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Aims: To check compliance with the NICE guidance for behaviour that challenges, and to identify potential actions/change ideas for areas requiring improvement.

Methods: Data collection took place between 15 January and 15 April 2024. Data was collected by clinical staff on proformas based on the NICE guidance, which were co-designed by the Improvement Team and clinical staff. Data was collected using patients' electronic records held on the Carenotes system and shared drives.

3 pilot proformas were initially completed across 3 different services to assess the robustness of audit proforma and to identify any changes required prior to the main audit. Following the pilot, changes were made to audit proforma after discussion in the audit meeting. Both inpatient and community teams collected data during the above-mentioned timeframe, and data was then sent to the Improvement Team for analysis. Data was input into a Microsoft Excel spreadsheet and analysed by the Improvement Team.

Results: 30 patient records assessed.

97% of patients had an initial assessment, and 95% of community patients and 100% of inpatients had a named lead practitioner.

93% of patients had a care and support plan. All inpatients (100%) had timetabled daily activities with documented evidence of participation.

90% of community patients had access to specialist behavioural support. However, only 55% of applicable community patients were supported to choose where and how they live.

100% of restrictive interventions had a documented review.

77% of patients were prescribed antipsychotics, with 100% receiving psychological support alongside medication. Among these, 65% had a multidisciplinary review (MDT) of their antipsychotic use, with 45% reviewed within 3 months of initiation and 70% having subsequent reviews every 6 months.

Conclusion: Most patients had initial assessment and a named lead practitioner with specialist behaviour support in the community. Some areas of improvement include review of PBS plans and more MDT work around antipsychotics and physical health reviews.

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.

Ethnicity of Referrals to Liaison Psychiatry Services at Aberdeen Royal Infirmary: An Audit

Miss Hira Ahmad¹ and Dr Murray Smith²

¹University of Aberdeen, Aberdeen, United Kingdom and ²Liaison Psychiatry Department, Aberdeen Royal Infirmary, Aberdeen, United Kingdom

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Aims: This audit aims to record the ethnicity of referrals to Liaison Psychiatry from January 1 to December 31, 2024, to evaluate whether the ethnic representation of these referrals aligns with the demographic composition of the local population and to identify any disproportionality in certain ethnic groups, which may require targeted intervention or further investigation.

Methods: Electronic records of all Liaison Psychiatry referrals made between January 1 and December 31, 2024, were reviewed. 539 patients were referred for self-harm and 607 patients were ward referrals. Emergency and ward referrals were grouped under 'ward referrals'. Data from electronic records were cross-referenced with paper records to ensure accuracy. Ethnicity data, where missing, were retrieved from SCI-Docs when possible. Referral ethnicity data

were compared with 2024 census data from four constituencies. All analyses adhered to strict confidentiality protocols, ensuring anonymity and privacy for all patients.

Results: Between January 1 and December 31, 2024, most of the patients in the 'self-harm' and 'ward referrals' groups identified as White (90.9% and 89.5%, respectively), which is consistent with 2024 census data (91.4%). 'Mixed or multiple ethnic groups' were absent in the self-harm group and underrepresented in ward referrals (0.7% vs. 1.3%). 'Asian, Asian Scottish or Asian British' individuals (1.7% and 1.5%) and African individuals (0.4% and 0.8%) were also underrepresented compared with census data. The proportion of 'Caribbean or Black' individuals is consistent across all groups, aligning with their low representation in the overall population (0.2%). Patients in the 'Other ethnic groups' category were slightly overrepresented, highlighting areas for further investigation and intervention.

Conclusion: This audit has highlighted significant findings regarding the ethnic representation of patients referred to the Liaison Psychiatry Department at Aberdeen Royal Infirmary. 'White' individuals dominate referrals, while 'Mixed or multiple ethnic groups', 'African', and 'Asian, Asian Scottish or Asian British' individuals are notably underrepresented. Conversely, individuals from 'Other ethnic groups' are slightly overrepresented. To address these disproportionalities, recommendations include improving ethnicity data collection, comparing the urgency of referrals, fostering community outreach to underrepresented groups, and providing cultural competency training for staff. Further research into systemic and social factors is essential, alongside ongoing monitoring and evaluation of progress. These measures aim to promote equitable, culturally informed mental health services, ensuring inclusive care for all ethnic backgrounds.

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Antipsychotic Medication Review of Care Homes Residents in Neath Port Talbot (NPT)

Dr Nermeen Ahmed

Swansea Bay University Health Board, Swansea, United Kingdom

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Aims: To reduce or stop inappropriate prescriptions of antipsychotic medication in Older Adults with dementia or functional illness residing in care homes in NPT, by ensuring adequate and timely reviews of antipsychotic medications.

It also compares its findings with the last audit results in October 2022.

Methods: Retrospective Audit included patients in care homes under CHIRT from NPT, a total of 164 patient were on antipsychotic medication starting this audit compared with 146 total number of patients on last audit in 2022.

Audit period: 10/5/2023 to 10/05/2024.

Data were collected from the antipsychotic register, reviewing the initiation and monitoring charts to assess patients for side effects.

Patients were classified according to Age, Gender, Diagnosis, Prescribed Antipsychotic and status of the antipsychotic reviews.

Results: A larger number of patients on antipsychotics compared with previous audit with expected demographics and side effects given the offered medication.

A total of 83 patients were continued on antipsychotics, 56 patients discontinued antipsychotics, with 25 reported deaths within the audit year. This shows a significant increase in number of

patients discontinuing antipsychotic medication by 34% of total numbers in comparison to the 2022 audit.

Antipsychotic review status was up to date for 68 patients, overdue for 12 patients and not stated for 4 patients. This shows a significant decrease in number of patients with overdue reviews for antipsychotic medication currently at 19% of total reviews in comparison to last audit's results of 61% of reviews.

Conclusion: It is good practice to review initiation of antipsychotics regularly once in 6 weeks–3 months in accordance with NICE Guidelines.

It is good practice to monitor antipsychotics in care homes once in 6 months to follow NICE Guidelines and ensure regular reviews.

It is recommended to audit prescribing of antipsychotic medication once in 6 months to maintain good medical practice.

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STAMP/STOMP Audit: Psychotropic Medication Prescribing and Physical Health Monitoring, for Children and Young People in the Leeds Community Healthcare (LCH) Learning Disability Clinic

Dr Julius Akhetuamhen^{1,2} and Dr Eleanor Morris¹

¹Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and ²South West Yorkshire Partnership NHS Foundation Trust, Wakefield, United Kingdom

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Aims: This audit explores adherence of the Leeds Community Healthcare (LCH) Learning Disability Clinic to the STAMP/STOMP guidelines. This is to ensure that children with moderate to severe learning disability or autism are not overmedicated with psychotropic medications and are aware of their right to an annual health check.

Methods: This audit took place in 2 cycles: JA in November 2023 and EM in July 2024. On both occasions, 30 clinic patients were randomly selected. Data was collected from SystmOne and Leeds Care Record, to ascertain:

The number of children who had their Annual Health checks in the previous year.

Whether the drug names and dosages had been identified in case notes.

Whether indications for psychotropic treatment were documented.

If the drug was within British National Formulary limits.

Whether there was a discussion of side-effects at initiation and follow-up.

In cycle 2, EM set criteria for “enquiry for side-effects at follow-up”. This was interpreted as a relevant medical appointment in the past 6 months or since a change in dose. In addition, the age of the child was accounted for in the second cycle, as only children >14 years were advised to have an annual physical health review.

Results: Children receiving an annual health check: 70% (cycle 1)/80% (cycle 2).

Drug names and dosages have been documented: 100% (cycles 1 and 2).

Indication for psychotropic medications has been documented: 85% (cycle 1)/93% (cycle 2).

Discussion of side-effects at initiation has been documented: 73% (cycle 1)/38% (cycle 2).

Enquiry for side-effects at follow-up: 77% (cycle 1)/54% (cycle 2).

Conclusion: Medications and dosage were consistently documented across both Audits. In cases where only melatonin or ADHD medication is prescribed, it was more common to find that discussion of adverse effects, and specific impacts on sleep duration and latency were not documented. On an ongoing basis, team members must ensure that patients over the age of 14 (and their families) are aware of their right to an annual physical health check.

One limitation of this study is that ‘discussion of side-effects’ does not clarify the extent and frequency to which these should be discussed. This may account for the large difference between audit cycles. In addition, the spread of information between systems may have increased the possibility of information being lost or overlooked.

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Re-Audit of the Physical Health Monitoring of Patients Receiving Antipsychotic Treatment in Ty Llywelyn Medium Secure Unit

Dr Justina Akinlua

BCUHB, Llanfairfechan, United Kingdom

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Aims: The aim of conducting this audit is to know whether the physical health monitoring of our clients are done appropriately in accordance with the BCUHB guidelines for physical health monitoring for adults prescribed antipsychotic therapy and also to reduce the risk of adverse side effects of antipsychotics on the physical health of our patients.

Methods: The sample in this audit consists of 18 patients (n=18) in Ty Llywelyn. To collect the data, we utilised the patients’ paper files, Paragon (computerised) clinical entries, drug charts and observation charts. The participants also had their waist circumference measured using tape measurement. Data collection was undertaken in June and July 2024 using the audit proforma. Completed GASS questionnaires were filed in the patients’ notes and the prescriptions initiated because of the questionnaires were accompanied by a Paragon entry to explain the rationale.

Results: In this re audit, it was noticed that most of the patients had their waist circumference measured. Whereas in the previous audit, waist circumference was not done on the patients. Out of the 18 people who participated in the audit only 17 people had their waist circumference measured. Out of the 17 people, 13 patients were shown to have obesity according to their waist circumference and 3 patients fall within the overweight range of waist circumference. Only one patient’s waist circumference falls within the range of normal. In addition, in this audit, we identified that 12 out of the 18 patients who participated in this audit have normal HBA1C meaning that they are not diabetic, while 6 out of the 18 patients are diabetic. Of the 18 participants in this audit, a total of 2 patients had normal weight. A total of 11 participants are obese. A total of 1 patient is overweight. A total of 4 patients are severely obese.

Conclusion: The results highlight the importance of regular monitoring and the need for targeted interventions to manage obesity, reduce and eliminate diabetes and also to reduce the risk of adverse side effects of antipsychotics on the physical health of our patients. Overall, the physical health of the patients in Ty Llywelyn