



This audit demonstrates areas for improvement in terms of physical health screening (particularly the domains of autonomic dysfunction) and in the collaboration with PD specialists, with view to providing comprehensive healthcare for mental health inpatients with PD, PDD or DLB. Interventions prior to re-auditing will include raising awareness amongst inpatient teams of the need to review parkinsonian medications and of screening for autonomic dysfunction, as well as discussions with PD specialists regarding how collaboration can be improved and streamlined.

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.

## Re-Audit of Discontinuation Plans on Discharge for Prescribed Hypnotics in General Adult Inpatient Services

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**Aims:** Assess the number of patients discharged from General Adult Psychiatry wards with hypnotics prescribed for insomnia.

Evaluate the consistency of documenting discontinuation plans for hypnotics in discharge summaries.

**Methods:** We conducted a retrospective review of 24-hour discharge summaries for patients discharged from six adult inpatient general psychiatry wards between 15/01/2024 and 15/04/2024. The review focused on patients prescribed regular hypnotics for insomnia, specifically analysing the “Instructions to GP” section to determine whether a specific discontinuation plan was recommended or advised. This was done by reviewing our online database used within the trust.

**Results:** In the current audit, 56.25% of the sample had discharge summaries that included a medication review for hypnotics suggested to the GP, while only 18.75% included a specific discontinuation plan for hypnotic medication. A previous audit conducted in 2023 on two adult inpatient general psychiatry wards demonstrated 0% compliance, with no discharge summaries containing a medication review for hypnotics or a specific discontinuation plan. Following the implementation of changes, a re-audit in 2024 on the same wards showed significant improvement, with 66.6% of discharge summaries including a medication review for hypnotics and 33.3% containing a specific discontinuation plan for hypnotic medication.

**Conclusion:** The previous recommendations have led to noticeable improvements; however, strict adherence to these recommendations is necessary to achieve the target of 100% compliance. It is crucial for the inpatient General Adult Psychiatry team to consistently communicate a specific discontinuation plan for hypnotics to the GP. This practice is essential to reduce the risk of dependence and minimize potential side effects associated with hypnotic medications.

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## Audit of Local Clinical Governance in London & South Region – 2025

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**Aims:** Clinical governance ensures accountability for continuously improving healthcare quality. This audit evaluates governance compliance across hospital sites in the London & South region, highlighting best practices and opportunities for improvement to enhance patient safety, care standards, and clinical effectiveness.

Aims were to: Identify good clinical governance practices across hospitals to enable peer learning, knowledge sharing and implementation of best practices.

Support continuous improvement by implementing lessons learned from top-performing sites.

**Methods:** Data was collected from Local Clinical Governance meeting minutes (September–December 2024) across multiple hospital sites. Key assessment areas included:

- Meeting frequency and leadership involvement.
- Attendance and representation from MDT and Operations.
- Adherence to governance agenda.
- Safety.
- Training.
- Clinical effectiveness.
- Experience.
- Leadership.
- Audit and research.
- Lessons learned.

Standards applied: National Standards on Clinical Audit – NHS England Clinical Governance Framework (2022); Local Clinical governance standards including the STEELL agenda (Safety, Training, Effectiveness, Experience, Leadership, Lessons Learned).

**Results:** Key findings:

Safety and Incident Reporting: Enhanced training programmes contributed to a decline in incidents, across different service lines including Acute, PICU, Rehabilitation, Learning disability and personality disorder units.

Patient and Carer Experience: Positive patient experience achieved with least restrictive practices and removing blanket restrictions with structured feedback from patient councils, advocacy services and Experts by Experience (EbyE).

Clinical Effectiveness and Governance: Higher compliance in care plans and activity programmes were noted in wards with good training and supervision and adherence to clinical models of care.

Staffing and Workforce Development: Recruitment strategies helped fill critical vacancies in nursing, psychology, and occupational therapy, ensuring consistent service provision.

Patient Engagement and Activities: Structured activity programmes led to better engagement, particularly where collaborative interdisciplinary teams facilitated therapeutic and skill-based activities.

Areas for Improvement:

Standardisation of digital tracking for patient engagement to ensure accurate compliance data.

Increased MDT participation in governance meetings for enhanced multidisciplinary oversight.