male and female patients. The email intervention effectively improved compliance, but further efforts are needed. Future recommendations include electronic reminders in health records, and ongoing audits to ensure sustained adherence. Continuous clinician education is essential to enhance patient safety and regulatory compliance in valproate prescribing.

Clinical Audit of Physical Examinations and Cognitive Assessments for Patients on Alcohol Detoxification, in Bridge House Detoxification Unit

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Aims: This audit serves to establish the practice in recent time, if patients admitted for alcohol detoxification, were examined physically and offered a cognitive assessment prior to discharge according to NICE guidelines and trust policy, as this will help to reduce missed opportunities for clients to receive effective interventions for co-morbidities.

If not, for necessary changes to be implemented in practice and a re-audit carried out.

Methods: The audit was conducted as a retrospective study. We aimed to analyse the records of all patients with alcohol dependence, discharged from Bridge House detoxification unit between July 2024 and October 2024.

National Health Service [NHS] number of all discharged patients between the time period was obtained from our Electronic Discharge Notification [EDN] system and used to access the Rio records, to check if patient was admitted for alcohol detoxification, if physical health examination was done following admission and if cognitive assessment was conducted prior to discharge.

An audit tool was used as reference for data collection, and data was analysed using Excel. In total 59 cases were analysed in this audit.

Results: The results showed that more men than women were managed in the inpatient detox unit within the time period, where 33.9% were female, with majority of service clients within working age range.

Physical health check and examination was done for almost all patients (98%). No clear reason stated why this was not done or documented for 1 patient. Cognitive assessment was done for only a few of the clients (7%) admitted to the unit. About 30% had cognitive assessment as part of management plan on initial admission review, but this was not actioned prior to discharge. 1 of the patients declined cognitive assessment when offered.

On average, patients spent about 14 days in the unit for alcohol detoxification.

Conclusion: Good practice was upheld by carrying out physical examinations on admission for almost all patients.

Cognitive assessment was not conducted for the majority of the patients prior to discharge and although this was planned on admission for some, the plan was not followed up or actioned prior to discharge. Local best practice is to conduct cognitive assessment as soon as patient is no longer under the influence of alcohol or high doses of benzodiazepines.

An Audit on Did Not Attend (DNA) Rate in the Learning Disability Outpatient Mental Health Setting, BCHFT

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Aims: Service users not attending outpatient clinics without prior notification are considered as DNA. We intended to identify the factors contributing to DNA in ID patients, with a view to mitigate the risks and safeguarding concerns associated with it and also to assess staff compliance with the Trust's DNA policy.

Methods: Trust DNA policy states that "Ring patient after DNA, to check if the patient was aware of the appointment, and discuss the barriers of non attendance and then document accordingly."

Using this policy as standard, we retrospectively evaluated the electronic patient notes who did not attend their appointments over the period of 2 months. Data regarding demographic details, diagnosis, neuropsychiatric comorbidities, social circumstances, treatment modalities and post DNA actions were collected.

Results: Out of the total 117 appointments over 2-month period, 35 (29%) patients didn't attend scheduled appointment. 69% of these patients were males, 47% live with their family, 38% in residential settings, 13% in supported living and 3% live alone. The severity (mild, moderate or severe) of intellectual disability was distributed approximately equally comprising about one-third each, with 3% needing diagnostic formulation. 51% have co-morbid autism, 14% have epilepsy and another 14% have depression. Only 3% have comorbid psychotic illness. 91% are on regular psychotropics, 6% on as-required medication and 3% are receiving psychosocial interventions only.

In terms of post DNA actions, staff contacted 34% via telephone after the DNA, however no details aligned with the policy were being documented. No contact made for 57% of the patients, and for 9% there was no documentation on electronic progress notes. 83% were offered another appointment, 17% got discharged back to the care of GP.

Conclusion: Non-attendance at appointments is most significantly influenced by male gender, living with family and having neuropsychiatric comorbidity, which appeared as the dominant contributing factors. Compliance with the trust's policy is below standard, recommendations were suggested to adapt DNA policy for this patient group and to increase awareness among divisional staff during the Induction programme.