

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

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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

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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.