

Results. Data were analysed for 90 patients over 9 weeks. 52% were female, and average age was 33 years. Relevant documentation was only made on week 1 (10%) and week 4 (20%). No documentation of either driving status or advice given were made in any of the other weeks analysed.

Conclusion. Achieving compliance with guidance was difficult. Email communication was the most effective intervention. A group discussion to identify drivers of poor compliance found that clinicians failed to ask as the questions were not routine practice, and some voiced concerns about the potential implications of advice (worsening therapeutic relationship or increasing social isolation/implications for employment). Future plans include adding a prompt about driving on the electronic risk assessment, and specific training in the staff induction.

“Inside Out”: A Regional Inpatient Joy in Work Project

Dr Tammy Morgan* and Dr Claire Kelly

Beechcroft, Belfast, United Kingdom

*Presenting author.

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Aims. Inpatient admissions during the COVID-19 pandemic went up in the regional unit by 18%. This included a 50% increase in Eating Disorder Presentations and more complex SMI requiring admission to Beechcroft. Beechcroft is the regional inpatient unit for CAMHS in Northern Ireland. This project aimed to improve staff joy in work by 30% by June 2021, following what was one of the most difficult years to be a health professional with the COVID-19 pandemic.

Methods. We used the IHI Joy in Work methodology along with our own rating scales in the inpatient unit.

Several PSDA cycles were carried out including focus groups, gathering baseline data from different wards, and our change ideas- Beechcroft stars nominations, Virtual Quizzes and Staff recognition certificates.

Results. Baseline data on our run chart demonstrated a bad day median in Beechcroft with 4.3 being the score.

With the PSDA cycle we demonstrated a 33% improvement in good day scores with a median of 1.4.

We have learnt that Joy in work comes from recognising the work already being done and rewarding the efforts our staff go to.

Spread and scale with Beechcroft stars now part of fortnightly MDT meeting and management meeting. Also rolled out to a community mental health team.

Conclusion. Joy in Work comes from the team. Recognising the efforts of the team is central to this. In particular during a pandemic.

A Quality Improvement Project to Improve Experiences of Audio Quality for Remote Attendees of a Ward Round at a London Acute Adult Mixed Psychiatric Inpatient Ward

Dr Hamilton Morrin^{1,2*}, Dr Vinitha Soundararajan¹, Dr Rupa Ramesh¹ and Dr James Woollard¹

¹Oxleas NHS Foundation Trust, London, United Kingdom and

²King’s College London, London, United Kingdom

*Presenting author.

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Aims. We sought to assess the degree, nature and impact of poor audio quality during ward rounds for individuals attending

remotely using Microsoft Teams. We aimed to evaluate attendee experiences of audio quality against our expectation that due to the existing ward microphone system using a cardioid polar pickup pattern that attendees would have difficulty hearing all members of the multidisciplinary team, as well as the patient, gathered in the conference room. We also hypothesised that after switching to an omnidirectional sound recording system, we would observe an improvement in attendee satisfaction with audio quality during ward rounds.

Methods. Individuals who had remotely attended ward rounds at Lesney Ward, Oxleas NHS Trust between 01/11/21 and 01/01/22, mainly patient family members and community care co-ordinators, completed a digital feedback questionnaire regarding audio quality. There was no exclusion criteria. Data from Likert scale questions were analysed with descriptive statistical tests (mode and distribution of responses). As minimal demographic data were obtained, inferential statistical tests were not used. Qualitative data were analysed using thematic sorting based on prevalence of themes in the data.

Results. Feedback was provided by three family members, one ward team member and six members of the community mental health team prior to the intervention. Pre-intervention feedback indicated high levels of dissatisfaction with 6/10 respondents reporting they were “dissatisfied” and 1/10 “very dissatisfied”. Only 3/10 of attendees reported being able to hear and understand all individuals physically present in the room. In addition, respondents agreed that the audio quality was poor (modal response “bad”, 6/10), and that the sound quality impacted upon their experience of the ward round (modal response “yes, greatly”, 6/10).

The three most common main issues reported by respondents were: people speaking too far from the microphone (7/10), voices sounding muffled (6/10), and too much background noise (4/10). Using their own words, respondents described how the ward round sound quality made them feel. Common themes identified through thematic sorting included: distress, difficulty in understanding information / management plan, ward round prolongation and inability to comprehend the patient or staff.

Conclusion. In conclusion, we found that when using an in-built laptop microphone with unidirectional pick-up remote ward round attendee satisfaction was poor, though this improved with the introduction of an omnidirectional system. Key areas for improvement include assessment of optimal positioning for adequate audio pick-up, and the introduction of automatic transcription for individuals with hearing impairments.

Improving Physical Health Data Provided on Discharge Summaries From Sheffield Home Treatment Team

Dr Ross Nieuwoudt*, Dr Alex Bradwell and Dr Gaelle Slater

Sheffield Health and Social Care, Sheffield, United Kingdom

*Presenting author.

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Aims. The aim of this QIP was to identify whether the information obtained during routine physical health reviews was being adequately handed over during discharge from the Sheffield Home Treatment Team within discharge summaries. Individuals with serious mental illness have a significantly higher all-cause mortality rate than those without, much of which is due to preventable physical health conditions. Due to this, the Home Treatment Team aims to complete a Physical Health Review (PHR) for every patient under their care as per guidelines. It is important that these examinations are performed, however, it is

equally important that the results of PHRs are communicated to the patient's primary care physician upon discharge. Communication between services is vital for continuity of care and to ensure that identified problems are managed effectively. On discharge, relevant data from these investigations should be communicated to the service user's registered GP surgery for appropriate follow-up care. Performing investigations without informing the service user's primary physician is an inefficient use of resources and may result in unnecessary repeated investigations and procedures. There is not currently an official system in place to assure that the investigations and results of PHRs are summarised and communicated upon discharge.

Methods. There were two steps taken in this stage of the QIP. First, a questionnaire was distributed to all members of the Sheffield Home Treatment Team, including medics, nurses, and STR workers. The responses were compiled and analysed to form the criteria and standards for an audit of previous discharges. Following this, an audit was performed for the months of June–July 2021, data were kindly collected by junior doctors. This data looked to determine whether previous discharges met the criteria and standards set by the questionnaire.

Results. The results of the audit showed that the discharges did not meet the standards set, with many containing little to no information. Only 49% of the service users with physical health reviews had any information provided on discharge. Of these, the contents of the summaries were varies and inconsistent, resulting in a significant amount of information becoming unavailable to the service user's GPs.

Conclusion.

1. The current system is insufficient in terms of handing over physical health information collected during investigations performed by the Home Treatment Team.
2. A proposed solution will be implemented in the coming months.
3. A re-audit will be performed to complete the audit cycle and assess the efficacy of the proposed solution.

Improving the Care of Children and Young People (CYP) Admitted to Adult Mental Health Psychiatric Beds in NHS Tayside Using Quality Improvement Methodology

Dr Joy Olver*

NHS Tayside, Dundee, United Kingdom

*Presenting author.

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Aims. To reduce monthly bed days for children and young people (CYP) aged under 18 years admitted to adult psychiatric beds by 50%

Methods. QI tools used included driver diagram, stakeholder analyses, process mapping, ishikawa diagram, pareto chart and interviews with CYP and carers to gather qualitative data. Monthly data were collected on all admissions of CYP to adult mental health beds. Change ideas/ process changes included:

- Early senior psychiatric CAMHS review for all CYP admitted to adult psychiatric beds (same or next working day)
- Increased access to CAMHS medical records for out of hours staff
- Admission of all appropriate under 16's to paediatric beds instead of adult mental health beds
- Short test of change of staffing CAMHS specialist nurses over a weekend
- Develop alternative non-health crisis support/bed for CYP
- Develop Personality Disorder (PD) pathway

Results.

- Early senior CAMHS psychiatric review was associated with a reduction in CYP admitted to adult mental health beds from a median of 20 days a month to 2 days a month without an associated increase in CAMHS inpatient admissions
- Pareto chart showed that Personality Disorder (PD) was the commonest diagnosis
- Access to CAMHS medical records for all out of hours psychiatric medical staff was increased from 13% to 100%
- Routine admission to paediatrics for all under 16's was agreed with paediatric medical and nursing managers but not sustainably implemented
- There were no acute referrals to the CAMHS specialist nurses over the single weekend short test of change
- Development of an alternative non-health crisis support/bed and development of a Personality Disorder (PD) pathway is still in process

Conclusion. The primary outcome measure was successfully met with the median bed days of CYP admitted to adult mental health beds sustainably reduced from a median of 20 days to 2 days. This was associated with the implementation of routine early senior psychiatric CAMHS review and increased access to CAMHS health records for all medical staff providing psychiatric out of hours assessments. The change ideas including development of different admission pathways (paediatrics and non-health crisis bed), weekend CAMHS specialist nurses service and development of a personality disorder pathway were not implemented sustainably. The pathways of care around CYP presenting in crisis are complex. Making sustainable improvements in complex adaptive systems is complex and challenging but not impossible.

Attitudes and Experience of Autism and Learning disability(LD): A Survey of Mental Healthcare Staff

Dr Ogba Onwuchekwa*, Dr Conor Davidson
and Mr Vishal Sharma

Leeds & York Partnership NHS Foundation Trust, Leeds, United Kingdom

*Presenting author.

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Aims. To establish a baseline of staff experience and confidence in autism/LD. To inform how we deliver training going forward. To collect good practice examples of reasonable adjustments. To ascertain knowledge about the appropriate recording for information related to Autism/LD

Methods. All clinical and non-clinical staff of Leeds & York Partnership Foundation Trust(LYPFT), Bradford District Care Foundation Trust(BDCFT), South West Yorkshire Foundation Trust(SWYFT), Voluntary sectors, Local authority and Leeds Community Health Care NHS Trust (LCH)were invited to take part in the anonymised "Staff Autism and LD Survey" through the various trust wide email bulletins. Smart Survey was the platform used. It took about 5–7 minutes to complete, and the survey period was from 21/09/21 to 01/11/21

Results. A total of 225 members of staff across six organisations took part in the survey.

76% (170) were from LYPFT, 16(7%) from Voluntary Sector Organisations, 6%(14) from Local Authority and 3% from LCH 3%(7), Missing 14(6%), BDCFT 1%(2), SWYFT 1%(2)

The majority were nurses 23% (52), followed by psychologists 10% (22).

18% (41) stated they would be interested in becoming an autism champion for their team/service.