Aims. An evaluation of the service and care provided to eating disordered patients referred to Tier 3 CAMHS within NHS Lanarkshire. Eating disorders are recognised as a relatively common disease with preventable mortality. The primary aim was to determine if patients with eating disorders adhere to the assessment and management as outlined in MEED and SIGN 164. The secondary aim was to scope the number of eating disordered cases to plan recruitment and training of specialist staff.
Methods. The pilot study was carried out in November 2022 and repeated in January 2024. The Electronic Patient Record and paper notes of eating disordered cases assessed in 2023 were used to audit against MEED and SIGN 164. Additional patient demographics including patient's age, sex, median BMI at initial appointment, working diagnosis and suspected co-morbidity were also collected. The service was further evaluated on its processes from source of referral, time taken to be seen, therapies offered and duration within service.
Results. A total of 46 cases were identified in the audit compared to 57 in the pilot study. Most of the cases seen in 2023 were girls in their early teens (89% between the ages 13–16). 10% have a median % BMI <80%. 15 were given a diagnosis of AN (33%), 4 with BN (9%), 4 with ARFID (9%), 2 with OSFED (4%) and 19 with no formal diagnosis (42%). There was a high level of suspected comorbidity (80%).

Referrals were mostly made by GPs (87%), followed by school (11%) and other professionals (2%). The average time taken for the initial assessment was 63 days (40% were seen within 4 weeks). 14 (30%) of cases were offered FBT only whereas 3 (7%) had CBT-E. 7 (15%) did not receive any intervention and 19 (41%) were given other therapies.

With respect to the MEED risk markers, there had been improved recording of weight changes (40% to 80%), hydration status (40% to 70%), temperature (5% to 30%), bloods, over exercising (85% to 90%), purging (75% to 85%) and self-harm behaviours (85% to 90%). However there had been reduction in the recording of BP/HR (80% to 50%), ECG (75% to 40%) and engagement with services (75% to 60%).
Conclusion. Overall, there's some improvement in assessment and management of ED cases but the standard remains inadequate. This project has helped understand the gaps in services and provisions available. Ongoing evaluation is required to help steer service development and optimise patient care.

Improving Quality and Satisfaction With Handover at the Riverside Centre, Hillingdon

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Aims. This project was launched in January 2022 to improve handover between on-call teams and wards, following GMC concerns in 2020 with the out-of-hours handover process. In 2021, a 'Hospital At Night' Microsoft Teams evening meeting was successfully introduced. However there remained low satisfaction with other areas of the handover process, including use of paper forms to handover between shifts. The aims of the project were to review the current handover process and improve quality and satisfaction of handover. The target was to improve baseline satisfaction with the handover process by 20% (6 months after change implementation).
Methods. A driver diagram was built to identify factors contributing to quality and satisfaction with handover and develop change ideas.

Qualitative surveys using Likert rating scales were sent to all doctors to explore satisfaction with handover format and quality of information received. Opinions of doctors and the wider MDT were used to develop ideas and evaluate support for change. Surveys were repeated following each cycle.

From July 2022, interventions were introduced and monitored over four QIP cycles. This included an electronic handover in the form of a twice-daily email handover list, which was updated following feedback. Microsoft Teams morning weekend meetings were then introduced and modelled on the existing 'Hospital At Night' protocol.
Results. Following interventions, the percentage satisfaction with handover format improved from a baseline of 14% and was maintained at an average of 81% across 15 months.

The satisfaction with the quality of handover improved from 36% and was maintained at an average of 97%.

The weekend virtual handover has also been well received with 71% satisfaction. This maintains the satisfaction levels achieved with the 'Hospital At Night' virtual handover. The involvement of the MDT has been high with 71% of doctors satisfied that the necessary team members are attending.
Conclusion. Introducing a standardised electronic twice-daily handover has improved satisfaction with and quality of handover. It has also improved communication between on-call teams and wards.

The introduction of additional virtual handover meetings at the weekend has also been well received. It allows another opportunity to strengthen clinical leadership and the MDT to work more effectively out-of-hours. Future intervention will be targeted at standardising the content of these meetings and attendance in line with the 'Hospital At Night' protocol.

We aim to monitor local benefit from these changes, and expand this project to other hospital sites which are not yet using an electronic handover system.

Thematic Review of Serious Incidents in a Liaison Psychiatry Service

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Aims. NHS England defines serious incidents as events in health care where the consequences are so significant that they warrant a comprehensive response. Serious incidents are individually reviewed, as per national standard practice, in our liaison psychiatry service line at West London NHS Trust. The aims of these individual reviews include system wide learning, organizational accountability and to make changes to the system to prevent a repetition.