

medium secure forensic wards regarding physical health checks, and drawing their attention to tasks that needed to be done. This led to an improvement in the adherence to physical health monitoring in these wards. An area for future improvement was identified regarding the unit's capacity to perform ECGs in a timely manner.

Improving experiences of transgender patients in inpatient services through a ward based staff training program

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Aims. The aim was to improve the experience of transgender patients in a general adult inpatient setting, through delivering practical 'bitesize' ward-based staff training. This training was to improve awareness of issues faced by transgender patients, knowledge around gender dysphoria, and increase confidence in discussing these issues appropriately with patients.

Method. Staff from a range of disciplines attended sessions held on the ward in small groups; these bite size sessions were delivered in under 20 minutes making them easy to fit around clinical commitments.

Result. All attendants rated increased confidence in their skills and ability to support transgender patients.

Conclusion. Improved staff training specifically focussing on transgender patients can contribute towards improved care for this patient group; this should form part of a wider strategy including clear operational policy and supportive environments.

Why is hitting A&E time targets so hard?: using Nudge theory and modelling to improve response times

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Aims. To improve the one hour response times to referrals made to psychiatric Liaison in A&E without adding or changing available resources.

Method. Response time data of referrals made to the Homerton University Hospital psychiatric liaison service was collected dating back from August 2016 to October 2019 (n = 10225).

A nudge was introduced in the form of a large display showing referrals arriving in real time in the staff office.

Data was then collected over a period of 5 weeks (n = 436) to measure if any change had occurred in response times.

Result. Response times appear to follow a Poisson like distribution curve. The average referral was responded to within 6 minutes (n = 1577) prior to the nudge, and 6 minutes (n = 88) after. Prior to the nudge the 95% referral envelope fell within 134 minutes (n = 9728) and was 122 minutes (n = 414) after the intervention. Significant statistical difference is observed upon considering response in the first 240 minutes.

Conclusion. Nudge interventions could be a useful resource-sparing method to improve services. The average referral to the HUH liaison team was quickly responded to within 6 minutes and yet hitting the 1 hour 95% target appears ever-elusive. Hitting targets of 95% responses within 1 hour may prove very

difficult if we are not considering natural distributions, such as Poisson, occurring in the background which ultimately may require a change in approaches to how we set performance targets.

Increasing routine HIV testing in low and medium secure forensic settings

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Aims. There remain a number of barriers to patients taking HIV tests, and prevalence of HIV in patients with severe mental illness can be higher than those without. Patients in forensic settings may be at even greater risk. National standards state that in areas of high and extremely high prevalence of HIV, testing should be offered routinely on admission to hospital. A review of compliance with these standards took place across low and medium secure male forensic wards in West London, followed by implementation of targeted interventions to increase testing rates. A reaudit was later completed to assess if changes had resulted in lasting effects

Method. A retrospective review of computer records took place to identify all inpatients residing on the low and medium secure wards on the day of data collection. Their pathology records were checked to ascertain if HIV test results were available. If no test was documented here, then patient psychiatric records were searched for documentation of the test being offered.

After the initial audit, education of patients and staff regarding the benefits of HIV testing took place, HIV testing was incorporated into primary healthcare routine admission screening and separate consent forms were eradicated.

The reaudit took place with data collection occurring in an identical manner.

Result. 183 patients were initially identified across 5 low and 7 medium secure male wards, and 184 on reaudit. The initial audit found that only 30.6% (56/183) of patients had either been offered an HIV test or had a result recorded on the pathology system, but this rose to 82.6% (154/184) on reaudit. After the interventions, 43.4% of all patients had HIV test results available, compared to 23.5% initially. Even where no test result existed, the number of tests offered rose from 7.1% to 39.1% of all patients.

Conclusion. This study shows that simple measures to normalise HIV testing and make it part of routine admission screening had dramatic implications for the number of patients being offered an HIV test.

There is still room for improvement, however, with 17.4% of patients having neither test results available, nor documentation that a test was offered. This could be a result of poor general engagement with health care services, and would benefit from thorough documentation and assertive outreach.

A quality improvement project: documentation of liaison psychiatry patient reviews in the John Radcliffe Hospital, Oxford

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Aims. Assess how current practice reflects recommendations from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Treat as One: bridging the gap between mental and physical healthcare report (January 2017).

Develop template for electronic documentation of liaison psychiatry reviews and implement for trial period.

Re-audit after trial period to assess for change in quality of documentation.

Background. The John Radcliffe Hospital (JR) is a tertiary centre and has a large liaison psychiatry department with 14 consultants. Patient reviews by the liaison team are documented using a blank note type, on an electronic system used by all specialties within the hospital trust. The NCEPOD Treat as One report makes recommendations for the content of documentation of liaison psychiatry reviews which aim to improve communication between specialties.

Method. 86 patients referred to liaison psychiatry at the JR in September 2018 were randomly selected. Four liaison psychiatry consultants appraised the quality of documentation of anonymized reviews by consultant colleagues. The audit tool was a questionnaire containing 12 questions developed by the four consultants based on the NCEPOD Treat as One report. Data were collated from these questionnaires. The template for electronic documentation was developed to reflect the report recommendations and after discussion with the liaison psychiatry team. The template has been implemented and is used for all initial patient reviews.

Result. The 12 questions of the audit tool can be divided into two groups: assessment and management. As part of the assessment, the majority of reviews included a primary diagnosis (77.9%) and reason for referral (66.3%). Other aspects of the assessment were documented in the minority of reviews: mental capacity (19.8%), need for DOLS (2.3%), risks (27.9%) and risk management (7%). Regarding the management, the majority of reviews included: clear plan with numbered/bullet points (61.6%), medication changes (51.4%), useful plan (73%) and answered the reason for referral (69.8%). Other aspects of the management were documented in the minority of reviews: each action point assigned (47.7%) and non-medical MDT advice (18.6%).

Conclusion. The main area for improvement in documentation of assessment agreed by the liaison team is risk. The main areas agreed for improvement in documentation of management are medication changes, assigning action points to individuals, and including advice for non-medical MDT members. The next step is re-audit, planned for March 2020.

Improving access to the physical health clinic in a community first-episode psychosis service

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Aims. Physical health outcomes are poor for patients with severe mental illness as demonstrated by the significant mortality gap present globally.[1] Access to and engagement with care is a key factor underpinning this disparity.[2] The Early Intervention in Psychosis service works with young people from 14-35 experiencing a first episode of psychosis in the community. Within the service, difficulties in engagement have been reflected in the high 'no-show' rates observed in the Foundation Year 2 trainee

doctor-led physical health clinic. This quality improvement project aimed to reduce the 'did not attend' (DNA) rate in the physical health clinic by 20% in order to improve patient outcomes, particularly in the context of their physical health.

Method. The project took place between September and November 2020, over the course of 10 weeks. A driver diagram was constructed to identify key influencing factors and subsequent change ideas. In order to implement each of these changes, three cycles within the Plan, Do, Study, Act (PDSA) ramp framework were completed. These consisted of phone reminders within 48 hours of appointments, a teaching session for staff alongside the distribution of an accompanying information leaflet and increased flexibility in clinic times with opportunistic appointments. The change ideas were cumulative with each cycle lasting a duration of seventeen days.

Result. The baseline DNA rate was calculated based on the preceding month and found to be 55%. Following cycle one of the project, there was a significant reduction in DNA rates to 30% although this remained relatively stable at 33% after cycle two. By the end of cycle three when all interventions had been introduced, the DNA rate had dropped to 22%. As such, a total drop in DNA rate of over 30% was achieved which surpassed the initial aim of the project.

Conclusion. The outcomes of this project demonstrate that the introduction of even simple measures can lead to positive change. Successful implementation of these changes requires teamwork and a culture of openness and flexibility. Feedback from team members, particularly care coordinators, also indicated better resulting engagement of clients with the service overall, suggesting potential for both improved mental and physical health outcomes. Next steps for this project may involve not only continued implementation of established changes but also service user input and scope for virtual consultations particularly in light of current COVID-19 restrictions.

Confidentiality at the interface of an adolescent psychotherapy service

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Aims. Aims included to explore how, within a London trust, staff at the interface between patients, relatives and access to services view their understanding of confidentiality, and to determine ways to improve knowledge if needed.

Background. Confidentiality is essential to the trust and development of clinician-patient relationships. National policies set guidance on how confidential information should be recorded, secured and shared. However, confidentiality breaches are reportedly common within health professions. Working with adolescent patient groups brings additional issues regarding confidentiality. Care-givers who contact services, often desiring containment, may experience a sense of uncertainty when confidentiality policy prevents details being shared about a young person's clinical experience.

Method. Stakeholders were identified from the multidisciplinary team, with a collaborative rather than 'top-down' approach. Administrators in patient-facing roles were surveyed to ascertain current understanding and frequency of involvement in confidentiality issues. Based on feedback, a flowchart prompt was designed, ensuring it reflected best practice. Qualitative and quantitative data were collected before and after a two month implementation period.