patients prescribed Clozapine, frequency of blood testing was checked. For patients prescribed Sodium Valproate, completion of annual risk acknowledgement forms was checked.

Results. The following audit standards were met with 100% compliance: "For patients on regular psychotropic medication, there should be clear indications for this on the drug chart." "All patients on combined antipsychotic therapy or High Dose Antipsychotic Therapy should have a care plan in place." "For patients detained under the MHA, appropriate Consent to Treatment forms should be present and up to date." "All patients should have a documented annual health check within the last 12 months." "All patients prescribed psychotropics should have psychotropic blood monitoring within last 12 months."

The compliance for the standard "For patients detained under the MHA, appropriate capacity assessment documented on MHA 58 Assessment of Capacity for Treatment form should be present and uploaded to Carenotes" was 71%.

The compliance for the standard "All female patients of childbearing age prescribed Valproate should have an annual Risk Acknowledgment form completed" was 0%.

Conclusion. There was a good standard of documentation of medication and indications on drug charts. Consent to Treatment forms were up to date for all patients. Semi-sodium Valproate and antipsychotic medication used out of license was within Trust guidance. Sodium Valproate was used off license in three patients. Monthly FBC blood monitoring occurred for patients on Clozapine, with the most recent Clozapine level within the last 12 months. Physical health checks and investigations were carried out annually for all patients. However, it was difficult to locate all results. Areas for improvement included: All investigation reports should be uploaded in the same folders with easily identifiable file names for ease of access. All patients on Valproate should have a completed annual risk acknowledgement form. The audit recommendation was to put in place care plans for all patients prescribed Valproate therapy, including review dates for risk acknowledgement forms.

Risk Factors Related to Driving: A Review of Clinical Practice Evaluating and Addressing Fitness to Drive Among Psychiatric Inpatients

Dr Alistair Fraser[1]*, Dr Pallavi Chandra[2], Dr Reka Sundhar[2] and Dr Nilamadhab Kar

[1]Black Country Healthcare NHS Trust, Walsall, United Kingdom; [2]Black Country Healthcare NHS Trust, West Bromich, United Kingdom and [3]Black Country Healthcare NHS Trust, Wolverhampton, United Kingdom
*Corresponding author.

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Aims. Mental illness is linked with a higher risk of dangerous driving; e.g. patients with neurotic disorders have 50% more accidents than controls and 10% of drivers involved in accidents have reported feeling suicidal. The Driver and Vehicle Licensing Agency (DVLA) have provided guidance related to fitness to drive for those with mental illness. In this context we intended to study the risk factors associated with psychiatric inpatients related to driving and whether concerns have been documented in clinical reviews.

Methods. Case notes of 100 randomly selected psychiatric inpatients in one calendar month were evaluated including: their driving status; concerns regarding driving based on their clinical status (Diagnosis, Medications, Side effects); any clinical advice given and communication with DVLA in the previous one year, were ascertained from electronic records. Missing values were not included in calculation.

Results. The sample consisted of 51 female and 49 male patients (mean age 39.7±13.5 and 39.1±12.7 respectively), with the majority 69% from Caucasian ethnicity; 64% were informal. There was no difference noted in driving status based on ethnicity or legal status on admission.

On admission 33% of patients reported that they were not driving, 12% were driving, 2% refused to answer and in more than half (53%) driving status was not documented. Considering some of the risk factors for driving, persistent alcohol use was noted in 39.8%, drug use in 34.4%, personality disorder 37%, attention deficit hyperactivity disorder or autistic spectrum disorder in 4%, being on medications with side effects that may impair driving 80.8%, having side effects that impair driving 10%, and suicidality 54.5%. Only in a minority of cases were fitness to drive related issues discussed in their last review (3%), in progress notes (1%), or in discharge notes (2%). There was no documentation related to communication with the DVLA for any patients.

Conclusion. The results suggest there is a need to record the driving status of psychiatric inpatients and to discuss driving related concerns when considering mental state, medications and side effects. Information related to driving should be given to patients, and DVLA should be notified as appropriate. This might help in improving safety related to driving by psychiatric patients.

Physical Health Monitoring of Community Patients Under the Care of Adult Eating Disorder Service at Surrey and Borders Partnership NHS Foundation Trust

Dr Amit Fulmali* and Dr Tayeem Pathan

Surrey and Borders Partnership NHS Foundation Trust, Guildford, United Kingdom
*Corresponding author.

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Aims.

1. To determine if the physical health monitoring of patients in the Eating disorder service is done in line with the recommendations of the National Institute of Clinical Excellence (NICE) guidelines and relevant MEED Guidance on Recognition and Management.
2. To determine if the current local AEDS (Adult eating disorder services) guideline for physical health monitoring of Community patients, including blood tests and ECG is adequate for community patient cohort.

Methods.

1. For every attendance of patients to the Outpatient Physical health monitoring Clinic (PHMC), it is expected that the physical health monitoring to be offered would include:
   - Weight
   - Height (if first attendance)

- BMI
- HR (Pulse rate)
- Sitting/Standing BP and
- Temperature

2. Relevant Blood tests and recent ECGs on a schedule based on patient's BMI or as needed based on clinical indication.

24 patients were identified from April 2021 to December 2022. 7 patients were deemed inappropriate due to scant documentation. Of the remaining 17, 9 patients were randomly selected. 9 patients' documentation were looked at all contacts with AEDS. The monitoring was audited at 3 single point of contact over the course of their first clinic appointment after April 2021, the middle and latest/last monitoring.

Results.

1. At the first clinic after April 2021 the compliance was 100% for all parameters except for the monitoring of BMI and Temperature which was 88.9%.
2. At the mid-point there was 100% compliance with BMI, weight, blood pressure and pulse monitoring, there was a drop in temperature monitoring to 77.8%.
3. In the last clinic monitoring for pulse and temperature dropped to 88.9% and 77.8% respectively, all other parameters showed 100% compliance.
4. The frequency of monitoring ECG and blood tests in the subsequent clinics gradually dropped from 100% to 66.7% and 88.9%.

Conclusion. Reasons for decreased monitoring in Bloods and ECG.

1. Documentation was missing.
2. Investigations were delayed from the patient's side.
3. Due to COVID-19 there was difficulty accessing the primary care appointments for investigations.
4. The temperature equipment was not working properly.

Recommendations.

1. Keeping a fixed format for documenting PHMC. New format for documentation introduced.
2. Document all the parameters checked in the patients' electronic records on the same day.
3. PHMC clinical team to upskill on ECG via training.
4. Introduce weekly ECG alongside phlebotomy clinics.
5. SUSS test to be done for all RED (High risk) patients and should be clearly documented in the notes.

A Clinical Audit on Adult ADHD From Community Mental Health Teams: Experience From the East of North Wales

Dr Wamiqur Rehman Gajdhar[1]*, Dr Jiann Lin Loo[1], Dr Ugochukwu Anyanwu[2], Dr Okachi Okachi[2] and Dr Bassem Habeeb[2]

[1]Betsi Cadwaladr University Health Board, Wrexham, United Kingdom and [2]Betsi Cadwaladr University Health Board, Flintshire, United Kingdom
*Corresponding author.

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Aims. The Royal College of Psychiatrists (RCPsych) has formulated "Attention Deficit-Hyperactive Disorder (ADHD) in Adults: Good Practice Guidelines" to provide evidence-based guidance for clinicians, acknowledging there is an increasing burden on the services with the assessment and management of adult ADHD in the United Kingdom. As there is no trust-wide policy in North Wales and some practitioners perceive that it is challenging to perform an extensive assessment for ADHD in the adult secondary mental health services, there is a need to study the pre-referral workup and diagnostic approach for patients referred to the adult mental health services. This clinical audit is aimed at understanding the guideline adherence level of the assessment and management of adult ADHD by both primary and secondary mental health services in Betsi Cadwaladr University Health Board.

Methods. Convenient sampling was performed on 50 patients from three community mental health teams (CMHT) from East of North Wales for patients with a confirmed diagnosis of adult ADHD. The source of information included referrals from the primary care (including general practitioners and primary mental health service) and medical records from the secondary mental health care. Relevant clinical information was collected and coded as "present", "absent", or "unclear". The data were compared to the standard derived from "ADHD in adults: Good practice guidelines".

Results. Only 34% of the referrals documented the use of Adult ADHD Self-Report Scale, 18% documented the use of Autism Spectrum Quotient (AQ-10), and none documented the use of Weiss Functional Impairment Rating Scale (W-FIRS).

Only 46% of patients was diagnosed using a standardised instrument after more than one session of diagnostic assessment. The percentage of documentation of baseline blood pressure, pulse rate, weight, and height were 58%, 70%, 50%, and 44% respectively.

Most documentations fell below 50%, including comorbid and family history of physical health conditions, history of neurodevelopmental issues, and corroborative history. All teams performed well with the documentation of functional impairment, comorbid anxiety disorder, depressive disorder, and substance use disorder, i.e., >90% of patients.

Conclusion. This audit reflects the need for quality improvement in documentation in both primary and secondary care settings although the solution should not add to the existing burden of practitioners. Convenient sampling from East of North Wales limits the generalisability of findings. Also, the absence of data may be contributed by logistic issues around paper-based medical records, i.e., illegible handwriting and inability to locate the documentation.

Physical Health Assessment and Monitoring for Adults Receiving Pharmacological Treatment for ADHD in an Adult CMHT:Clinical Audit

Dr Nikhil Gauri Shankar*, Ms Chloe Turner and Dr Lucie Klenka

Betsi Cadwaladr University Health board, Wrexham, United Kingdom
*Corresponding author.

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Aims. ADHD diagnoses have skyrocketed in the recent times resulting in a lot of the patients being on stimulant medications. NICE guidelines recommends a baseline review of physical health which should include height, weight ,baseline pulse and blood pressure and a cardiovascular assessment before starting these medications. It also recommends 6 monthly monitoring of weight, blood pressure and pulse. We aimed to assess the current