashmir remained the only functional outpatient facility in the region. It is the only mental health care hospital in the country

with a residential facility for psychiatric inpatients catering to the whole population of Jammu and Kashmir, India. The Mental Health Care Act 2017 that necessitated "halfway homes" is yet to be implemented in the state leaving its inpatients entirely under the institution's care. This study is to investigate the seroprevalence of antibodies to SARS-COVID-19 virus in the 34 residential inpatients in separate male (23 patients) and female (11 patients) wards. This was done as an audit to strategies and measures taken by the institute in protecting its inpatients.

Method. 3 to 5 ml of peripheral venous blood samples were collected and plasma extracted and analysed using the CE-IVD Roche Cobas Elecsys AntiSARS-CoV-2, Electrochemiluminescence Immunoassay (ECLIA) for the qualitative detection of total Immunoglobulins (IgG, IgM and IgA; Pan Ig) generated against SARS-CoV-2 (Roche Diagnostics, Indianapolis, IN, USA). The test was performed according to the manufacturer's instructions.

Result. Out of the 34 inpatients, 2 male inpatients tested positive for antibodies against SARS-CoV-2 (seroprevalence of 5.88%). In comparison, based on a report conducted by the government's Department of Community Medicine and Biochemistry on the 28th of October 2020, out of 2,361 participants in the community, 959 tested positive (seroprevalence of 40.6%).

One of the inpatients that tested positive was re-admitted after testing negative via RT-PCR. The second patient was admitted after being found homeless. He was tested negative on day 1 via RAT and on day 5 via RT-PCR. We believe both of them acquired the infection in the community.

Conclusion. This audit shows that the strategies implemented by the institute were effective in the prevention of the spread of COVID-19. Practical implementations of what works and improvisations are the proven methods of decreasing the mortality and morbidity in vulnerable populations while continuously providing vital mental health services.

An assessment of referrals to a liaison psychiatry team within a large district general hospital – Completing the Cycle

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Aims. In 2019 members of the Liaison Psychiatry Department at Frimley Park Hospital completed an audit of the referrals to the service¹. The quality of referrals was found to be highly variable, for example only 28% included a risk assessment and frequently omitted both past psychiatric and past medical histories. As such an intervention was designed involving three parts;

Multidisciplinary education of staff

New and more readily available referral guidelines

New referral form

This re-audit seeks to complete the audit cycle and assess the impact of the intervention.

Method. The first 50 referrals to the Liaison Psychiatry Department of Frimley Park Hospital during February 2021 were assessed using the following criteria:

Staff type, referral source, physically fit for assessment, physical cause ruled out, drugs / alcohol involved, appropriate reason for referral, clinical question asked, did final diagnosis match referral diagnosis, risk assessment included, information about admission included, past psychiatric history included and past medical history included.