



assessment team. However, waiting time for initiating medication increased in current audit due to staffing issues.

**Conclusion:** Overall a green compliance was assigned to this clinical audit report, however, some issues were identified in terms of gathering information regarding progress and record keeping. Significant improvement noted following recommendation from previous audit with retrieval of rating scales. Although there is a centralized document with a list of service users as previously recommended, a more detailed document which shows salient information required for follow up will be more helpful. These activities should be added to the agenda of the weekly team meetings to allow monitoring progress in situations of staff sickness.

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.

## Audit on the Assessment of Patients by the Primary Care Mental Health Practitioner at the Brentwood Community Centre and Subsequent Referral Pathways from January 2023 till January 2024

Dr Ihuoma Queen Oka<sup>1</sup>, Dr Ajay Kurien<sup>2</sup> and Dr Vishal Agrawal<sup>2</sup>  
1School – East of England. Essex Partnership University Foundation NHS Trust, Essex, United Kingdom and 2Essex Partnership University Foundation NHS Trust, Essex, United Kingdom

doi: [10.1192/bjo.2025.10647](https://doi.org/10.1192/bjo.2025.10647)

**Aims:** The general aim of the audit is to identify the assessment procedure and subsequent referrals of patients making contact with the Primary Care Practitioner at the Brentwood Community Centre.

**Methods:** All the patients who were assessed by the Primary Care Practitioner attached to The Brentwood Resource Centre from January 2023 till January 2024 in order of attendance were selected consecutively.

Audit standards:

1. All new referrals should be first seen by the Mental Health Practitioner.

2. MHP assessment template – MHP – PCN Consultation V2

**Sampling:** A list of all the patients who were assessed by the Primary Care Practitioner attached to The Brentwood Resource Centre in order of attendance were selected consecutively for the time period. Sample size was 776.

**Data collection:** Data was collected retrospectively from the operating system (Mobius) using a data collection tool.

**Setting:** Community Mental Health Team, Brentwood.

**Inclusion criteria:**

1. Adult patients aged 18–70.
2. All adult patients as stated above that presented to the Primary Mental Health Care Practitioner at the Brentwood Resource Centre.
3. Patients who were within the catchment area of the Primary Care Network for The Brentwood Resource Centre.

**Exclusion criteria:**

1. Patients aged below 18 years.
2. Patients aged above 70 years.
3. Patients who did not fall within the catchment area of the Primary Care Network for the Brentwood Resource Centre.

**Data handling and analysis:** SPSS Version 27 was used for data entry and analysis.

**Time duration:** The data collection and analysis was completed in 3 months of obtaining approval.

**Results:** The target aim was for a 100% compliance however the compliance was less than 100%.

Overall referrals that were initially assessed – 69.2% (82.5%).

Referrals from GP that were compliant with audit standards – 67.2% (80.2%).

Assessment using MHP Assessment template – 100%.

These were because some of the patients referred did not engage with the service 190 (24.5%) and 44 (5.7%) of data were not available to be analysed.

**Conclusion:** Details of good practice:

1. All referrals made were screened and timely invites sent to patients for further assessments.

2. Outcomes of assessments were clearly documented.

3. Trust protocols for referrals i.e. discussions in MDT were followed.

Areas of improvement:

1. Clear documentations of outcomes for referrals made to the service and patients did not engage.

2. The use of the MHP Assessment template – MHP PCN Consultation V2 and uploading to the correct platform on operating software of the service.

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.

## An Audit of Physical Healthcare in Mental Health Inpatients on Admissions Ward (Cedar Ward) in Llandough Hospital in Line With NCEPOD Guidance

Dr Olaide Oladosu and Dr Rakesh Puli

Cardiff and Vale University Health Board, Cardiff, United Kingdom

doi: [10.1192/bjo.2025.10648](https://doi.org/10.1192/bjo.2025.10648)

**Aims:** Patients being admitted on mental health wards all have different forms of co-morbid physical health disorders needing complex care. They may require prompt transfer to medical wards for acute conditions and may need long-term monitoring for chronic ailments. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) did a survey in 2022 focusing on the quality of physical health care delivered in psychiatry inpatients.

**Aims were:** To ascertain the percentage of patients that get a complete basic physical health examination.

To understand what physical health examinations are being undertaken during admission.

To check the proportion of patients that have their physical health conditions (co-morbidities) documented in their initial clerking.

Creating awareness on the gaps and potential improvements for physical healthcare on mental health wards.

**Methods:** Retrospective study.

Adult inpatients with mental health conditions admitted on Cedar Ward.

Duration of one-month period (28/10/2023–28/11/2023).

To compare the data with the NCEPOD report of 2022 (guidance).

Target of  $\geq 40$  patients.

**Results:** It was difficult to collect the data from records due to lack of uniformity in the documentation of physical health findings.

Physical health plan was made in 100% of patients, but only 72% got bloods done and 79% had a physical examination.

Despite DSU/MSU being planned by nursing staff for most of the patients only 15% got urine dip done.

70% got ECG done, but it was difficult to get this record as this was documented on different tabs on PARIS (Electronic patient records).

Among the different systems examined, surprisingly only 43% of the patients had a nervous system examination. Note that some patients had “moving all four limbs” as the only sign examined but this was not considered.

Of all healthcare providers, SHOs were the initial point of contact for assessment of physical health needs.

17% of patients did not have physical health conditions updated on electronic patient records platform (PARIS).

**Conclusion:** Firstly, there is a scope to improve the quality of physical health assessment in patients that get admitted on the wards.

Secondly a standardised structure for documentation can be helpful both for ease of access to information and to ensure that all our patients get a proper assessment of physical health needs.

Creating a standard proforma for physical health assessments in line with the guidance will act both as a guide and aid in uniformity in recording the findings.

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.

## Clinical Audit of Psychotropic Medication Use in People With Learning Disabilities and Behaviour That Challenges

Dr Johnson Olajolumo and Dr Imelda Ogar

Tees, Esk and Wear Valley NHS Foundation Trust, Durham, United Kingdom

doi: [10.1192/bjo.2025.10649](https://doi.org/10.1192/bjo.2025.10649)

**Aims:** To evaluate compliance with best practices in prescribing psychotropic medications for individuals with learning disabilities and behaviours that challenge, in line with National Institute For Health and Care Excellence (NICE) guidelines and the Stopping Over-Medication of People with a Learning Disability, Autism, or Both initiative.

**Methods:** A retrospective audit was conducted on five patients prescribed psychotropic medications between January 2023 and December 2024 at the Chester-Le-Street Adult Learning Disability Community Team. Data were extracted from electronic patient records using a structured audit tool aligned with NICE NG11 standards.

**Results:** Strengths:

100% compliance in documenting the rationale for prescribing.

100% ensured psychotropic medication was used alongside psychological interventions.

100% identified comorbid conditions influencing behaviour.

Areas for Improvement:

Timely medication reviews: Only 20% had effectiveness and side effects reviewed within the recommended 3–4 weeks.

Treatment duration documentation: Absent in 100% of cases.

Patient/carer involvement: Considered in 40% of cases.

Multidisciplinary team (MDT) reviews: Completed within three months in only 40% of cases.

**Conclusion:** The audit demonstrates strong adherence to prescribing rationale and psychological intervention use but identifies significant gaps in medication monitoring, patient involvement, and

MDT reviews. To enhance patient safety and adherence to national guidelines, the following recommendations are made:

1. Standardizing early medication reviews within 3–4 weeks.

2. Improving documentation of treatment duration.

3. Enhancing patient and carer engagement in medication decisions.

4. Ensuring timely MDT reviews to optimize prescribing practices.

Implementing these changes will support safer psychotropic prescribing, reduce unnecessary medication use, and promote a holistic approach to managing challenging behaviours in people with learning disabilities.

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.

## Venous Thromboembolism (VTE) Risk Assessment in Acute Inpatient Mental Health Wards in Sherwood Oaks and Millbrook Unit (now Blossomwood Unit), Nottinghamshire Healthcare NHS Foundation Trust

Dr Chinenye Omesili<sup>1</sup> and Dr Farah Bashir<sup>2</sup>

1Nottinghamshire Healthcare NHS Foundation Trust, Rampton, United Kingdom and 2Nottinghamshire Healthcare NHS Foundation Trust, Mansfield, United Kingdom

doi: [10.1192/bjo.2025.10650](https://doi.org/10.1192/bjo.2025.10650)

**Aims:** To assess compliance with the trust policy and NICE guidelines on VTE risk assessment for new admissions into the acute psychiatric wards in Millbrook and Sherwood Oaks mental hospitals, Nottinghamshire NHS Foundation Trust.

**Methods:** A retrospective audit looked at case notes of patients aged 20–80 years, admitted within a 2 weeks period across 8 wards in April 2023. This was re-audited in April 2024 after all recommendations were actioned. Information was collated and manually analysed. Data collected included but not exclusive to date of admission, date VTE risk assessment was done and the level of VTE risk identified. These were compared with the standard criteria which were the trust policy 02.21 – ‘Patients who are admitted should have VTE risk assessment within 24 hours of admission’ and the NICE guidelines NG (82) 2019 – ‘Assess all acute psychiatric patients to identify their risk of VTE and bleeding as soon as possible after admission to hospital or by the time of the first consultant review’.

**Results:** The first cycle found that only 69.3% of the patients admitted were assessed on admission (with 50% assessed within 24 hours of admission) whereas 30.7% were not assessed throughout the duration of their admission. The second audit cycle showed remarkable improvements. 80.5% were assessed for VTE risk (63.9% within 24 hours of admission) whereas 19.5% were not assessed.

The level of risk was categorized into low, moderate and high risk using Well’s scoring system. 69% of patients who were assessed in the first cycle, had low risk but risk of 31% of the cohort of patients audited were unknown because they were not assessed. In the second cycle, 80.5% had low risk whereas 19.5% of the patients fell under the unknown category due to not having been assessed.