

was being discussed. Data was inputted anonymously into Excel and simple statistical analyses conducted.

Inclusion criteria were patients on the Richmond Kingston HTT caseloads on the date of data extraction for cycles 1, 2 and 3. Patients were excluded who had not yet had their initial assessment.

Following initial data collection we joined stakeholders at Trust-Wide HTT Governance meeting covering five boroughs and presented findings. We agreed changes to implement including incorporating a driving prompt in the initial assessment proforma and providing a DVLA leaflet in the welcome pack.

Results. From baseline data of combined caseloads, 17.7% of patients had documented evidence of driving discussion. At two months, re-audit showed that 33.3% of patients were asked about driving. With consideration of delays in change implementation with large teams and shift work, a third data collection cycle was completed 4 months post intervention. This showed that 56.0% of patients were asked about driving.

Conclusion. The changes implemented have been effective in sustaining increased awareness on this important topic and facilitating discussion with patients. There is potential to increase awareness further by expanding this as a trust-wide, regional or national initiative whilst enhancing stakeholder engagement.

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 Re-Audit of the Assessment of the Nutritional Status of Patients Admitted to the General Adult Inpatient Wards in Mersey Care NHS Foundation Trust

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Aims. Obesity and malnutrition have increased prevalence in individuals with mental disorder. Patients with severe mental illness are at increased likelihood of developing weight-related comorbidities, particularly type II diabetes mellitus.

Admission to the psychiatric ward provides an opportunity to address, not only the patient's mental health issues, but also any physical health issues.

The aim of this re-audit was to assess whether patients were managed in compliance with the Mersey Care NHS Foundation Trust Nutritional Screening Protocol on eight general adult inpatient wards across the Trust.

Methods. Data from the first five admissions (starting from 1st April 2023) to eight general adult inpatient wards in the Trust was collected and assessed.

A total of 40 inpatient admissions were identified. The results were collated and compared to the standard – Mersey Care's Nutritional and Hydration Policy.

Results. 36 patients (90%) had a Malnutrition Universal Scoring Tool (MUST) completed within 72 hours of admission. Of the four patients (10%) who didn't have a MUST score within 72 hours of admission, three were completed after 72 hours.

46% of patients had a MUST score of 0 (low risk), 31% a MUST score of 0 (high risk obesity), 10% a MUST score 1 (medium risk) and 13% a MUST score of 2 or above (high risk).

Of the five patients with a MUST score of 2 or above (high risk), three (60%) were compliant with all elements of the

Nutrition Screening Tool Care Plan. Of the 12 patients with a MUST score of 0 (high risk obesity), seven (58%) were compliant with all elements. Of the four patients with a MUST score of 1 (medium risk), all were compliant with all elements.

Overall, 31 (79%) patients had every element of the Nutrition Screening Tool Care Plan completed.

Conclusion. There was significant assurance of systems and processes in place and working well to ensure compliance, with only minor issues of concern identified.

Whilst the MUST score within the first 72 hours following admission had been completed in most inpatients, referrals to the dietician had not been done consistently in line with Trust policy. This is an area that requires addressing. Some training may need to be delivered to underline the importance of adhering to Trust policies.

An action plan to circulate the audit findings to all general adult inpatient wards across the Trust and re-auditing with a larger sample size across the Trust has been recommended.

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An Audit of Baseline Physical Health Monitoring in Patients Under the Care of Mersey Care NHS Foundation Trust Who Are Commenced on Lithium

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Aims. Lithium is clinically indicated for use in the UK for treatment and prophylaxis of mania, treatment and prophylaxis of bipolar disorder, treatment and prophylaxis of recurrent depressive disorder and treatment and prophylaxis of aggressive or self-harming behaviour. Prior to commencing lithium, there is a need for several physical health checks and blood tests to be completed to ensure that lithium remains appropriate to prescribe.

This audit aimed to establish whether Mersey Care NHS Foundation Trust's prescribing practices of lithium are in keeping with national guidance prior to initiation and how the Trust's performance compared with national performance as identified by the Prescribing Observatory for Mental Health (POMH) lithium audit.

Methods. A total of 127 patients under the care of the Trust who were prescribed lithium (lithium carbonate and lithium citrate, tablet and liquid formulations) were identified using the Trust's electronic record system and electronic prescription chart system. The POMH lithium audit tool was used to capture data for each lithium patient as Mersey Care NHS Foundation Trust was participating in the national POMH lithium audit. Each patient's electronic record was scrutinised to determine whether the following were measured prior to lithium being initiated – weight/body mass index (BMI)/waist circumference, Thyroid Function Tests (TFTs), serum calcium level and estimated Glomerular Filtration Rate (eGFR).

Results. Of the sample of lithium patients included in the audit, 78% of patients had a weight/BMI/waist circumference done prior to initiation of lithium; 80% of patients had a serum calcium level; 93% had TFTs done; and 100% of patients had an eGFR completed prior to initiation of lithium.

Conclusion. The results of this audit indicate that the Trust is performing well with the required physical health monitoring prior to initiation of lithium. Trust performance for all four parameters that were included and assessed in this audit were above the national compliance level reported in the POMH lithium audit. There is clearly a need, however, to improve performance and to ensure that both medical and nursing staff across the Trust are aware of the physical health monitoring required before initiating any patient on lithium. A Quality Performance Alert will be sent to all medical and nursing staff to raise awareness and lithium monitoring will be included in the induction for junior doctors working in the Trust. Future auditing of Trust performance on required physical health monitoring prior to commencing lithium will be conducted.

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An Audit of Physical Health and Blood Test Monitoring in Patients Under the Care of Mersey Care NHS Foundation Trust Who Are Prescribed Lithium

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Aims. Lithium is clinically indicated for use in the UK for treatment and prophylaxis of mania, bipolar disorder, recurrent depressive disorder and aggressive or self-harming behaviour. In patients who are prescribed lithium, several physical health checks and blood tests must be completed on a regular basis to ensure lithium remains safe and appropriate to continue. Lithium has a narrow therapeutic index and so close monitoring of serum lithium level is required.

This audit aimed to establish whether Mersey Care NHS Foundation Trust's physical health check and blood test monitoring of patients prescribed lithium is in keeping with NICE guidelines and determine how the Trust's performance compared with national performance as identified by the Prescribing Observatory for Mental Health (POMH) lithium audit.

Methods. A total of 127 patients under the care of the Trust who were prescribed lithium were identified. The POMH lithium audit tool was used to capture data for each patient as Mersey Care NHS Foundation Trust was participating in the POMH lithium audit. Each patient's electronic record was scrutinised to determine whether the following were measured every six months during maintenance treatment – Thyroid Function Tests (TFTs), serum calcium level, estimated Glomerular Filtration Rate (eGFR) and serum lithium level, and whether the patient had a weight/body mass index (BMI)/waist circumference within the last 12 months.

Results. Of the 127 lithium patients included in the audit, 64% had a serum calcium level done every six months, 78% had TFTs done every six months, 83% had an eGFR done every six months, and 87% had a serum lithium level done every six months. 71% of patients had a weight/BMI/waist circumference within the last 12 months.

Conclusion. Trust performance for TFT monitoring and weight/BMI/waist circumference was above the national compliance level reported in the POMH lithium audit; Trust performance for serum lithium level, eGFR and serum calcium level was below

the national compliance level. There is a need to ensure that medical and nursing staff are aware of the physical health checks and blood test monitoring required for patients maintained on lithium. A Quality Performance Alert will be sent to medical and nursing staff in the Trust to raise awareness and lithium monitoring will be included in the junior doctor Trust induction. Future auditing of Trust performance on physical health check and blood test monitoring for patients maintained on lithium will be conducted.

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An Evaluation of High Dose Antipsychotic Therapy Prescribing Across the General Adult Inpatient Wards and the Psychiatric Intensive Care Unit in Mersey Care NHS Foundation Trust

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Aims. High Dose Antipsychotic Therapy (HDAT) should only be used in exceptional circumstances, as there is little evidence to suggest that higher than recommended doses of antipsychotics are more clinically effective than standard doses, with potential side effects being greater. In practice, there are several clinical scenarios where HDAT may be prescribed and the potential benefits must outweigh the potential risks. NICE guidelines for psychosis and schizophrenia advise that dosages outside the range given in the British National Formulary should be justified and recorded.

This evaluation aimed to determine the prescribing practice involved with HDAT across the 16 general adult inpatient wards and Psychiatric Intensive Care Unit (PICU) in Mersey Care NHS Foundation Trust.

Methods. A list of all inpatients on the 16 general adult inpatient wards and the PICU in the Trust between 17th and 20th of July 2023 was obtained. Each patient's electronic prescription record was scrutinised to determine whether the patient was prescribed HDAT. For each HDAT patient, the patient's electronic psychiatric record was reviewed to determine whether the decision to be prescribed HDAT was authorised by a Consultant, and whether there was evidence of this decision being discussed at a multi-disciplinary team (MDT) meeting and/or patient ward review. The authors also reviewed whether the clinical rationale for the patient to be prescribed HDAT was documented in the patient's clinical record and whether there was documentation of whether the patient had capacity to consent to being prescribed HDAT.

Results. Of the 29 HDAT patients identified, the decision to prescribe HDAT was authorised by a Consultant in 22 (76%) patients. In 14 (48%) patients, the decision to prescribe HDAT was discussed in an MDT meeting and/or patient ward review. The clinical rationale for being prescribed HDAT was documented in 15 (52%) patients. There was evidence of documentation of whether the patient had capacity to consent to being prescribed HDAT in only 8 (28%) patients.

Conclusion. The decision to prescribe HDAT should always be senior-led and involve MDT discussion, to enable input from medical, nursing and pharmacy staff. Current practice across the Trust's general adult inpatient wards and the PICU indicates