specific, clearly reasoned, and compliant with statutory standards, targeting at least 80% of assessments meeting all required components within 12 weeks following a targeted educational intervention.

Methods: This quality improvement audit was conducted across all wards at The Harbour, a 154-bed mental health hospital, including general adult, older adult, dementia, and psychiatric intensive care wards. A proportional, representative sample of 40 capacity assessments completed by resident doctors was randomly selected from the Trust's Clinical Information System using a computer-generated randomisation function. Baseline data were collected over two weeks, with the same process applied post-intervention.

Assessments were audited using a bespoke toolkit based on the Trust's SoP: MCA Policy and Deprivation of Liberty Safeguards Procedure, the Mental Capacity Act (2005), MCA Code of Practice (2007), and NICE NG97 Dementia (2018), providing measurable standards for documentation, reasoning, and functional testing.

In week three, resident doctors received a 30-minute targeted educational session covering MCA principles, diagnostic and functional testing, decision and time specificity, and correct completion of the Trust's Capacity Assessment template. Reinforcement occurred through multidisciplinary discussions, handovers, and optional quick-reference guidance. A re-auditof 40 assessments was conducted in weeks nine and ten, with analysis and reporting completed in weeks eleven and twelve.

Results: Baseline audit revealed consistent documentation of decision and time specificity (100%), but lower compliance in key areas: diagnostic test (77.5%), functional components: understand (70%), retain (70%), use/weigh (70%), communicate (70%); clinical reasoning (60%), correct template use (67.5%), and decision-specific framing (60%). Capacity outcome was explicitly stated in 92.5% of assessments.

Post-intervention audit showed marked improvements: diagnostic test documentation 95%; functional components: understand 92.5%, retain 90%, use/weigh 90%, communicate 100%; clinical reasoning, template use, and decision-specific framing all rose to 92.5%; with capacity outcome 97.5%.

Conclusion: A brief, targeted educational intervention substantially improved the quality, accuracy, and consistency of capacity assessments across inpatient psychiatric wards. Improvements in documentation, reasoning, template use, and decision-specific framing enhanced decision specificity and legal defensibility. By increasing familiarity with statutory requirements and structured templates, this low-cost, scalable intervention supports patient autonomy, strengthens clinician confidence, and can be readily applied in other psychiatric services where variability in capacity assessment persists.

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Embedding Equity Across the Autism Diagnostic Pathway: A Diversity, Inclusion, and Equality Audit

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Aims: Autism spectrum condition (ASC) remains underdiagnosed in adults, particularly among women and individuals from marginalised and inclusion health groups. Contributing factors include masking, cultural stigma and inequities in service design. Skylight Psychiatry is an adult neurodiversity assessment service delivering NHS-commissioned and self-funded care through a hybrid diagnostic model, combining face-to-face ADOS-2 assessments with virtual clinical assessments and developmental history appointments. Although a range of reasonable adjustments and neuroaffirmative practices are embedded within the service, a formal evaluation of equality, diversity, and inclusion had not previously been undertaken.

This audit evaluates the inclusivity of an adult autism assessment service by analysing patient demographics and systematically reviewing assessment pathways, policies, and accessible information to identify strengths and areas for improvement.

Methods: A mixed-methods service audit was conducted. A voluntary demographic questionnaire was distributed to prospective referrals across two geographical cohorts, with quantitative findings compared against UK population demographics. A structured qualitative review examined policies and procedures, assessment pathways, and neuroaffirmative clinical practice and report writing. This was benchmarked against NHS inclusion health principles, NICE guidelines, and inclusive communication principles.

Results: Quantitative findings demonstrated strong representation of women, gender-diverse individuals, and LGBTQIA+ patients compared with national averages, consistent with emerging literature on adult autism and camouflaging. Demographical representation from some ethnic minority and religious groups was lower than expected, suggesting potential cultural or systemic barriers to access. The qualitative review identified strengths in flexible, patient-centred assessment delivery and consistent neuroaffirmative approaches across appointments. Suggested areas for improvement included suggested evaluation of physical accessibility across clinic sites and consideration of the risks of digital exclusion. Findings suggested that there was some inconsistent use of inclusive language in some clinical documentation, which may be mitigated by the introduction of specific training centred around increasing inclusion and reducing potential diagnostic bias.

Conclusion: This audit demonstrates that a hybrid adult autism diagnostic model can support inclusive and patient-centred care when underpinned by reasonable adjustments and neuroaffirmative practice. However, disparities in access persist for some marginalised groups. It was suggested that the service should prioritise improving equality through the introduction of interventions, such as accessible correspondence, easy-read materials, and translated online content, alongside targeted workforce development. These recommendations are likely to improve access and mitigate adverse outcomes associated with delayed or missed diagnosis.

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Physical Health Needs of Older Adults with Substance Use Disorder

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Aims: To investigate substance use patterns among older adults engaged with Bolton Addiction Service, with a particular focus on their physical health needs and service provision.