otherwise have remained on traditional nurse-led medication administration.
Conclusion. Engagement with SAM was initially variable and therefore was improved by targeted discussions and more MDT involvement. Documentation was identified as a potential pitfall and completion improved due to the interventions above. During the project a number of medication errors were incidentally highlighted and were reported via the DATIX tool. This demonstrates the importance of risk awareness associated with the SAM process in order to improve patient safety. There should be an MDT approach when considering patients for SAM process as this can affect discharge decisions. SAM could also be considered outwith the inpatient rehabilitation setting (e.g in General Adult Psychiatry wards). SAM is important in order to promote patient autonomy and independence in a safe manner. In the future it would be useful to explore patient attitudes towards medication self-administration in order to identify barriers to concordance.

Evaluating the Impact of COVID-19 on the Transition From CAMHS to AMHS in ABUHB – a Retrospective Study

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Aims. To evaluate the transitions of Aneurin Bevan University Health Board (ABUHB) Child and Adolescent Mental Health Service (CAMHS) patients to Adult Mental Health Services (AMHS) during the COVID-19 pandemic, against regional Health Board policy standards.
Methods. Following a review of the current ABUHB transitions policy and a focused review of the literature, relevant standards were elicited. Retrospective data of transition cases between April 2020 and March 2021 were collected using a standardised data-capture tool from CAMHS records using the EPEX system; cases were anonymised. A questionnaire was constructed and distributed by email to ABUHB CAMHS clinicians to gain further qualitative data.
Results. A total of 34 patients were identified as CAMHS transition cases. 3 were identified as having a transitions co-ordinator, 6 had no record of AMHS having been informed with only 1 case documenting liaison with AMHS at the 6 month mark. 20 cases showed evidence of good patient support before and after transition, and 25 showed young person involvement in decision making. 28/34 cases showed evidence of good coordination of MDTs (multi-disciplinary teams).

There were 16 responses to the staff survey. 93% of respondents were aware of the transition policy, and 68.8% of clinicians strongly agreed/agreed with "I involve young people in their decision making process". 25% of respondents strongly disagree/disagree when asked whether they work in collaboration with the AMHS. For "I believe my patients are ready to transition at the age of 18" 37.5% remained neutral.
Conclusion. Several of the standards outlined in the ABUHB transition policy are not being met. These include: naming a transition coordinator, informing AMHS 6 months prior to the patient turning 18, and involving the young person in the decision of transfer of care. COVID-19 has evidently impacted the transition process, but more audits must be conducted in order to compare these data to pre-pandemic times.

Medication Initiation in Children Newly Diagnosed With ADHD, Measured Against NICE Guideline NG87

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Aims. ADHD is a common neurodevelopmental disorder, which is usually diagnosed in childhood. The aim of this audit is to assess practitioners' compliance with NICE guideline NG87 in relation to the initial assessment and medication choice in children with ADHD (age 5 and over), prior to the commencement of ADHD medication.
Methods. The sample was children aged 5 years and over who have been diagnosed with ADHD and referred for medication initiation, in a Manchester CAMHS community team between May and October 2022. The audit tool used to collect the data included each of the standards and measured each individual patient's compliance. Information was collected from electronic patient records and paper notes.
Results. Sample size was 32 patients.

Standard One stated that 100% of patients, before starting medication, should have a full assessment, including: a review to confirm they meet the criteria for ADHD and need treatment, mental health and social circumstances including coexisting psychiatric/neurodevelopmental conditions, educational/employment circumstances, risk assessment for substance misuse and care needs. Overall compliance was 9%.

Standard 2 stated that all patients should have a physical health review including medical history, medication, height, weight and physical observations and, a cardiovascular assessment. Overall compliance was 0%.

Standard 3 stated that 100% of patients who met specified criteria should be referred for a cardiology assessment prior to starting medication. Overall compliance was 28%.

Standard 4 stated that 100% of patients who met criteria for referral to cardiology or had a co-existing condition treated with a medicine that may pose cardiac risk should have an ECG completed. Overall compliance was 75%

Standard 5 stated that 100% of patients who have a blood pressure consistently above the 95th centile for age and height should be referred to paediatric hypertension specialist. Overall compliance was 9%.

Standard 6 stated that 100% of patients should be offered methylphenidate as first line treatment for ADHD or an alternative if they cannot tolerate stimulants. Overall compliance was 100%
Conclusion. Three major areas of improvement were identified. Cardiovascular risk assessments are not fully compliant due to lack of cardiac examination which could affect rates of cardiology referral as referral criteria include a murmur on examination.