was strongly associated with VTE risk assessment completion (p < 0.05).

Conclusion. OA wards have hosted QI programmes with regards to VTE risk assessment which may be why VTE risk assessment was more likely to have been completed on OA wards. VTE risk assessment compliance overall is inadequate across all sites included in the study. Recommendations include further education for all ward staff on how, why and when VTE risk assessment should be completed, greater accessibility of an improved VTE risk assessment form and for QI initiatives on OA wards to be rolled out on WA wards. These findings have been presented and discussed at regional Trust teaching days, and this audit will be repeated in one year.

An audit of liaison service provision in Aneurin Bevan University Health Board

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Aims. Aneurin Bevan University Health Board (ABUHB) isundertaking a review of the Mental Health Liaison Service provision within it's acute general hospitals. The current liaison service is a small nurse led team which is available between 8am and midnight. ABUHB has recently opened a new Specialist Critical Care Hospital with the liaison service moving into a new base. A new model of care has been developed across the healthboard which has stretched the Liaison Service across several sites. Therefore, the liaison service may need to expanded to be able to provide high quality and timely care across a wide geographical area. The audit aims to idenitfy areas in which the liaison service is performing well in while identiying areas that need improvement. This audit may provide a focus for recommendations to enhance the current liaison provision.

Method. The liaison service was audited against RCPsych Psychiatric Liaison Accreditation Network (PLAN) quality standards. PLAN identified eighteen functions of a liaison team and provided details of quality standards within each function. These standards are either considered essential, expected or desirable. An accredited service is expected to meet 100% of essential standards, 80% of expected standards and 60% of desirable standards. Data were taken from a combination of sources including ABUHB policies, service managers and senior clinicians within both mental health and acute services.

Result. When comparing the current liaison service provision in ABUHB, 30% of essential standards were not met and 21% were only somewhat met. Particular domains that were identifed as needing improvement included policies and procedures and urgent and emergency mental health care. 36% of expected standards were met with 41% not met. Notable domains that the service was performing poorly in included governance; induction, and providing teaching and support to acute colleagues. 89% of desirable standards were not met.

Conclusion. The audit idenitifed that the current liaison service fails to meet core standards set out by RCPsych. This audit provides quantitative data to demonstrate that the liaison service is in need of improvement and investment. As a result, enhaving the current liaison service is now a priortity for the health board. A business case is being developed to consider enhancing the liaison service with a view to developing a Consultant led multidisciplinary team. The business case can use PLAN quality standards to make recommendations for improvements to the service.

A clinical audit to investigate polypharmacy and interactions in inpatients in an old age psychiatric ward

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Aims. To identify any problematic polypharmacy in the patient records of those staying in Cherry Ward, an old age psychiatric unit at Highbury Hospital, Nottingham in the calendar year 2018.

Background. Multi-morbidity is defined as more than one long-term medical condition in a single individual and is a factor that is closely associated with polypharmacy, the use of multiple medications concurrently. Appropriate and Problematic are the two classifications of polypharmacy outlined by the King's Fund report, the first describing optimised evidenced-based pharmacological management of comorbidities and the latter to label prescribed medications whose use is not in the best interests of the patient. The risk of drug interactions and adverse drug reactions is increased with polypharmacy, and frail elderly patients are particularly at risk of the side-effects of psychotropic medications used in the management of mental health disorders. Guidelines highlight this group as a key party to be identified when searching for at-risk people.

Method. The electronic records of those admitted and discharged from Cherry Ward in 2018 were reviewed in the period spanning January to May 2019, and the first forty-three patients were analysed in Microsoft Excel using criteria based on the King's fund report and the Medscape and BNF (British National Formulary) drug interaction tools. The Medscape drug interaction checker was used for initial screening; the complete medication list for each patient was entered into it and the number of interactions was displayed with advice on severity. If necessary, the individual interactions for each specific medication could also be cross-referenced in the BNF using the extensive lists provided for each drug. These are also graded from mild to severe.

Result. On discharge, 69.7% (thirty patients) met the criteria for being at higher risk of polypharmacy. One patient became at higher risk of polypharmacy during admission, and another two stepped down from meeting the criteria on admission but not on discharge. Thirty-one of the forty-three patients had at least one interaction recorded; 18.6% (eight patients) had at least one potentially severe interaction.

Conclusion. A substantial proportion of patients in Cherry ward in 2018 were at a higher risk of polypharmacy, reflecting current practice as outlined in the King's Fund report. Problematic polypharmacy is common among older patients hospitalised with psychiatric illness. Recommendations include use of an automated electronic system to investigate and flag up problematic polypharmacy and severe medication interactions.

Cervical screening in assertive outreach team patients

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Aims. To assess the uptake of cervical screening in patients under Birmingham and Solihull Assertive Outreach Teams; this