

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.

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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

Dr Declan Hyland*, Dr Faraaz Abulais and Dr Ranjan Baruah
Mersey Care NHS Foundation Trust, Liverpool, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.576

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

Dr Declan Hyland*, Dr Gopal Chinnari,
Dr Tawfik Elhaj-Houssen and Dr Rose-Anne Orrell
Mersey Care NHS Foundation Trust, Liverpool, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2024.577

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.