

Incorporate detailed information about the Trust's local VTE assessment policy into resident doctor's induction.

Duty doctors to handover incomplete assessments to ward team doctors to avoid missing the assessment in case patients refuse it on admission/unable to carry out for some reason.

Informative poster to be pasted on the board at Resident Doctor's room to reinforce the practice.

Pop-up/Prompts are already being given every time on opening patient's Electronic Records for incomplete VTE assessments. Duty doctors to please complete them as soon as possible if prompted.

Consultants to discuss about frequency of VTE assessments on MDT reviews during discussion at the end of the audit presentation.

Repeat second cycle of audit after 6–8 months.

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.

## Improving Documentation of Physical Health Plans After Patient Visits From General Hospital

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**Aims:** Patients in acute psychiatric wards often require physical health assessments at associated medical hospitals. At Quinton Ward, Caludon Centre, we frequently transfer patients to University Hospital Coventry and Warwickshire (UHCW) for physical health concerns. However, their discharge plans are often not documented on CareNotes upon their return, leading to gaps in continuity of care. This audit aimed to assess whether discharge plans were documented and identify areas for improvement.

**Methods:** A retrospective audit was conducted on the last 10 patients transferred from Quinton Ward to UHCW for physical health concerns. Data collection focused on patient legal status, accompaniment by staff, presence of discharge documentation, and whether discharge plans were chased and recorded on CareNotes.

**Results:** 5 patients were informal, and 5 were detained under the Mental Health Act.

All 10 patients were accompanied by a staff member.

7 out of 10 visits were to A&E only, while 3 patients were admitted, including 2 readmissions.

Only 2 patients returned with a formal discharge summary.

No staff member actively chased a discharge summary or treatment plan for the remaining 8 patients.

Of the 2 patients with a discharge summary, only one had full documentation of their discharge plan on CareNotes, while the other had partial documentation.

Overall, only 1 out of 10 patients had a fully updated physical healthcare plan upon return.

No documentation was found regarding whether patients were satisfied with the care received at UHCW.

**Conclusion:** This audit highlighted a significant gap in the documentation of physical health treatment plans for psychiatric inpatients returning from UHCW. Given that discharge summaries are not always provided, relying on them is not a viable solution. To improve documentation, a structured form was developed for staff to complete while at UHCW or upon the patient's return. This form ensures that essential information – diagnosis, investigations,

treatment, and follow-up plans – is consistently recorded and uploaded to CareNotes. A follow-up audit will assess the effectiveness of this intervention in improving documentation and patient care continuity.

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## A Retrospective Analysis of Non-Attendance (DNA) in Haringey CAMHS: Addressing Barriers to Care and Improving Engagement

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**Aims:** To evaluate DNA rates and contributory factors within CAMHS to propose interventions that improve appointment adherence and service delivery.

**Methods:** A retrospective review of appointment data and patient records.

Data sources:

RiO (electronic patient records).

Appointment scheduling logs.

Communication records (e.g. letters, SMS).

Audit Period: October 2024–December 2024.

Inclusion criteria:

All scheduled CAMHS appointments during the audit period.

Patients aged [5–18 years].

Exclusion criteria:

Appointments cancelled in advance by patients or clinicians.

Patients discharged prior to the scheduled appointment date.

**Results:** The high DNA rates, especially in the Generic Team (77–97 across three months), underline the wasted resources and delayed care. This validates the need to identify and address the root causes of DNAs.

Findings:

Generic team has consistently higher DNA rates.

ADHD and Adolescent Outreach teams also show engagement challenges.

**Conclusion:** The audit highlights significant DNA challenges in CAMHS. Addressing these issues through improved communication, flexible scheduling, and robust follow-ups can enhance patient engagement and resource efficiency. Future re-audits will track improvements and refine interventions.

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## Ensuring Comprehensive Care: An Audit on Physical Parameter Monitoring in Children and Adolescents With ADHD on Medication

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