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

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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 PDSA 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

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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

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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