

tool, which can quantitatively predict both the heart age and 10-year CVD Risk percentage of patients aged ≥ 30 years. The clozapine to norclozapine ratio was compared with triglyceride levels, body weight, BMI, and fasting blood glucose in patients after treatment with clozapine. Southlake Regional Health Center's practice was compared with the national standards set by Diabetes Canada 2018 guidelines by conducting a clinical audit.

68 non-diabetic, patients aged ≥ 30 years with all the risk factor records for FRS assessment were selected from a cohort of 183 patients registered in the schizophrenia clinic of Southlake Regional Health Centre. The data were collected from patient records from the 75 patients registered with Assertive Community Treatment Team in Georgina, Ontario.

The sample size of the study on inpatients was 49 participants from the acute psychiatry ward consisting of 28 females and 21 males during the month of November 2021.

Results. Males, on average, were found to have an intermediate 10-year CVD risk ($\sim 11.2\%$; FRS total points: 11.27) in comparison to females who, on average, had a low 10-year CVD risk ($\sim 7.3\%$; FRS total points: 11.19). 26% of the patients using FRS were calculated to be at high risk and 28% with intermediate risk of developing a CVD. The average heart age of the sample patients was 60 years, which was 9 years higher than the total average age (51 years). The investigated biomarkers of Hemoglobin A1C, triglycerides, and glucose serum concentration were examined graphically, separated into categories of the ratio measurements of 0–2, 2–3, and 3+. For all biomarkers, lower values were more desirable. Triglycerides were the lowest in the 3+ ratio category. Hemoglobin A1C and glucose serum concentration were lowest in the 0–2 ratio category. 100% of patients with diabetes had their blood sugar levels measured and 66.67% were referred to an endocrinologist. In patients without diabetes, 91.30% had their blood sugar levels measured, 39.13% had their HbA1C levels measured, and 6.52% had neither their HbA1C, nor their blood sugar levels measured.

Conclusion. Cardiovascular complication can be one of the leading causes of death in the next 10 years among schizophrenia patients due to age, poor lifestyle choices, and current estimations via the FRS assessment tool. Further studies need to be conducted with a larger sample size and more recent data to examine any adverse lifestyle changes in schizophrenia patients during the pandemic, which could have negatively influenced their cardiovascular health. It is recommended that doctors weigh the risks vs benefits of prescribing clozapine to patients with high triglyceride levels.

Audit of Prolactin Levels Monitoring for Inpatients on Antipsychotics in SABP

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doi: 10.1192/bjo.2022.464

Aims. To establish whether our practice is meeting NICE and Maudsley guidelines in establishing baseline prolactin levels in an inpatient set-up before starting treatment with antipsychotic medications with a medium or high-risk of causing hyperprolactinaemia.

Methods. Data were collected retrospectively from case notes of 127 patients from 9 wards at Surrey and Borders Partnership NHS Foundation Trust (SABP).

We reviewed if the baseline prolactin was measured for inpatients before commencing on antipsychotics with medium or high risk of hyperprolactinemia.

We reviewed if patients with elevated prolactin levels were assessed and managed appropriately.

Results. SABP is currently achieving 43% in recording serum prolactin levels for inpatients who are on antipsychotics with medium or high-risk of hyperprolactinemia respectively.

Inpatient ward 76 patients out of total 127 were on antipsychotics with medium to high-risk of developing hyperprolactinemia. 33 patients had their serum prolactin checked bringing the compliance to 43%, 2 patients were excluded due to incomplete data bringing the sample size to 31.

3 had elevated prolactin. Out of 3 patients, 1 patient was managed appropriately with MRI brain, followed by change of antipsychotic medication and repeat prolactin levels. For 1 patient, prolactin

level was rechecked. Unfortunately, no documentation of assessment of symptoms of hyperprolactinemia was found in all three patients case notes.

Conclusion. The trust is falling short of meeting NICE and Maudsley guidelines of monitoring prolactin level. It is possible to introduce a robust system within the Trust so that we are compliant with a NICE and Maudsley prolactin monitoring guidelines.

We need to local Trust guidelines for management of hyperprolactinaemia in line with NICE and Maudsley guideline of monitoring prolactin levels.

Safety netting advice and leaflets explaining symptoms of hyperprolactinaemia should be provided to all the patients on antipsychotics with medium to high risk of developing hyperprolactinemia.

Improving Capacity and Consent to Treatment Recording, Park House Hospital

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doi: 10.1192/bjo.2022.465

Aims. Re-audit for adherence of all inpatient wards at Park House Hospital to Trust Consent to Treatment policy. Improve hospital compliance to Trust Consent to Treatment policy. Reduce prescribing errors. Improve trainee confidence and knowledge of Consent to Treatment

Methods.

- Cross sectional audit.
- Data collected between 8th and 12th November 2021
- All wards in Park House Hospital
- 5 patient records and medication charts reviewed per ward.
- Proforma used.
- Data analysed using Excel.
- Interactive teaching on Consent to Treatment delivered by Dr McKnight to Core Psychiatry Trainees on 3rd July 2020.
- Dr McKnight presented the original audit data and consulted the Pharmacists and Consultants to assess and improve ward systems for recording Consent to Treatment. (26th May and 30th April 2021).
- Dr McKnight presented to Greater Manchester Mental Health, Mental Health Act and Mental Capacity Act Quality Improvement Group (30th June 2020).

Results.

- No wards had 100% capacity forms documented, kept in medication charts and uploaded to Paris.
- 7/9 wards had 100% compliance for completing T2/3/S62 forms.

- 6/9 wards had 100% compliance rate for retaining the T2/3/S62 forms in the medication charts.
- 78% T2/3/S62 forms were uploaded to PARIS.
- 80% medication charts matched T2/3 forms.

When Dr McKnight asked trainees, "Do you feel confident with your knowledge of consent to treatment" only 24% answered yes, 35% answered no and 41% a little.

When asked, "Do you check Consent to treatment forms before prescribing?" 32% answered yes, 24% no, 34% sometimes and 10% that they didn't know what they were.

During the post-teaching quiz, trainees were asked, "Has this teaching session improved your knowledge and confidence regarding Consent to Treatment?" 91% answered yes, 0% answered no and 9% answered a little.

Discussion with Consultants and Pharmacists concluded that it may be beneficial for wards to include Capacity to Consent and Consent to Treatment within ward round proformas

Conclusion.

- The two main concerns of the initial audit and re-audit, relate to Treatment Capacity and Consent forms compliance and prescribing.
- New trainees rotate into the Trust every 6 months and levels of knowledge surrounding Consent to Treatment varies depending on trainee experience. Trainees require teaching on Consent to Treatment as part of their induction and teaching programme.
- Based on the multidisciplinary nature of ensuring compliance to Consent to Treatment the authors propose monthly ward auditing of Consent to Treatment, which they believe will lead to better compliance rates across the hospital.

High Risk Care Plans in Liaison Psychiatry

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doi: 10.1192/bjo.2022.466

Aims. To audit completed liaison service high risk care plans against local and national guidelines.

Methods. Sample comprised of a snapshot of all liaison patients currently on the case load on 14th December 2021. Electronic notes were reviewed to identify High Risk Care Plans (HRCs) and audit completion against local guidance. Currently there is no national guidelines.

In addition staff from the liaison team were surveyed to consider their confidence in completing HRCs in order to direct staff training. Acute hospital staff were also surveyed to ascertain positive and negative aspects of the current HRCs, in order to suggest quality improvements ahead of the upcoming integration of new Digital notes system.

Results. Sample size 284. High Risk Care Plans completed 11, with an additional 2 required but not found in the notes.

Non pharmacological deescalation advice was specified in only 2/11.

Regular medication was documented in 5/11.

Specialist rapid tranquillisation medication advice in 8/11.

8/11 made reference to the local rapid tranquillisation policy, which was not made available in the notes.

Absconson risk is documented in 8/11 and advised level of observation 10/11.

Conclusion. According to local guidelines High Risk Care Plans were appropriate for 4.6% of the liaison case load, but record was included in the notes for 3.9%. Of those completed mandatory fields including non pharmacological deescalation and rapid tranquillisation advice were not always complete. Reference to rapid tranquillisation policy not immediately available in the notes is largely unhelpful in an emergency.

Our local target is for 100% completion of appropriate high risk care plans and full documentation for each of the mandatory fields in the high risk care plan. Improved training and record keeping is required.

Staff survey suggested unfamiliarity with document and unclear boundaries between standard and patient specific information impaired utility of high risk care plans. We recommend familiarising staff with the document and encourage highlighted font for key information.

Patients With Psychotic Disorders Are More Likely to Refuse Vaccination: An Audit of Vaccine Acceptability on Acute Adult Psychiatric Wards

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doi: 10.1192/bjo.2022.467

Aims. This audit is looking at COVID-19 vaccine uptake in an acute adult psychiatric setting as part of the national drive to minimize COVID-19 infection. The aims of this audit are to identify: the number of patients that have been offered vaccination in a ward setting; the acceptability of the vaccination and the reasons for non-acceptance of vaccine.

Methods. A total of 339 patients were admitted to acute adult psychiatric wards (Male, Female, PICU) at Highbury Hospital, Nottingham between February to August 2021. Data on the following parameters: demographics (age, sex, ethnicity), section status, HoNOS cluster, admission length and vaccine data (offered, accepted, received) using the RIO system and Health Informatics.

Results. Out of 339 patients, 31% (n = 105) had received or planned to receive the first dose of vaccine prior to admission. 43% (n = 100) of 234 patients who hadn't received vaccine were offered. Out of the patients who were offered vaccine, 59% (n = 59) accepted. 92% (n = 55) of patients who accepted vaccine, received vaccine. Those offered vaccination had an average length of stay of 117 days whilst those not offered had a shorter average length of stay of 81 days.

For patients who were offered vaccine, those who were sectioned and in psychotic clusters refused vaccine compared to non-psychotic and informal patients. Deprivation, gender, age, admission length had no statistical significance in vaccine uptake for patients who were offered.

Patients listed the following reasons for refusing the vaccine: media distrust; vaccine not effective; already had COVID-19; doesn't want it; believes vaccine made by consultant; doesn't want bad reaction; "Scientists and politicians are liars"; "I am fine and don't need it"; "Don't trust it and don't like needles"; "Don't want to be part of the game"; "Have had covid twice and, if I get it, I'd prefer my body to fight it".

Conclusion. Our current vaccine acceptance rate of 59% is lower than those found nationally (80%) and in a medium secure psychiatric hospital (77%). The trust policy recommends all eligible patients should be offered the vaccine; our offer rate is lower