

The African and Caribbean Doctors Buddy Group (ACDBG) at HPFT- Hertfordshire Partnership University NHS Foundation Trust

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Aims. There are increasing amounts of documented evidence that Black and Ethnic Minority (BME) NHS staff are more likely to face exclusion and discrimination. The MWRES- Medical Workforce Race Equality Standards Report details the disadvantages faced by BME doctors in the NHS. This piece of work shows a strategy to support doctors of African and Caribbean origin working in HPFT. Launched in 2021, the HPFT African and Caribbean Doctors Buddy Group (ACDBG) is a group for all doctors of any grade working in HPFT from African and Caribbean backgrounds. The group aims to bring together doctors of these backgrounds to build a group of clinicians who advocate for equity for African and Caribbean patients and medical professionals. Another key focus of the group is to support and motivate each other, focusing on individual health and well-being and sharing mutually beneficial experiences.

Methods. Doctors of the groups' ethnic backgrounds across all grades identified 34 (20.1%) African-Caribbean doctors out of the 169 BAME doctors in Hertfordshire Partnership University NHS Foundation Trust (HPFT). Of this, there are 30 doctors of African and 4 of Caribbean backgrounds, with 14 in Consultant, 7 in Staff Grade, Associate Specialist and Specialty (SAS) and 13 in Training posts.

The identified doctors received an invitation to attend the group meeting. Attendance was optional; membership was free with no long-term commitment. The group has an active social media presence to communicate and attract interested colleagues.

Results. The group has met at least three times a year to provide opportunities for meaningful engagement and networking. These have included formal meetings as well as informal dinner events. Feedback from attendees has been very positive, with members mainly commenting on having found support from fellow members in navigating new experiences or learning from how others have sorted culturally unique challenges encountered in their working lives. Our international doctors have expressed joy in finding a resource to obtain guidance in settling into work and support with career development.

Conclusion. Feedback received from members of the group indicate that the doctors have found the group extremely useful. It gives an opportunity for expressive communication to promptly address concerns of any form or nature, on a personal or collective level, thereby improving positive well-being and career progression. Their positive experiences in pastoral care improved inclusion, productivity, retention and ultimately quality of care provided to service users.

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.

Improving Screening and Standardising Interventions for Patients With Above Normal Body Mass Index (BMI) Admitted to a Male Psychiatric Intensive Care Unit (PICU): A Quality Improvement Project

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Aims/hypothesis.

1. To increase the proportion of patients having their BMI documented on admission to the PICU.
2. To improve rates of standardised interventions when abnormalities in BMI found.

Among patients admitted to PICU, there is lack of consistency in monitoring of BMI and in offering interventions for those with abnormal BMI. We expect an improvement in both the parameter with the quality improvement project. Background: Service users admitted to PICU have severe mental health illnesses, and are known to have several high risk cardiometabolic parameters including excessive weight. In addition, they are often treated with medications known to cause weight gain. Without effective management, this is likely to cause increased morbidity and mortality

Methods. Initial baseline data were collected by reviewing patient notes.

We then tested interventions to improve weight and BMI screening process on the PICU. We used the Plan-Do-Study-Act (PDSA) methodology over 2 cycles. In the first cycle, we engaged the nursing staff to improve screening on admission, including training to overcome the glitch in the electronic form that prevented automatic BMI calculation. In the second cycle, we introduced a protocol to ensure consistent interventions were offered to patients with abnormal BMI. The interventions offered were referral to dietician, referral to PICU gym instructor and MDT discussion about lifestyle changes and medication to manage weight.

Data were collected after each PDSA cycle to monitor change. **Results.** Baseline: 47% of PICU patients had their BMIs recorded on admission. 69% of those patients that met the overweight criteria were offered an intervention.

After the first PDSA cycle, 91% of patients had their BMIs recorded. 71% of those patients that met the overweight criteria were offered an intervention.

After the second PDSA cycle, all the consenting patients had their BMIs recorded. 100% of those patients that met the overweight criteria were offered all the interventions in the protocol but not all agreed to engage with the interventions.

Conclusion. As a result of this quality improvement project there has been an improvement in screening for BMI on admission to PICU and in the standardised interventions offered to those with high BMI. The next steps will be to implement this across the other wards and to improve patients' engagement with the interventions.

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Improving the Screening and Diagnosis of Delirium for Older adult Patients Admitted to Hillingdon Hospital

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