prove useful to monitor the progress of these measures, and the scope of a future audit could also be widened to include the timeliness in which the FIRM is completed for new patients.

Reviewing Interventions to Ensure Management of Cholesterol Levels in Psychiatry Inpatients

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Aims. Studies have been done to suggest an increased risk of mortality in patients with mental illness, from cardiovascular diseases. This may be a result of factors ranging from lifestyle choices in the patient group, access to health-care facilities, side-effects of antipsychotic use etc. As a suitable predictor of cardiovascular risk, this audit reviews and attempts to improve the management of cholesterol levels in this patient group based on local trust guidelines.
Methods. 116 and 120 patients from general adult psychiatry wards were included in two cycles of the audit respectively. Blood results, discharge letters were obtained from the Clinical portal database; drug prescriptions from the 'Hospital Electronic Prescribing and Medicines Administration (HEPMA)' database. As per local trust guidelines, it was verified if 'ASSIGN' (indicator of cardiovascular risk developed in Scotland) scores were calculated and a statin was prescribed accordingly, lifestyle modification advice provided or blood results communicated to GP in the discharge letter. An email with a flyer was distributed among doctors with trust guidelines, as intervention after the first cycle of the audit, and the results were presented in internal teaching. This was followed by a reaudit in a few months.
Results. In the first cycle, 85 out of 116 patients had a lipid profile done on admission out of which 29 had abnormal levels without a prescription of statin. 6 patients had their abnormal lipid results mentioned in their discharge letter in the absence of an ASSIGN score calculation or lifestyle modification advice. In the second cycle, it was noted that only 35 patients out of 120 had a lipid profile done on admission and a total of 12 patients had abnormal lipid results without a statin prescription. Only 1 patient had their ASSIGN score calculated and 7 patients had their abnormal lipid results documented to the GP.
Conclusion. Unfortunately, considering both cycles of the audit, only a minority of patients had been managed in accordance with trust guidelines and no significant improvement was noted in the results of the reaudit. The importance of efficient management of cholesterol can be highlighted in a relevant forum and any barriers to change in practice may be explored. QRISK3, an alternative to ASSIGN may be suggested, which includes factors like severe mental illness and atypical antipsychotic use.

A Review of the Quality of Cardiometabolic Risk Monitoring Amongst Psychiatric Inpatients, and of Interventions to Reduce Their Long-Term Risk of Cardiovascular Disease

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Aims. In Britain, individuals with severe mental illness die on average 15–20 years earlier than the general population. Their higher rates of cardiovascular disease contribute significantly to this. This audit reviewed how well cardiometabolic risk factors are screened for during inpatient admissions, and how frequently appropriate interventions are implemented for identified risk factors. It then assessed ways of improving current monitoring and interventions. We prioritised enhanced collaboration between patients and healthcare professionals, combined with formalising and systematising the physical health screening process.
Methods. Bed coordination provided identification details of all patients admitted to an all-male acute psychiatric ward from 01/05/2019–31/08/2019. Each patient's record was reviewed to ascertain whether risk factors outlined in Lester UK Adaptation: Positive Cardiometabolic Health Resource were screened for. If a risk factor in this resource's "red zone" was identified, the patient's documentation was reviewed to see whether corrective action was attempted. Raw numbers and percentages of patients receiving any given physical health check were reviewed. For abnormal results, how many patients had appropriate action taken was then also checked.
Results. 63 patients were admitted, 50 of whom had a Rethink template completed. All physical health data (except blood results) were collected using the Rethink template.

41 patients smoked tobacco: seven accepted cessation support, 19 declined cessation support, and 15 were not offered support. 9 patients had no smoking status documented.

26 patients self-reported healthy lifestyles versus 24 who did not. Of these 24, 17 had no lifestyle intervention documented.

31 patients had a BMI > 25, of whom two were offered support, and 28 had no documented support.

12 patients were hypertensive, of whom three were offered further support, and eight had no further action documented.

44 patients were normoglycaemic, fifteen had no blood glucose test, and four had pre-diabetes/diabetes of whom one was offered further support.

32 patients had dyslipidaemia: one received further support, four were already on appropriate pharmacotherapy, and 27 had no further intervention documented. 25 had no bloods taken.
Conclusion. Most patients had identifiable cardiometabolic risk factors: smoking, BMI > 25, poor lifestyle, dyslipidaemia, hypertension, hyperglycaemia (in decreasing order). Where risk factors were identified, intervention to address these risk factors and identification of barriers to supporting patients were lacking. COVID-19 may have changed the nature of admissions and health priorities. Structural changes were implemented, including changes to admission physical health assessments, introduction of well-man clinics, and improved communication between inpatient and community settings on discharge. A re-audit is pending.

A Gap in Psychiatry On-Call Training: Post-Ligature Assessment

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Aims. 1. To assess documented practice on post-ligature assessment following a teaching session and simulated induction session introducing a post-ligature assessment tool. 2. To