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