equitable, person-centred care and an equal standard of care. A re-audit is planned following implementation of these interventions.

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.

Antipsychotic Prescribing for Behavioural Management in CAMHS: A Comparative Audit of Community and Inpatient Practice

Dr Nizar El Ahmadie[1], Dr Stephen Hopkins[2] and Dr Chhaya Pandit[2]

[1]Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and [2]Leeds Community Healthcare NHS Trust, Leeds, United Kingdom

doi: 10.1192/bjo.2026.11729

Aims: This audit evaluated antipsychotic prescribing practices for behavioural management in Child and Adolescent Mental Health Services (CAMHS) against National Institute for Health and Care Excellence (NICE) guidelines and local protocols. We hypothesised that prescribing indications would be guideline-compliant, while adherence to physical health monitoring would be lower in community settings compared to inpatient units. We further anticipated that the use of standardised outcome measures would be suboptimal across both services.

Methods: A retrospective clinical audit was conducted on the electronic health records of 26 patients prescribed antipsychotics for behavioural management (13 from the Red Kite View inpatient unit; 13 from Leeds Community Healthcare community CAMHS). Data were collected between February 2023 and February 2025. Practice was measured against standards derived from NICE guidelines (NG11, CG155, CG170), the Maudsley Prescribing Guidelines, and local Trust protocols. Criteria included appropriateness of indication, specialist initiation, baseline and ongoing physical health monitoring, and the use of standardised outcome measures.

Results: Compliance with indication and dosing guidelines was high, with 100% of cases documenting appropriate indications across both services. Specialist initiation was common (100% inpatient; 85% community). Documentation that psychological interventions were attempted prior to medication was lower in community settings (54%) compared with inpatient services (77%).

Significant deficits were identified in monitoring and outcome measurement. Standardised behavioural rating scales were not used in any cases across either setting (0%). Baseline movement disorder assessments were absent in community services (0%) and inconsistent in inpatient care (54%). Marked disparities were observed in baseline safety blood tests (full blood count, urea and electrolytes, liver function tests), completed in 92% of inpatient cases versus 38% in the community. Ongoing community monitoring demonstrated critical gaps, including 0% adherence to recommended weekly weight monitoring during titration and 0% completion of six-month liver function tests.

Conclusion: The findings support the hypothesis: while clinical decision-making around antipsychotic initiation is largely guideline-compliant, substantial systemic gaps exist in physical health monitoring, particularly in community CAMHS. Furthermore, the universal absence of standardised outcome measures limits the objective assessment of benefit. Targeted interventions are required, including strengthened community physical health monitoring pathways, mandatory baseline movement disorder assessments, and the routine use of standardised behavioural outcome tools.

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.

Inpatient Discharge Letters

Dr Ezzat Elesseily and Dr Jennifer Salmons

EPUT, Chelmsford, United Kingdom

doi: 10.1192/bjo.2026.11728

Aims: Essex partnership university Trust (EPUT) policy on Discharge and Transfer Clinical Guidelines (CG24) aims to provide a clear pathway for the transfer and discharge of all patients of EPUT from and within Mental Health, Learning Disability, Secure Services and Community Health Services. It also aims to ensure that a patient's transition between areas of EPUT services and transfer outside of EPUT services is carried out timely, effectively and safely.

The aim of audit is to to evaluate if EPUT Policy on Discharge and Transfer Clinical guidelines CG24 was being followed in an inclusive inpatient setting.

Methods: Data was collected retrospectively on all discharges from 6 acute inpatient wards within the Mid locality of EPUT; in the Linden Centre, Chelmsford.Inpatient wards that were included were General Adult (Galleywood, Finchingfield, Topaz), Older Adult (Ruby), Perinatal Specialist (Rainbow) and *Psychiatric* Intensive Care Unit (Christopher Unit) using a custom built audit tool. All discharges in a 3-month period (from June 2025 to August 2025) were included. This information was gathered from the electronic record (PARIS) with sample size of 91 discharges.

Results:

1. Copy of the brief discharge summary given to patient: 100%
2. Copy of detailed discharge summary scanned onto electronic medical records: 98%.
3. GP to receive brief summary about admission, treatment required and medications within 24 hours of patient leaving the ward: 86%
4. Copy of brief discharge summary scanned onto electronic medical records: 86%
5. GP to receive detailed discharge summary within 5 working days of patient leaving the ward: 81%
6. Copy of the more detailed discharge summary sent to patient: 0%

Conclusion: This re-audit has highlighted good compliance with providing the brief summary to the patient directly and scanning detailed discharge summary onto electronic medical records. There is a slight decline in sending both the brief summary to the GP within 24 hours, and with sending the detailed summary to the GP within 5 days following discharge compared to previous audit cycle with 81 discharges (data collected February 2024 – April 2024).

Areas of Good Practice:

Wards were generally compliant at uploading detailed discharge summaries to the EPR (98%).

Nurses continued to provide patients with a copy of brief discharge summary. (100%)

All wards apart from Rainbow (Mother and baby unit) are using E discharge summary.

Areas for Improvement:

There was slight decline in sharing of the brief and detailed discharge summaries with the GP, and poor compliance in sharing detailed discharge summaries with patients.

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.