

especially relevant for a developmental phase and a diagnostic group linked to increased risk taking.

## Quality Improvement

### The Pattern of Clinical Activities in Alliance CAMHS Over a 3-Month Period: 2020 vs 2021

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**Aims.** This Quality improvement project will look into the data collected over the same period in 2020 and 2021 to highlight patterns and changes as a result of the COVID-19 pandemic, and how to improve the quality of service provided by the team.

**Methods.** The record of a total of 349 patients was accessed from the Alliance team spreadsheet and patient electronic records (Rio) between September and November in 2020 and 2021.

The inclusion criteria include:

1. All patients referred to the team
2. All patients managed by the team
3. Patients referred between September and November 2020
4. Patients referred between September and November 2021

Data collected include:

1. Presenting complaint
2. Demographics- gender and race
3. Source of referral
4. Outcome of referral
5. Timeline of first contact after referral

#### Results.

1. The overall number of referrals between September and November 2020 was more than referrals over the same time period in 2021; 188 patients in 2020 and 161 in 2021
2. Of the 188 referred in the 2020 audited period, 55%(102) were from minority ethnic groups compared to 50%(80) in the 2021 audited period. So the number and proportion of minorities requiring mental health support rose due to the impact of COVID pandemic infections, restrictions, and lockdowns.
3. In 2020, the proportion of male patients was 26%(49) compared to 18%(30) in 2021. This is important because the majority of our patients are females which implies that the COVID pandemic had a significant effect on the entire population leading to more male patient referrals.
4. The overall number of patients that presented with self-harm was greater in 2020 than in the 2021 period of audit.
5. The overall number of patients that presented with anxiety was also greater in 2020 than in the 2021 period of audit.
6. Of the 188 patients referred between September to November 2020, 58% (109) of them were seen within 24 hours of referral compared to 61% (99) in 2021. In the 2021 period, the restrictions have stopped and it has become far easier to carry out assessments at home and school while using the necessary protective gear.
7. It was noticed that there was a lot of telephone support in 2020 but none in 2021. The majority of these patients were those who were already known to the service and were being supported but deteriorated mentally during the peak of the pandemic.
8. There was a lot of referral from the single point of access (SPA) in between September and November 2020 while there was none over the same time period in 2021. This could have resulted from another impact of the pandemic when a lot of service providers were off sick and their patients

- could not reach them directly so they opted to go through SPA. Some new referrals also came this way.
9. It is also noteworthy that 59% (112) of patients seen in the 2020 audited period were already known to the service while 54%(88) seen in 2021 were known. This implies that a lot of our patients deteriorated due to the pandemic
  10. We also had more new referrals in 2021 than in 2020 for the same audited period.
  11. Six percent of the 188 patients seen 2020 audited period had telephone support while none did in 2021. Since all restrictions were lifted in July 2021, the service has opted for a more conventional approach of patient assessment which is face to face especially when expedient.
  12. Fifty-two percent (85) of 161 patients seen in the 2021 audited period were signposted to another service while 44% (72) of 188 seen in 2020 were signposted.

**Conclusion.** This audit has proven that not only did the pandemic affect the overall volume of patients seen, but it also increased the proportion of male patients seen and the relative proportion of minority ethnic groups that used the service.

The pandemic and government policies also influenced how patients were assessed seeing how 2020 had a lot of telephone support.

It's impressive to know that the team managed to cope in these challenging periods without compromising the quality and standard of care as well as leaving behind an up to date medical records making this audit possible and easy

Important Recommendations includes:

1. Completing annual audits on the pattern of clinical activities
2. Continued review of quality and consistency of data collection
3. To consider an alternative method for data collection to minimize the risk of human error.
4. Regular training sessions for mental health crisis team in keeping with changes to mental health presentations during the COVID Pandemic.
5. To review data collected and expand on the information collected to include gender and ethnicity

### Introduction of ECT Discharge Summary- a Quality Improvement Project to Improve Communication Between Treating and Referring Clinicians and Aiming Better Patient Care

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**Aims.** There was an initial QIP done in 2019 highlighting the deviation and deficits from ECTAS Guidelines. We tried to make positive change by introducing checklists and assessments. We were able to reach our goal but noted that collating information was a time taking task. More ever, documents were not always accessible as patients come to Mid Essex ECT clinic from other parts of Trust as well as from Private inpatient settings which meant that we did not have records for those patients. We noticed clear lack of communication between out of area referring and treating clinician regarding treating team's view about patient progress, assessment results and recommendations for future ECT need, which we thought could be improved by generating discharge summary of each patient as end of treatment.

**Methods.** We conducted retrospective audit for all treated patients in ECT clinic in 2020(n = 18, re-audited in 2021 and

2022(n = 13) to see documentation, including Consent documents; Form 5(consent) in case of capacity, T4/T6/S62, Documentation of Memory assessment, as well as MADRS assessment before and during the procedure. We started generating ECT discharge summaries in November 2021 and collected data for all patients (13) till 6th February 2022.

#### Results.

Documentation of Legal Status: 5% in 2020 vs.100% in 2021\* and 2022

Written consent /form 5: 95% in 2020 vs. 100% in 2021\* and 2022

Documented Mini-ACE: 5% in 2020 vs. 100% in 2021\* and 2022

Doc. MADRS assessment; 0% in 2020 vs. 100% in 2021\* and 2022 \*(excluding patients who did not complete the treatment)

**Conclusion.** The audit results of 2020 showed improvement however assessments done during treatment were not accessible to referring clinicians or to patients. Introduction of discharge summary helped to give snapshot of patient's weekly progress, weekly objective assessment scores which helped the referring clinicians to get idea about patient's improvement and resulted in improved communication as well as patient and carer satisfaction.

Small actions can have big impact on the way patient care is delivered. We believe that going through process of auditing helped us to improve our practice and make a positive change in terms of delivering better care.

### MDT Clinics on a General Adult Acute Psychiatric Ward: Staff's Views and Person-Centred Care

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**Aims.** Person-Centred Care (PCC) focuses on knowing the person behind the patient, engaging them as an active partner in their treatment, encouraging self-management and shared decisions. Inpatient multidisciplinary (MDT) clinics offer an opportunity for PCC by working collaboratively with service users (SU) in developing care plans. The aims of this project were to explore staff views and levels of satisfaction regarding the running of MDT clinics, to assess the quality and efficacy of changes made to MDT clinics, and to identify areas of practice which need improvement.

**Methods.** In April 2021, MDT meetings of an acute inpatient clinical team were repurposed to 30-minute clinics with SU and relevant key professionals present, focusing on SU needs. Two staff surveys were completed in June and October 2021. Following the first survey, changes were made to the days clinics were run, attendance schedule, and staff allocation of responsibilities for efficient clinic running. In the second survey, a 14-question questionnaire was sent to all 48 staff members. The questions explored staff experience of MDT clinics. The measures were both qualitative and quantitative.

**Results.** The overall response rate was 31.25%, of which 40% by medical and 40% by nursing staff. Staff reported there was a positive impact in the collaborative development of care plans, including improved SU involvement, increased involvement of families, improved contribution from different professionals, and formulations providing greater insight. They reported improved task orientation, directed responsibility for task completion within the team, and enhanced role and responsibility of the named nurse. They thought there was less time for 1:1 work, but that the "overall

benefits are worth it". Improved relationship with SU was reported by 85%, increased engagement with SU care by 93%, and identifying clear goals for care plans by 93%. Nevertheless, problems with planning and logistics were reported by 77%. Main challenges included time management especially with external visitors or combination of remote and face-to-face attendees, relatively poor attendance of CMHT and family members, difficulties with informing and preparing SU ahead of their clinic times, number of attendees, and dissemination of MDT care plans.

**Conclusion.** Repurposing MDT meetings to MDT clinics focusing on SU needs has a positive impact in inpatient clinical practice. MDT clinic planning and improving the involvement of community teams and family members can contribute to an optimal purposeful inpatient admission. Conducting inpatient MDT clinics can be a crucial part of working collaboratively with SU and PCC.

### Alcohol Related Brain Damage Presentations in an Acute General Hospital

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**Aims.** Alcohol-related brain damage (ARBD) is used to describe a variety of clinical syndromes associated with excessive intake of alcohol. It can present with cognitive and neurological syndromes, including Wernicke's encephalopathy, Korsakoff's syndrome, alcohol dementia, cerebellar atrophy and frontal lobe dysfunction, Central pontine myelinolysis and Marchiafava Bignami disease. In up to 25% of cases ARBD can be complicated by traumatic head injury and brain blood supply disturbances. In the absence of clear national guidelines, standards or established pathways of care across most of the UK, most patients are unable to access appropriate service provision. The North Derbyshire mental health liaison team (MHLT) provides assessment and diagnosis of acute alcohol related brain injury, assess severity (based on clinical presentation, investigation findings, cognitive assessment) and provide a care plan with follow-up to various community services. Aim and objectives: To find out the discharge outcome for patients with ARBD diagnosis by the north MHLT, help us identify service gaps and look at ways to improve patient's care in this group.

**Methods.** We retrospectively analysed 300 patients who were referred to liaison team for drug and alcohol problems and were seen by the drug and alcohol lead nurse within the liaison team. Patients who were given a diagnosis of ARBD by the liaison team were included in the study.

We looked at

1. Age and gender distribution
2. Team who gave the initial diagnosis
3. Discharge destination
4. Community follow-up and engagement

**Results.** We identified 17 patients who were given diagnosis of ARBD. There was relatively equal distribution of male to female patients. Majority of diagnosis' were given by liaison team. The discharge destination was variable with around half referred to ARBD rehabilitation unit and Derbyshire recovery partnership. Engagement was poor with only 20% of patients engaging with services.

**Conclusion.** Recommendations: