Data was analysed by the national POMH team followed by the production of a national and trust level report. The findings of the audit were then presented at various forums.

Results: Five POMH-UK Standards were chosen for the audit that were divided in 12 criteria to assess results against. In addition, three "targets" for assessing alcohol intake at admission and follow up following detoxification process were also selected for the audit.

Four of twelve standard criteria (assessment of.iver function test and glucose tests, prescription for acute alcohol withdrawal and prescribing parenteral thiamine) and all the three targets (measurement of alcohol breath test at initial assessment, relapse prevention treatment and referral to specialist alcohol services for follow up) indicated less than 60% compliance with standards and a lower compliance than the national sample.

For all targets, practices across the trust were variable.

Conclusion: There is a need for developing guidance, detailing professional responsibilities and aligning procedures and documents across Mersey Care Foundation Trust to create a single standard method for alcohol detoxification. This includes developing a standard junior doctor admission checklist for both assessment and monitoring and raising the importance of assessment for alcohol detox at Junior doctor induction programme. It highlighted the need to consider alcohol breath test as part of the initial assessment at admission and including the required blood tests in routine admission blood investigations. The financial implications of this were also considered. The process emphasised the need for dissemination of results to all staff, focussing mainly on inpatient staff.

Comparing Community Meeting Attendance and Efficacy in Two Specialist Medium Secure Inpatient Wards at St Andrew's Hospital

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Aims: Community meetings in inpatient psychiatric settings provide a structured opportunity for patients and staff to discuss ward updates, raise concerns, and plan for the upcoming week. These meetings, often chaired by patients, are integral to promoting engagement and empowerment.

This study aimed to analyse and compare staff attendance patterns, patient participation, and issue resolution trends in Fairbairn Ward (Men's Mental Health – Deaf Service) and Rose Ward (Male Brain Injury Rehabilitation Service) at St Andrew's Hospital. The goal was to identify differences in engagement across professional roles and propose strategies to improve the effectiveness of community meetings.

Methods: Data was collected from weekly community meeting logs over a three-month period. Staff participants were categorized into clinical staff, administrative staff, healthcare assistants (HCAs), psychologists, social workers, and trainees. Attendance rates were analysed to identify which staff groups participated most frequently and how their involvement influenced issue resolution.

Fairbairn Ward caters to deaf or hearing-impaired men with complex psychiatric needs. Many staff and patients are trained in British Sign Language (BSL) to facilitate communication.

Rose Ward (male brain injury rehabilitation service) provides specialist forensic neuropsychiatric care for individuals with acquired brain injuries, dementia, stroke, or neurodegenerative conditions.

Results: Fairbairn Ward: 6.6 patients per meeting (38.8% of inpatients), patient-to-staff ratio: 0.509.

Highest staff participation: Healthcare Assistants (10 meetings), BSL Interpreters (7).

Lowest staff participation: Social Workers, Administrative Staff (1–2 meetings).

Rose Ward: 6.3 patients per meeting (39.5% of inpatients), patient-to-staff ratio: 0.959.

Highest staff participation: Clinical Administrators, HCAs.

Lowest staff participation: Assistant Psychologists.

Key Findings: Fairbairn Ward had lower administrative and senior clinical engagement, limiting issue resolution. Rose Ward had higher patient-to-staff ratios but lacked psychologist/psychiatrist involvement, impacting therapeutic discussions.

Conclusion: To improve meeting effectiveness, we recommend:

Increasing administrative and senior clinician participation to enhance issue resolution.

Enhancing follow-up mechanisms for patient concerns.

Encouraging multi-disciplinary engagement, especially in specialist wards with complex needs.

By optimizing staff attendance and patient engagement, community meetings can be strengthened as a tool for inpatient empowerment and collaborative care.

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.

Trustwide Clinical Audit of Dementia Diagnosis: How Are Diagnoses Made and What Treatments Are Offered?

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Aims: To assess variations in dementia treatment, diagnosis, and pathway practices across the memory services in Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust and how these compare to Trust and national policy. There were reports that the dementia diagnostic process across the trust was inconsistent. Thus, it was important to find out if the diagnostic pathway differed. NICE guidelines NG97 (2018) recommended neuroimaging, cognitive testing, and history to make diagnosis and the use of validated criteria to diagnose dementia subtypes. NG97 (2018) and TEWV Dementia Pathway suggested use of cholinesterase inhibitors to those with Alzheimer's disease, mixed dementia, dementia with Lewy bodies and Parkinson's disease dementia. These guidelines mentioned that memantine should be offered to those with severe Alzheimer's, or those with moderate Alzheimer's disease with a contraindication to cholinesterase inhibitors.

Methods: A simple random sampling of 150 patients seen at diagnostic appointments across the Trust 15 memory service between July 2023 and June 2024. 10 patients were selected from