

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.