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

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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.

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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

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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. Infornation 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.