spearheading the College's work in this area, publishing guidance and conducting further research. Engagement and learning from our colleagues would provide critical intelligence to inform and influence future policy and strategy to enable routine outcome gathering embedded in mental health services.

Improving Outcomes in Alcohol Withdrawal; an Alcohol and Drug Liaison Outreach Approach

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Aims. This project's purpose was to improve the identification and management of patients at risk of or suffering from alcohol withdrawal at the point of admission. Ultimately aiming to prevent avoidable harm to patients and reduce the burden on local services within NHS Ayrshire & Arran.
Methods. The project began in August 2023 with Alcohol & Drug Liaison Nurses (ADLN) carrying out twice daily walkthroughs of the Emergency Department and Combined Assessment Unit. ADLNs were instructed to engage with these clinical teams, helping to identify those at risk, provide management advice and accept relevant referrals. A retrospective audit was completed covering patients referred to the alcohol and drug liaison team (ADLT) in July 2023 and a prospective audit covering October 2023. Quantitative data gathered included prescription of benzodiazepines & Pabrinex, time from admission to prescription and administration of treatments, any changes to treatment advised, and whether treatments administered correctly. Additional qualitative data was gathered through a short staff survey carried out in November 2023 asking if the project had been helpful in identifying patients, improving management, and making staff feel supported.
Results. There was a 33% increase in referrals from July (n = 15) to October (n = 20), with a slightly greater proportion coming from ED (80% vs 85%). The average time from admission to benzodiazepine prescription fell by 2hrs and to administration by 8hrs. However, changes were advised to benzodiazepines prescriptions more frequently (12% increase).

Pabrinex prescriptions were being completed overall for patients both before (92%) and after (100%) the project. Average time from admission to pabrinex prescription fell by 2hrs but to administration increased by 0.5hrs. Additionally, cases of incorrect pabrinex administration increased from 31% to 47% between the two periods.

Staff feedback was very positive; project was very (45%) or somewhat (35%) helpful in identifying patients at risk, very (30%) or somewhat (50%) helpful in managing alcohol withdrawal, and very (55%) or somewhat (20%) helpful in making staff feel more supported with this patient group.
Conclusion. This project demonstrated that additional support can improve identification of patients, speed of initial management decisions, and staff confidence. However, it also showed a significant knowledge/skills gap across both departments leading to continued problems with patients receiving timely and appropriate treatment. ADLN ward input cannot be continuous, as such practical changes are required to help maximize Liaison input. Following this project's recommendation, work has begun to develop an Alcohol Withdrawal Bundle and associated staff training.

Cambridgeshire Lifespan Autism Spectrum Service Clinic: Managing Demand, Capacity and Flow of Referrals for Adult Autism Assessment

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Aims. Referrals for adult autism assessment to the Cambridgeshire Lifespan Autism Spectrum Service (CLASS) have increased from 430 in 2019 to 887 in 2023, with demand exceeding capacity. The team enrolled in the Royal College of Psychiatrists' Quality Improvement (QI) Demand, Capacity and Flow (DCF) Collaborative. The agreed aim was to increase the number of diagnostic assessments by 51% per month.
Methods. Participants included the CLASS multi-disciplinary team (MDT), referrers, the provider improvement advisor and an autistic adult. Using the NHS Quality Service Improvement and Redesign (QSIR) six-step approach, a process map identified five key stages of the CLASS pathway. A project driver diagram was then used to identify change ideas in the referral, screening, pre-assessment, assessment and post-diagnostic stages.

Change ideas in the screening and assessment stages were prioritised and two Plan-Do-Study-Act (PDSA) cycles designed: PDSA 1) To reduce screening time by removing the first screening of referrals; PDSA 2) To increase the number of assessments conducted and completed in a single face-to-face appointment.

Data collected for PDSA 1 included: number of working days from date of referral to date added to waiting list and total screening time (minutes) per referral. Data were compared in a sample of 133 referrals from the two-stage screening process and 68 referrals from the one-stage process. Data collected for PDSA 2 included: average assessment time (minutes), average duration of open assessments, and the number of assessments completed within the same month. The data at Time 1 (before introducing PDSA 2) were compared with Time 2 (after PDSA 2) in a sample of 10 and nine referrals, respectively.
Results. PDSA 1) Statistical Process Control (SPC) charts show a reduction in mean working days from 160 to 30 working days. The mean screening time per referral reduced from 33 minutes to 23 minutes. PDSA 2) SPC charts show that between Time 1 and Time 2 there was (i) a reduction in clinician time in minutes per assessment (m = 236.8 to m = 210), (ii) a reduction in working days assessment remained open (m = 39.4 to m = 6.4), (iii) a reduction in number of assessments involving multiple appointments (6 of 10 to 3 of 9), (iv) an increase in the number of assessments completed in the same month (3 of 10 to 7 of 9).
Conclusion. These results show promise towards increasing DCF across the pathway, but further PDSAs (e.g., digitalising reporting, refining the post-diagnostic pathway) need to be implemented to achieve the overall aim.