Consistent data patterns across patient demographics (age, gender, urban/rural location).

Consistent data patterns across clinical settings and Health Boards.

Conclusion. There is large appetite for VC in Wales, with high potential of sustainability and long-term use beyond COVID-19. The service is now working with clinicians, patients, carers and policy makers to explore the long-term use and sustainability of video consultations in Wales

Royal Australian and New Zealand College of Psychiatrists mood disorders clinical practice guidelines update

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Aims. To provide guidance for the management of mood disorders, both depressive and bipolar disorders, based on scientific evidence supplemented by expert clinical consensus.

Background. It is the EIT responsibility to monitor a patient's physical health and the effects of anti-psychotic medication for at least the first 12 months.

Method. The update has been developed in a consistent manner to the 2015 guideline. The composition of the working group has remained largely the same as has the process to evaluate the evidence and synthesise the findings. To approach the update, the working group identified areas within the 2015 guideline where significant changes had occurred, for example the development of new therapies or where thinking and practice have changed and new ideas have emerged. Recommendations were reviewed in light of any new findings and evidence. As only some sections of the 2015 guideline have been updated/revised, the time taken to develop the update has been considerably shorter. Public consultation and peer review informed the final version.

Result. This led us to review the mechanism in the team for arranging and reviewing these investigations.

Conclusion. The mood disorders clinical practice guideline update addresses both depressive and bipolar disorders. It provides up-to-date recommendations and guidance within an evidence-based framework supplemented by expert clinical consensus.

A quality improvement project (QIP) to address communication and safety concerns from the on-call team at the Bethlem Royal psychiatric hospital out-of-hours through the introduction of weekend safety huddles

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Aims. There have been long-standing concerns about communication and safety on the Bethlem site out-of-hours due to its size, acuity and the number of specialist services; these issues were exacerbated by the COVID-19 pandemic. A Quality Improvement Project was designed to address communication and safety concerns from the on-call team at the Bethlem Royal psychiatric hospital out-of-hours through the introduction of weekend safety huddles.

Method. Daily weekend safety huddles were introduced to improve communication regarding workload, acuity, new admissions, seclusion reviews, deteriorating patients; and to improve team cohesiveness and trainee support out-of-hours.

The QIP team involved the deputy medical director, the associate director for speciality units, consultants, the college tutor, specialty registrars and core psychiatry trainees. Prior to initiating the huddles, the QIP team met to decide which specialties to involve, to agree on an agenda and liaise with other sites regarding existing huddles. Once the huddles began in April 2020, the team met periodically to agree next courses of action and to troubleshoot. The huddles initially involved acute services and eventually included CAMHS, Forensic, Older Adults, Specialist Units, all on-call consultants, the on-call registrar, two core trainees, the psychiatric liaison manager and the duty senior nurse.

Result. Data were gathered throughout the QIP using Likert scale surveys which were sent to all junior doctors on the out-of-hours rota. Paper surveys were used initially but were later replaced with Microsoft Forms to ensure anonymity.

The percentage of respondents who answered "most of the time" or "all of the time" increased across all parameters when comparing data from before and after implementation of the safety huddles.

These results included improvement in: understanding of workload and acuity (9% before vs 69% after), discussion of new admissions on site (4% before vs 90% after), discussion of patients with deteriorating mental health (35% before vs 90% after) and physical health (22% before vs 83% after), understanding of number of patients in seclusion (61% before vs 93% after) and feeling part of a cohesive "on-call" team (17% before vs 86% after). In addition, the results suggested a reduction in frequency of safety concerns on site (83% answered at least "sometimes" before vs 62% after).

Conclusion. The results of the final survey demonstrated a measurable and positive impact on communications between the out-of-hours team, improved team cohesiveness and a reduction in safety concerns. The lessons learnt also influenced decisions made in formatting safety huddles at other trust sites.

A quality improvement project to increase patient feedback in the psychotherapy department, Tavistock Clinic

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Aims. A rigorous and systematic patient feedback system is important for identifying gaps, improving the quality of care and encouraging patient involvement in service delivery. In the Adult Complex Needs Service of the Tavistock Clinic, a tertiary psychotherapy centre, only 5% of patients have provided feedback when requested. This Quality Improvement (QI) project aimed at improving the return rates of the Experience of Service Questionnaire (ESQ) and the CORE Outcome Measure by 10% within a year.

Method. The QI methodology was used to help identify factors contributing to the low response rate, including views amongst stuff about how such feedback, and the method of its delivery, might affect a psychoanalytically-informed treatment. Previously these forms were posted or handed out in person. In the first Plan-Do-Study-Act (PDSA) cycle, the method of distribution was changed by sending out the questionnaires to patients electronically, using an online survey platform. In the second PDSA cycle, the