intervention (statin, blood pressure or diabetes medication). The Kardia6L allowed us to attain 88% compliance with achieving up-to-date ECGs and provided instant results to the clinicians/patients.

Conclusion. In this first phase of the quality improvement project we were able to show that half of the patients were willing to attend for in person monitoring. Patient engagement was better as intervention was being delivered at their usual CMHT by their Psychiatrists. The model of a shared letter between patient, GP and psychiatry encouraged shared responsibility for carrying these issues forward. From participating in the project the psychiatry team plan to review patient's medication and develop a robust intervention plan regarding weight loss/exercise/diet from the CMHT in collaboration with GPs as there are clear issues affecting our patient's health long term. The Kardia6L proved to be a quick/easy way to monitor QTc safely in an outpatient setting and allowed us to provide this as one step process at CMHT without requiring referral to Cardiology while improving compliance with annual ECGs.

Clear Records: Exploring Patient and Staff Experience of Ward Rounds to Inform and Improve Ward Round Communication and Documentation

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Aims.

1. To improve ward round efficacy and efficiency.
2. To make ward rounds more patient informed and create an updated ward round patient "preparation sheet".
3. To improve collaboration and communication between the multidisciplinary team (MDT).
4. To review and modify ward round/Care Programme Approach (CPA) proformas.

Methods.

1. Quality Improvement training was delivered to the MDT.
2. An anonymous Likert scale survey was completed by the MDT (n=10), to gather views on ward round experience and documentation.
3. Patients: 2 interactive, breakout sessions (n=4) were facilitated to:
   - Explore their experience of ward rounds through discussion and Likert scale questionnaires (n=4).
   - Review the existing patient preparation sheet and coproduce a revised version.
4. MDT: 4 interactive, breakout sessions were facilitated with staff (n=10) to create a:
   - Process map of ward rounds.
   - Fish bone diagram of the challenges within ward rounds.
   - Reverse fish bone diagram, to consider solutions.
   - Revised ward round and nursing proformas.
5. A driver diagram was developed to generate change ideas.
6. A scoping exercise was completed, comparing ward round proformas within the rehab division, to consider areas of best practice.
7. A Plan Do Study Act (PDSA) cycle was initiated.

Results.

1. Patient discussion and questionnaire feedback re: ward round experience was positive. Patients felt "respected", "supported," "understood team roles" and "plans" within ward rounds.
2. Patients mostly agreed with the current format of the patient preparation sheet, however wanted a visual prompt, for their recovery areas. A diagram, "My recovery wheel", was designed, to include diet, hobbies, mood, exercise, substances etc.
3. Staff felt "respected", and "listened to" and "understood their roles" in the staff survey; MDT proformas and time keeping were highlighted as requiring improvement.
4. The fishbone diagram identified challenges within: staffing, procedural factors, time, resources/equipment, training and education, communication, proformas and patient engagement.
5. New, succinct, MDT ward round proformas were designed, with focus on rehab goals, in order to facilitate the patient journey and discharge pathway.
6. A ward round prompt sheet for the chair was created.

Conclusion.

1. Both MDT and patients feel largely positive re: ward round experience.
2. The improved patient preparation sheet is more patient centred, after being co-produced with patients.
3. The MDT highlighted multifactorial challenges pertaining to ward rounds running in an efficacious and efficient manner.
4. The next cycle of the project will focus on testing the new forms and change ideas.

Increasing the Efficiency Of Community Mental Health Team (CMHT) MDT Meetings in Birmingham & Solihull Mental Health NHS Foundation Trust (BSMFT)

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Aims. Multidisciplinary team (MDT) meetings provide a timely opportunity per week where a range of professionals involved in the service user's care come together to discuss patients and make an informed decisions as a team. With an increase in psychiatry community mental health team (CMHT) caseload (referrals in March 2021 were +5%), it is paramount we think of more efficient ways of running routine CMHT practises. Our aim was to identify the inefficiencies that surround the Aston & Nechelle's weekly MDT meetings & derive feasible modifications to make the protected team discussion time more efficient.

Methods. The PDSA (Plan-Do-Study-Act) cycle quality improvement methodology was used. A mixed qualitative & quantitative methodology was utilised. An observational study was carried

out pre-intervention by two new members over 20 MDT meetings. Qualitative data were collected by identifying the key delays in MDT. Comparison of pre-intervention & post-intervention efficiency was established by quantifying the percentage of MDTs overrunning their allocated time. Satisfaction of the MDT members (n=10) with the new practise was also recorded via a questionnaire post-intervention. Our data collectors identified three main primary drivers: Systems, process & documentation.

Results. The interventions under process included a structured agenda, table of patients for discussion & allocating designated roles within MDT. The primary driver of System, focused on creating AccurX proformas as a way to ease the use of AccurX (an integrated software program in Rio for securely contacting patients) during MDT. MDT members were trained informally to use AccurX & Smartcard (NHS spine search for patient demographic details). Finally, a standardised documentation style was trialled by creating proformas with a streamlined set of options under each agenda.

Pre-intervention showed that >90% of MDTs were starting late & >50% were running over the allocated time. Post QI implementations, 80% of MDTs ran within allocated time. 90% of people found the MDT has increased efficiency, with 30% rating it as 'very efficient'.

Conclusion. The current CMHT MDT meetings have scope for more efficient practises. We should consider feasible modifications in the realm of system, process & documentation as a stepping stone to increase efficiency. This QI project suggests benefits for the wider implementation of such interventions to other CMHTs within the area.

Remembering Your Memory Appointment! a Quality Improvement Project Looking to Improve the Attendance of Memory Assessment Service (MAS) Appointments in the East North East Older Peoples Services (ENE-OPS) of Leeds, Through the Formalisation of a Pathway

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Aims. After experiencing disappointment due to numerous patients not turning up to their memory assessment service (MAS) appointments as well as the effect of losing man-hours due to this we decided to investigate how best to improve the attendance rates of our MAS patients. The initial frustration occurred when several patients for multiple team members were not attending their appointments. When followed up they stated that they had not received the required letters or follow up telephone calls prompting them to attend their appointments. This led to the initial hypotheses that a formal structure was required in part to aid in the delivery of this service and improve attendance.

Methods. We initially investigated the percentage of patient's that did not attend their appointments from the period of August 2022 to December 2022. This was achieved utilising the trust's data collection team. From these initial raw data we processed and calculated the delay between appointment allocation and a letter being sent out as well as basic percentages of patients not attending each month. What we realised was that there was no strict average and our admin team were not aware of any pathway that they could utilise as a guideline for the management of patient appointments. We therefore outlined the overall process of the appointment pathway and formed this. Upon this foundation we subsequently ironed out the optimal points of contact between our admin team and patients and when this could be accomplished and documented. The aims of these points of contact overall was to improve the rates of patients not attending their appointments and improving our target of appointment attendance. We subsequently re-evaluated our patient attendance five months after the formation of the posters, which were affixed in the admin and memory nurse rooms at our base.

Results. The results overall were quite promising and did appear to show a change based upon the formalisation of the MAS appointment pathway.

Conclusion. The results showed a positive improvement to the attendance rate of the MAS patients and also demonstrated the empowerment that a team can have when a formal pathway is in place. This fully completed audit cycle demonstrated the importance of such a pathway and how to address what is often a multi-faceted problem for many community based services. Our conclusion appears to support our hypotheses that a formal pathway can often improve the provision of a service.

Reinforcing Recovery and Relapse Prevention: Creation of a Junior Doctor Led Psychoeducation Course for Adolescent Inpatients With Psychosis

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Aims. The aim was to provide psychoeducation sessions to inpatients at a London adolescent mental health unit, admitted with first episode psychosis, at the recovery stage of admission. The COVID-19 pandemic-associated rise in admissions and clinical demand meant psychologists within the unit struggled to provide psychoeducation sessions; a deficit in care was identified and junior doctors established a psychoeducation group to meet this clinical need.

Methods. Course participants were three adolescent inpatients from black and ethnic minority backgrounds who were informal/voluntary patients approaching discharge. This ensured adequate insight into their mental health disorder and its impact on functioning, to effectively benefit from psychoeducation, and capacity to consent to this pilot programme.

Doctors liaised with psychologists, occupational therapists and nursing colleagues to create this holistic, patient-centred course, suited to patients' current psychosocial abilities with appropriate accommodations for age, developmental level and stage in recovery.

The team provided effectual, engaging content to deliver key messages while ensuring sessions were enjoyable for teenagers. Use of repetition accounted for residual effects of psychosis such as impaired concentration and memory. Patients actively participated with use of colourful visual aids, created interactively to consolidate learning. Peer discussion and personal reflection was supported, balanced with the need for patient confidentiality.