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.

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.

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.

Conclusion: Recommendations:

Standardise incident reporting and documentation protocols.

Enhance security for AWOL risk and contraband prevention.

Ensure hospitals share their best practices with the wider group.

Conclusion: This audit highlights significant progress in governance, patient engagement, and structured safety interventions across multiple hospital sites. By implementing targeted improvements in data tracking, workforce development, and interdisciplinary collaboration, hospitals can achieve greater compliance, patient-centred care, and long-term service effectiveness. A follow-up audit will assess the impact of these interventions on clinical outcomes and governance excellence.

Antipsychotic Prescribing in an Older Persons Crisis Team. Has Adherence to the Guidelines Improved Since the Implementation of a Care Pathway for Managing Behaviour That Challenges in Dementia?

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Aims: Behavioural and psychological symptoms (BPSD) such as agitation and psychosis, are a common challenge faced in the management of dementia. Despite NICE guidelines prioritising non-pharmacological interventions, according to an audit conducted in 2022, antipsychotics were frequently used first-line by the React team at University Hospital Llandough, raising safety concerns. Following this audit, a care pathway for managing challenging behaviour in dementia was implemented. This study aims to evaluate adherence to BPSD management guidelines and assess improvements compared with the 2022 audit.

Methods: This is a retrospective audit that includes all patients referred to the React team between June 2023 and May 2024 with a dementia diagnosis and prescribed antipsychotics for BPSD. Data was extracted from case notes using the PARIS database, guided by Oxford Health's BPSD management recommendations, derived from NICE Guideline 97. Information gathered includes dementia type, consideration of other causes for presenting symptoms, use of non-pharmacological methods, antipsychotic prescribing practices, and adherence to monitoring guidance. Results were compared with the 2022 audit using chi-square tests to assess statistically significant differences.

Results: 40 patients (mean age: 81, range 68–95) were included and compared with 73 (mean age: 79, range 63–95) from the 2022 audit. Alzheimer's disease accounted for 30% of cases, while 33% had unspecified dementia. Consideration of other causative factors was documented in 23% of cases, with treatment provided in 20%. Non-pharmacological approaches were utilized in 35% of cases, a substantial increase from 1% in 2022 ($\chi2$ (1,113) = 25.386, $p<0.001$). Antipsychotics were used first-line in 65% of cases compared with 99% in 2022. Risperidone was prescribed in 75% of cases, and 85% were started on the lowest dose ($\chi2$ (1,102) = 10.891, $p<0.001$). Monitoring adherence improved from 12% to 45% ($\chi2(1,113) = 15.168$, $p<0.001$).

Conclusion: Since the implementation of the care pathway there has been increase in non-pharmacological interventions, appropriate dosing, and monitoring of antipsychotic use. However, there was no significant improvement in considering and treating other potential causes for symptoms, and documentation gaps persist. To enhance guideline adherence, React's processes for assessing underlying causes and documenting patient management require review. A checklist in patient notes could further standardise care and ensure comprehensive documentation. Collaboration with primary care and memory services is essential to prioritise early-stage non-pharmacological interventions, potentially reducing crises and antipsychotic reliance. Further studies are needed to evaluate long-term outcomes of these initiatives.

Safety Planning With Patients Admitted to the Acute Hospital – Current Practice and Future Directions

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Aims: Safety planning has been identified as best practice for suicide prevention and is used to support patient who are at a high risk of suicide. A key aspect of safety planning is collaborative involvement with the patient and their family/carers.

Aims were to audit current compliance with safety planning standards for patients admitted to an acute hospital under the Exeter Psychiatry Liaison Team.

Methods: A snapshot audit was carried out for patients that had been admitted to Exeter Liaison Psychiatry caseload as inpatients over a two-month period. 25% of patients were reviewed, the patients being selected through a random number generator to ensure minimal bias. Initial assessment and discharge summary documents were reviewed, and data collected onto an Excel spreadsheet to record compliance with three standards.

Standard 1: Safety plan recorded – target compliance 95%.

Standard 2: Documentation that safety plan was collaboratively generated – target compliance 95%.

Standard 3: Documentation that patients were provided with a written copy of the safety plan.

Results: Data was collected from 25% of inpatients (n=29). Following initial assessment, safety plans were created with 69% of patients, 15% of these were documented to be co-created, and 0% were evidence to be provided in writing. At point of discharge, safety plans were created for 52% of patients, with 40% evidence to be co-created, and 33% were evidenced to be provided in writing. Duration of time under Liaison Psychiatry varied from 0–54 days, 35% of