Aims. With increasing awareness and reduction of stigma associated with Mental Health issues, referrals to services are increased, pushing specificity of commissioning and therefore declining patients of services when referrals are inadequate. Standards would be improved by better inclusion of information necessary for the Single Point of Access process (SPOA) in the Bolsover Community Mental Health Team (CMHT) to make prompt, effective decisions on allocating care.

A Quality Improvement project in a Mental Health Team was devised to improve standards, and acceptance rate, of appropriate referrals to the Bolsover CMHT from General Practitioners (GPs). This would encourage GPs to refer patients whose mental health difficulties do not meet CMHT thresholds to alternative services. A higher acceptance rate and lower rejection rate would indicate that the proportion of suitable referrals had increased.

Methods. Using the Plan, Do, Study, Act (PDSA) model, Driver diagrams were used to create a template with the crucial information necessary for GP referrals to psychiatry/SPOA. Data were collected to check aims of the referral, sufficient information of the presenting complaint, personal & family history, safety concerns, protective factors, comorbidities, medication and substance misuse. The outcome of each referral was recorded and categorised as either Community Psychiatric Nurse Assessment, Outpatient Appointment, Referral Rejected, Referred Elsewhere or No Patient Response.

All referrals in September and October 2021 were analysed to assess whether enough information had been included for each variable. The September and October data were compared to check if the template had been associated with improved quality of referrals.

Results. Pre-template, 17.4% of referrals were accepted, 13.0% received a SPOA assessment, 17.4% were rejected, 39.1% were re-referred elsewhere and 21.8% did not respond to the CMHT. After the template was circulated, 28.0% were accepted, 36.0% received a SPOA assessment, 4% received joint Doctor-SPOA care, 8% had a medication review and 12% were waiting for an MDT decision when data were analysed. The results for SPOA assessment and rejection were statistically significant ($p < 0.05$), while results for other outcomes were not.

Information on presenting complaint (82.1% to 100%, $p < 0.05$), personal history (39.3% to 92.3%, $p < 0.05$) and aims (50% to 88%, $p < 0.05$) increased, while other information did not change in a statistically significant manner.

Conclusion. The template led to an increased proportion of accepted referrals and a decreased proportion of rejected referrals. However, information on variables did not necessarily improve in the same manner. The template is useful to improve decision-making in SPOA.

Improving Efficiency and Quality of Handover in the Mental Health Liaison Team (MHLT): A Focus on Achieving Team Buy-In

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Aims. To Reduced Mental Health Liaison Team (MHLT) handover time to less than 30 minutes within one month and to improve the quality of handover. The non-medical staff have been part of the team for many years, whilst medical staff have recently changed or are on short rotations. Previous changes have not been well sustained. Much of the initial enthusiasm for this project was coming from the medical staff members. We felt that it was important to fully explore the driving human factors to achieve sustainable buy-in.

Methods. The total period of the project was 7 weeks. First two weeks were used for daily baseline data-collection and informal and formal discussions with team members to formulate driver diagram and change ideas. Two "Plan, Do, Study, Act" (PDSA) cycles with two intervention points at week 3 and week 4.

Results. Key human factors identified in the MHLT were burnout and emotional fatigue, core team values (cohesion, flexibility, and camaraderie), and disillusion with authority and imposed change. Contributing factors to burnout and emotional fatigue were long and short-term staff sickness, chronic under-staffing, and systemic changes in the general hospital due to the COVID-19 pandemic. The human factors were used to guide key decisions in methodology and creation of change ideas. These decisions included: Avoidance of surveys and questionnaires (staff request), limiting the total number of changes, any additional administration to be undertaken by medical staff, and avoiding a rigid handover system. Following 2 PDSA cycles, there were improvements in average length of handover from 44 minutes (2-week baseline data) to 30 minutes (4-weeks post second intervention). When compared to the baseline data there were also improvements in the average number of interruptions (7 vs 2), availability of key information (69% vs 92%), allocation of staff member (80% vs 95%) and allocation of review date (83% vs 95%). No difference in the average number of patients for handover discussion between 2-week baseline data (15) and the 5 weeks after (15).

Conclusion. The aims for the Quality Improvement Project were met and a plan has been set to re-audit in both 6 months and 1 years' time to test sustainability of change. Sudden illness and effects of the COVID-19 pandemic have led to short and long-term staff shortage, contributing to burnout and emotional fatigue. Attention to the unique human factors involved in team dynamics and staff morale can help achieve buy-in and real change.

A Quality Improvement Project on Improving Electronic Prescribing System in an Adult Mental Health unit

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Aims. Medication tasks are an integral part of a junior doctor's job. However, these can often be timely and use hours that could be spent doing other therapeutic work, especially due to the cumbersome nature of SystmOne. Our aim was to review the amount, type, and time spent on medication tasks and evaluate ways in which the system could be made more efficient and time effective, to release doctors to complete other clinical ward activities.

Methods. We used prospective data collection, with two ten-day cycles carried out across the 46 bedded adult mental health unit (AMHU). Data were collected by all junior doctors working on the AMHU and every medication task was recorded on a designated document at the time of completion. This included data

such as time the task was created, related ward, sender, type of task, amount of medications per task and minutes taken to complete.

Results. During the first ten-day cycle of data collection, we found that collectively we spent 21.5 hours completing medication related tasks. 10 hours were spent ordering medications, seven of which were ordering ward stock. Tasks involving completely re-prescribing the medication for the action to be completed took 12.6 hours. The data showed that 42% of tasks were completed on Mondays.

Following cycle one we discussed the data with the AMHU pharmacy team, ward managers and consultants. Subsequent alterations were made to the stocklists for the wards, ward timings were aligned and a collective tasks system created to reduce duplication of tasks.

During the second cycle of data, in total 16 hours were spent on medication tasks. There was a total of 7.45 hours spent ordering medications, 3.35 hours were ordering ward stock. Re-prescribing tasks took 9.7 hours.

Conclusion. From the results of the second cycle of data we can see the recommendations from cycle one have been effective in reducing the amount of time spent ordering medications by 25.8%. This highlights the importance of regularly updating the stocklists and utilising MDT working to maximise efficiency. We also confirmed that Monday was the heaviest day for tasks, which should be considered for staffing. As 46% of overall time was still spent ordering medications, we presented this data at the medicines management committee. Following this, recommendations have been taken to SystmOne for IT system alterations to improve efficiency of the system and allow junior/trainee doctors to focus more time on the clinical care of patients and learning.

Sustainable Prescribing in Secure Services – a Quality Improvement Initiative

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Aims. In 2021 The Department of Health published a report into the safer use of medicines in health and justice mental health services, advocating sustainable prescribing as a way of improving patient care and reducing carbon emissions. Improving prescribing behaviour could lead to a reduction of 170,000 kg CO2e per year across England, along with cost savings which contribute to higher value service provision and improved service user experience. We aim to evaluate and improve the prescribing of antipsychotic depot and 'as required' (PRN) medication in a male secure unit.

Methods. Baseline data were gathered from the patient population in a male secure unit (1 low and 2 medium secure wards, total 50 beds) in December 2021. This included the number of patients prescribed a depot, the type of depot prescribed and whether or not these were administered at the longest evidence-based interval. As part of a wider trust initiative "prn" medication was moved to a fortnightly review cycle to ensure medication was used for as short a duration as necessary. Over a six-week period medication rationale was analysed and discussed with the Responsible Clinician for the service user to optimise prescribing. Data collected following this intervention was compared with baseline results.

Results. The project found that 26 patients in the service were prescribed an antipsychotic depot in December 2021. In this group 17 (65%) were prescribed their medication at the longest evidence-based interval. Of the 9 (35%) that were not, 5 had clinical reasons why a change would not be appropriate at present, however it was agreed this could be considered later in their pathway. Of the remaining service users, two had their dose of medication reduced and their prescribing interval increased. "As needed" (PRN) medications of 15 patients were evaluated; 9 (60%) had medications prescribed which were not in use (4 patients had 3 or more prescribed not used within 2 weeks). Following intervention this reduced to 2 patients, both of which had only 1 PRN medication which required review.

Conclusion. Deprescribing can have a significant impact on patient care and safety and can reduce the environmental impact of a service. This project demonstrated the advantages gained from regular medication reviews and taking into consideration dose and administration interval when prescribing antipsychotic depots. Using protocols for prescribing as needed medications, a structure for reviewing prescriptions, collaboration with patients and utilising patient group directions where appropriate can all aid in improving prescribing sustainability.

Open Mental Health: A Mental Health Eco System Developed in Collaboration With Communities

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Aims. Somerset drew upon the Community Mental Health (MH) Service Framework, and local experience and recognised that too often service user experience of mental health was beset with artificial barriers, gateways and eligibility with people sometimes needing to deteriorate before they got the vital support they needed. In addition, we recognised that the gap between secondary care and primary care was experienced by service users as a "cliff edge". The radical redesign of mental offers in Somerset aimed to deliver an experience of "no wrong door" and where, via a partnership between health, social care and Voluntary, Community and Social Enterprise (VCSE), people's needs could be met; both in terms of specific mental health offers as well as tackling the wider determinants of mental ill health.

Methods. OMH was launched early 2019, just before the pandemic, and so traditional project methodology did not always apply. Instead all partners focused on standing up the offer at pace in order to support the population within Somerset with the emotional and psychological consequences of the pandemic, and any pre existing challenges. The model was co-produced with Experts by Experience significantly contributing to the shape of the offers.

The model developed comprised of two key facets:

- A mental health offer, where the needs of individuals, families and carers are met by a range of health, social care and VCSE partners (including the wider determinants of mental well being such as finance / housing)
- A mental health eco system developed in collaboration with communities (including underserved communities), where support is available throughout geographical communities and communities of identity.

Results. The project has delivered both quantitively and qualitatively. Over 4100 additional appointments are offered to people in Somerset per month and reported outcomes and evaluation has been very positive. Work is underway to collate further Patient Related Outcome Measures. Following a Realist