Mental Health Wellbeing Practitioner and 14 (22%) by a Lead practitioner (Mental Health nurse or social worker).
Conclusion: The audit highlights a gap in the integration of exercise recommendations into care plans, despite strong evidence supporting its benefits for mental health, in particular for depression and ADHD. A re-audit will be done in 3 months' time to assess progress after presenting our findings to the team, creating aide-mémoire and relevant resources for staff and patients/carers.

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Improving Attendance: Auditing Clinician's Adherence to 'Was Not Brought' (WNB) Policy in Dudley Child and Adolescent Mental Health Service (CAMHS)

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Aims: Non-attendance (DNA) at appointments wastes NHS resources and can indicate potential risk, making it essential for Trusts to have robust policies to safeguard young people and reduce recurrence. As part of the National Health Service (NHS) process, organisations are required to have a 'Was Not Brought' (WNB) policy to address situations where children are not seen. This audit aimed to assess Clinician's adherence with the Trust's DNA/WNB policy and reduce WNB rates.
Methods: The audit was conducted in two cycles, analysing retrospective data from 50 patient case notes (on RIO) using a pre-determined data tool based on the Trust's policy at each cycle.

Cycle 1 (August to October 2023) focused on DNA/WNB appointments and included an analysis of 8 patient survey responses, based on the policy 'Protocol for Managing DNA and Cancellations' in Dudley and Walsall CAMHS.

Following our recommendations, a new policy was drafted, adopted and shared across the Trust.

Cycle 2 (September to November 2024) audited DNA/WNB appointments and incorporated a staff survey (20 responses) based on the new policy 'CAMHS WNB Standard Operating Procedure'.
Results: Audit revealed moderate compliance (over 50%) in documenting DNA/WNB appointments, contacting families, and rescheduling appointments across both cycles.

However, compliance was poor (≤40%) in key areas, such as documenting risk assessments, reviewing case notes, attempting to engage with the child, completing lateral checks, sharing rescheduled appointments with GPs/referrers/other agencies, and obtaining SMS consent for appointment reminders.

WNB rates were 8.3% in Cycle 1 and 9% in Cycle 2.

The patient survey revealed that common reasons for WNB included forgetfulness, lack of awareness of the appointment, and illness. Respondents suggested SMS reminders 48 hours before appointments.

The staff survey showed that 45% were unaware of the updated WNB policy, and 30% did not know about the new messaging reminder system and so were not using it.
Conclusion: Overall, the Trust policy is generally followed for documenting DNA/WNB appointments and rescheduling; compliance remains poor in areas like risk assessments, engaging with the child, and sharing rescheduled appointments with other agencies.

There is a need for improved documentation and adherence to the WNB policy. The Trust should implement a reminder system to update clinicians on policy changes and prioritize messaging to families to improve appointment attendance.

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An Audit on Substance Misuse Screening and Documentation in Acute Inpatient General Psychiatry Ward

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Aims: Scotland has the highest drug-related death rate in Europe, with 27.7 deaths per 100,000 people. The average age of drug-related deaths in Scotland has increased from 32 in 2000 to 44 in 2021, with a significant proportion involving multiple substances. According to NICE and Scottish Intercollegiate Guidelines Network (SIGN) guidelines, best practice management for inpatients with co-occurring substance misuse and mental health should involve: Screening and Identification of Substance Misuse, Integrated Dual Diagnosis Care, Pharmacological and Psychosocial Interventions, Harm Reduction Approaches in Acute Psychiatric Wards and Safe Discharge and Aftercare Planning. We have designed a closed-audit loop which has evolved into a quality improvement project to enhance the identification, management, and follow-up care of substance misuse among inpatients in general psychiatry ward at St John's Hospital, Livingston, Scotland. This project seeks to achieve an 80% compliance rate in substance use assessments, implement standardized protocols for managing active substance misuse, and develop a policy for handling patients under the influence, in possession, or distributing substances by December 2025. Data presented in this abstract is for the closed-loop audit part of a larger quality improvement project.
Methods: Data for the initial audit was collected from Trak, the electronic patient record (EPR) system, for patients admitted to and discharged from a mixed acute general adult ward at St John's Hospital, during the period from 13 February to 13 May 2024. Data was collected on documentation of previous substance misuse and substance misuse urine screening. As an intervention, our team introduced staff reminders for biological testing and incentivised staff, patients and carers to provide feedback on substance misuse history, substance misuse on the ward and testing. From 30 October till 30 January, a further cycle was conducted to assess for changes post-intervention.
Results: The closed-loop audit included 84 patients pre-intervention and 49 patients post-intervention. 35.3% had co-morbid schizophrenia/psychosis and a further 24.7% had combined depressive disorder and suicidality. Alcohol misuse was the highest reported substance misuse (33.33%), followed by cannabis (27.03%) and cocaine (11.71%). Post-intervention there was a 35.18% increase in biological testing compliance (post-intervention 57%) and 51.36% increase in substance misuse history documentation compliance (post-intervention 75%).
Conclusion: Substance misuse worsens prognosis for many patients with other mental health co-morbidities. We have identified that compliance is still low for documentation and testing. By identifying gaps in achieving compliance, this project seeks to guide better local

policy in order to implement evidence-based practices improving patient outcomes.

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Audit of Nicotine Replacement Therapy Practices and Vaping Use in Inpatients: Adherence to Dual NRT Regimen and Documentation of Smoking Cessation Plans

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Aims: This audit aimed to assess nicotine use patterns in inpatients and evaluate adherence to the Essex Partnership University Trust Nicotine prescribing guidelines, as well as British Thoracic Society's recommended dual nicotine replacement therapy (NRT) regimen. It also aimed to examine the documentation of smoking status, NRT usage, and cessation planning.
Methods: A sample of 40 inpatients was selected from 4 Mid-Essex general adult inpatient wards, using a random number generator. Data was collected from PARIS inpatient admission assessments, physical health checks (PHCs) and paper or online prescription charts to identify smoking status, nicotine use, and cessation discussions. Nursing staff provided information on vaping. The audit assessed whether patients were on dual NRT (short-acting and long-acting forms) and whether cessation plans were documented for patients using inhalators or vapes.
Results: The audit revealed that 57% of patients were smokers, and 72% of smokers were using vapes. None of the patients were receiving dual NRT, and no cessation plans were found for those using any form of NRT. While 75% of patients had a documented discussion about smoking and nicotine use, not all included NRT options. Vaping use was poorly documented, and most patients relied solely on short-acting NRT, such as vapes and inhalators. This lack of adherence to best practice creates challenges, especially during busy on-call shifts when short acting NRT prescriptions are frequently requested. Additionally, smoking cessation discussions were not consistently revisited, and vaping use was poorly documented. The absence of structured cessation strategies, including plans for maintenance or weaning, indicates a need for clearer management of nicotine dependence.
Conclusion: This audit recommends that every patient be asked about smoking status and that electronic records be updated accordingly. This should be re-visited if not possible initially. A dual NRT regimen (nicotine patch plus a fast-acting NRT) should be initiated as soon as possible. Vaping can be used as a short-acting method but not concurrently with other short-acting options, and needs to be clearly documented. Smoking cessation discussions should be consistently documented in PHCs, and all patients starting NRT should have a documented management plan. Furthermore dual NRT therapy should be incorporated into a prescribing bundle. We recommend a follow-up audit in 4–5 months to assess improvements in adherence to dual NRT therapy and vaping reliance.

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Clinical Audit on Identification, Evaluation and Optimisation of Anti-Cholinergic Burden in Older Adults With Cognitive Impairment Referred to East Hub Older Adult Community Mental Health Team at BSMHFT

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Aims: This audit aims to assess whether the anticholinergic burden is being appropriately considered in the management of patients referred with cognitive difficulties to East Hub Older Adult community mental health team.
Methods: A retrospective audit was conducted on the medical records of 49 patients referred from the Memory Assessment Clinic to the East Hub Older Adult CMHT over a one-year period. Data was collected using an audit tool that included patients with diagnosed dementia or cognitive decline, excluding those with substance abuse disorders. The primary focus was on whether anticholinergic burden (ACB) scores were assessed and whether medication regimens were optimized in line with NICE guidelines. The ACB score was calculated using acbcalc.com
Results: The audit revealed that 24% of patients with an ACB score greater than 3 had no documented evidence of an assessment of their anticholinergic burden or any medication optimization. This suggests that the East Hub Older Adult CMHT is not consistently adhering to NICE guidelines in the management of anticholinergic medications in older adults at increased risk of cognitive decline.
Conclusion: This audit highlights the need for more rigorous evaluation of anticholinergic drug use in our clinical practice to reduce the risk of cognitive decline in older adults. It underscores the importance of anticholinergic medications as a modifiable risk factor for dementia, emphasizing the need for healthcare providers to prioritize reducing anticholinergic burden in this population. The findings suggest that alternative medications should be considered for patients with high anticholinergic burden. These results were disseminated Trust-wide, with a plan to conduct re-audit to evaluate whether changes have been implemented in our clinical practice.

An advanced tool to calculate the ACB score using medichec.com was agreed by the clinical lead of Dementia and Frailty for use in daily clinical practice by the various older adult clinical teams in BSMHFT.

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Audit of Admissions of Older People From a District General Hospital to Psychiatric Units Facilitated by Liaison Psychiatry Services

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