Methods: Clinical audits were completed across four adult psychiatric hospitals in the Black Country Healthcare NHS Foundation Trust in April 2025 and January 2026. Patients were randomly selected and stratified by site and sex. Information about substance use, urine drug screening, type of substances, and management of substance use was collected along with relevant clinical history. The first 48 hours of admission documentation were reviewed. Data were collected using a predesigned questionnaire from the electronic patient records. Following the initial audit, efforts were taken to increase awareness among clinicians and provide recommendations.

Results: There were 40 patients in each of the audits (age range: 19-73 years). Diagnoses were comparable: psychotic disorders (47.5% and 47.5%), mood disorders (40% and 30%), and personality disorders (12.5% and 22.5%). Most patients had a substance use history, 82.5% and 72.5% in the first and second audit, respectively. Urine drug screening within 48 hours of admission increased between cycles (42.5% vs. 50%); with more than half having positive results (58.8% vs. 55%).Commonly used substances were benzodiazepines (45.9%) and tetrahydrocannabinol (18.9%), along with opiates, ketamine, cocaine, and amphetamines. The reasons for lack of screening in the first and second audits were patient refusals (39.5%); there were delayed testing in 9.3%, and no documented reasons in 57.5% of cases. Drug use screening questionnaire usage remained low, but increased from 0% to 5%. There were changes in the documentation of related history such as accommodation (50% vs. 85%, $p<0.001$), personal history (57.5% vs. 65%), past medical history (92.5% vs. 87.5%), social history (82.5% in each cycles), and forensic history (60% and 75%) in first and second audit respectively. Discussion of substance use management was documented more frequently (35% to 75%, $p<0.001$).

Conclusion: More than half of the adult inpatients who underwent drug screening had a positive result. Substance use-related management discussion became significantly more frequent in the second audit. Patient refusals for drug screening remain a major concern. There is a continued need to monitor drug screening and management in adult psychiatry wards.

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.

Audit of the Adhd Care Pathway Compliance

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doi: 10.1192/bjo.2026.11683

Aims: Aim:

To evaluate compliance with the local ADHD care pathway across eligibility, assessment, treatment, monitoring, and documentation standards, and to identify areas for improvement.

Background: The audit was initiated to assess adherence to the local ADHD care pathway, ensuring consistent and standardised delivery of ADHD care in line with Trust policy. The Local Trust ADHD Pathway is based on NICE NG87 (2018) and includes standards for appropriate referral and inclusion criteria, holistic assessment and care planning, use of outcome measures (ReQOL, DIALOG, GBO), medication initiation and ESCA completion, as well as risk assessments, safety planning, and regular follow-up documentation. Adherence to these standards facilitates consistent, high-quality care and aligns with national gold standard guidance.

Methods: This was a retrospective audit of patients managed within the local ADHD care pathway. The audit population comprised 79 patients, with one excluded due to disengagement prior to assessment, resulting in a final sample of 78. Inclusion criteria were active cases on the ADHD pathway, while exclusion criteria were patients who disengaged prior to assessment. Data were collected from electronic patient records on Lorenzo.

Results: All patients met pathway eligibility criteria and were allocated to a qualified keyworker. Initial ReQoL was completed in 64% of cases (50/78). A holistic assessment was completed for 88% of patients (69/78). Care plans were completed for all patients (78/78); however, only 49% included DIALOG and Goal-Based Outcomes. Risk assessments were completed in 99% of cases (77/78), while safety plans were documented for 76% (59/78). Medication was initiated in 76 of 78 patients, with ESCA documentation sent for 62 patients; 14 had not yet stabilised, and four ESCA requests were rejected by the same GP practice. All patients received 6-monthly reviews, although documentation of discussions regarding deprescribing or medication holidays was limited to three cases.

Conclusion: This audit demonstrated strong adherence to the local ADHD care pathway across referral, assessment, prescribing, and monitoring stages. High levels of compliance were observed for referral appropriateness, completion of assessments, medication prescribing, and structured follow-up. However, engagement with outcome measures was inconsistent, and variation in documentation practices limited standardisation. Limited documentation of discussions regarding deprescribing or medication holidays highlights an area for further clinical reflection and quality improvement.

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Dvla Status Audit Campbell Centre, Milton Keynes

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doi: 10.1192/bjo.2026.11682

Aims:

- To identify and highlight the current practice of doctors at Campbell Centre relating to the driving status of the patients
- To raise awareness of any deficiencies identified
- To serve as stimulus for a change process – possibly via a Quality Improvement Project.

Methods: 2 audits done retrospectively for the periods of 01 - 30 June 2025 and 01 - 30 November 2025.

Sample population drawn from both Hazel (male acute inpatient) and Willow (female acute inpatient) Wards in the Campbell Centre Milton Keynes.

Sample sizes: June 2025 - 62 patients (32 male, 30 female), November 2025 - 59 patients (33 male, 26 female)

Driving status of all patients admitted in those time periods was examined by checking Progress Notes on Electronic Medical Records (SystmOne) throughout that period.

Two categories of searches were conducted: 1. Whether patients were advised of the need to inform DVLA of their mental health status. 2. If it was confirmed from patients that the DVLA had been informed by them.

This data was then collated and presented in percentages of; DVLA Advised, and DVLA Informed. The results of the 1st Audit were presented on 15th October 2025 at the General MDT of the Campbell Centre with recommendations made.

The data for June 2025 and November 2025 were then compared to demonstrate improvement in another presentation done on 28th January 2026 with issues identified and further recommendations made.

Results:

June 2025:

- DVLA Advised: Willow Ward - 7% compliance, Hazel Ward - 0% compliance
- DVLA Informed: Willow Ward - 0% compliance, Hazel Ward - 0% compliance

November 2025:

- DVLA Advised: Willow Ward - 27% compliance, Hazel Ward - 21% compliance
- DVLA Informed: Willow Ward - 5% compliance, Hazel Ward - 0% compliance

Conclusion:

- There was some improvement in compliance after the 1st audit presentation - awareness has been created
- Improvement was below expected level (50%) however and shows that this is not yet embedded as regular practice.
- Current practice continues to fall short of expected standard however, and there is thus scope for improvement and need for further re-audits

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High Doses, High Standards: An Audit of Physical Health Monitoring in Patients Who Are Prescribed High Dose Antipsychotic Therapy Following Migration to an Electronic Health Record System

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doi: 10.1192/bjo.2026.11681

Aims: High dose antipsychotic therapy (HDAT) is associated with an increased incidence of physical health complications, typically cardiac and metabolic, due to the dose dependent side effect profile of antipsychotic medication.

Since the migration to a fully electronic health record (EHR), Epic, in November 2024 there has not been a streamlined or consistent approach to the completion of physical health monitoring within this patient cohort in our Community Mental Health Team.

This project aimed to evaluate and improve adherence to HDAT monitoring guidelines to reduce the risk of HDAT-related physical health complications.

Methods: We screened our caseload of 896 patients and conducted a baseline audit in January 2026 against National Institute for Clinical Excellence (NICE) Clinical KnowledgeSummary (CKS) standards for antipsychotic monitoring (revised January 2026), with a target of 100% compliance.

We also measured the use of two functions of Epic, the 'FYI Flag' which is visible on the opening screen of each patient's electronic chart and the 'Therapy Plan' which creates orders for appointments and specified investigations at defined intervals.

We then implemented change by ensuring all patients had an 'FYI Flag' for HDAT and an active HDAT 'Therapy Plan'.

Results: 19 patients (2% of the caseload) were currently prescribed HDAT.

At baseline (January 2026), compliance with monitoring was 26%. 21% of patients had an FYI flag on their chart and 26% had HDAT therapy plans in place.

On reaudit (February 2026), compliance with monitoring was 58%. 100% of patients had an FYI flag on their chart and 100% had HDAT therapy plans in place.

Of the 42% of patients who had incomplete or outdated monitoring, 100% had an appointment scheduled for investigations to be completed. The majority of appointments were generated from the recently implemented therapy plans.

The most common reason for incomplete monitoring was investigations falling outside the recommended timeframe. The most commonly omitted components of an otherwise up-to-date set were prolactin and ECG completion.

Conclusion: Adherence to HDAT monitoring guidelines was initially poor but improved substantially over a short period following targeted digital interventions.

This project demonstrates how the use of EHR functionality can efficiently improve patient care. We are optimistic that the rate of monitoring will continue to rise through the implementation of 'Therapy Plans' which electronically generate prompts for investigation completion and appointment booking.

We plan to continue this project with ongoing Plan–Do–Study–Act cycles to reach our target of 100% and demonstrate sustained improvement.

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Monitoring of Psychotropic Medications in Children and Adolescents With Eating Disorder in a Community Setting

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doi: 10.1192/bjo.2026.11680