

pathways within the developing alliance with General Hospitals, increased 'visibility' for training and research opportunities, improved patient satisfaction and improved CQC standing.

Introducing an MDT Morning Huddle on an Adult Inpatient Unit During the COVID-19 Pandemic

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doi: 10.1192/bjo.2022.326

Aims. This quality improvement project aimed to introduce a staff communication tool, 'the morning huddle', to Goddington ward (Green Parks House, Oxleas NHS Foundation Trust). The huddle's purpose was to share key information between members of the ward's multidisciplinary team (MDT) regarding patient risk, diagnosis, mental state and treatment progress.

Methods. The project team worked with the Oxleas Quality Improvement (QI) team to create a structured huddle with agreed goals that commenced at 9am each morning. The team sought views from ward staff on the existing communication process before implementing the huddle via a series of weekly questionnaires. The morning huddle was introduced on 26th May 2020 and all members of the team were invited (including the ward consultant, junior doctors, ward manager, nursing staff, healthcare assistants, psychologists, occupational therapist, and ward administrator).

Following multiple PDSA (Plan, Do, Study, Act) cycles, the team further refined the morning huddle into a meeting with a set template that included COVID-19 test results, psychiatric risk concerns, medication adherence, and barriers to discharge. The project team also timed the huddle, aiming for it to last a maximum of 30 minutes. A questionnaire was distributed to ward staff weekly after the huddle was implemented to ascertain their views on the process. Data collection for the project ended on 2nd August 2020.

Results. The project's main outcomes were based on two questions from the weekly staff questionnaire:

1. "How effective did staff members find the morning huddle in addressing their concerns about patients and promoting safety of patients and staff?"

This improved over the course of the project, starting with 20% of staff finding the huddle "good" or "very good" in its effectiveness to 77% finding it "good" or "very good" in the final questionnaire.

2. "How effectively do staff feel that their concerns about patients are addressed by the rest of the team?"

This also improved, starting with 40% of staff selecting "well" or "very well" to 100% in the final questionnaire.

Conclusion. Goddington ward introduced a huddle that was valued by the entire MDT. The huddle improved how well staff felt their concerns about patients were addressed and a noticeable improvement in team morale was observed. While the project succeeded in implementing a huddle that staff appreciated, patient outcomes also need to be considered in future

Improving Standards of Physical Health Care of Patients in Secure Mental Health Hospital

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doi: 10.1192/bjo.2022.327

Aims. Evidence suggests that individuals with serious mental illness (SMI) die up to twenty years prematurely compared to the average population without SMI with the main causes of death linked to preventable cardiovascular disease, respiratory failure, and endocrine disorders. This early mortality remains despite national efforts to recognise the issue and promote development of processes to enhance quality of physical health care in patients with SMI. The National Institute for Health and Care Excellence (NICE) clinical guidelines (CG178) recommendation 1.5.3.5 states that healthcare professionals in secondary care should ensure individuals with SMI receive physical health checks from primary care. This idea may be suitable for patients in the community setting or those who undergo shorter hospital admissions, however the process of psychiatric rehabilitation in secure mental health hospitals is challenged by long average stays resulting in no access to routine primary care facilities. The aim of the project is to introduce tailored measures that would aid in delivering high quality physical health care to patients within secure mental health hospitals.

Methods. Ravenswood House Medium Secure Hospital supported a project to improve the physical health of individuals with SMI. An audit was completed to evaluate the assessment and management of baseline physical health measures that would have usually been completed in primary care as per the standards set out in NICE guidelines. The results showed that not all measures were being met and there was room for improvement.

Based on these NICE recommendations, an annual health check template and a centralised documentation toolkit were implemented and integrated within a new Physical Health Care Pathway in collaboration with General Practitioners, Dentists, Physiotherapists and other Allied Healthcare professionals.

Results. Following implementation of the Physical Health Care Pathway, the number and quality of annual physical health checks in Ravenswood House Medium Secure Hospital increased resulting in significantly better-quality outcomes for patients by completing appropriate referrals and follow-up care.

Conclusion. This collaborative approach of providing a high-quality physical health care was delivered in-house by arrangement with external healthcare practitioners. This pathway of providing care assisted us in overcoming several challenges faced within secure hospitals due to legal sanctions and related security protocols involving the patient group.

A Quality Improvement of the Identification of Obesity in Patients With Mental Health Morbidity and Referral to Weight Management Services

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doi: 10.1192/bjo.2022.328