

pathways within the developing alliance with General Hospitals, increased 'visibility' for training and research opportunities, improved patient satisfaction and improved CQC standing.

Introducing an MDT Morning Huddle on an Adult Inpatient Unit During the COVID-19 Pandemic

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Aims. This quality improvement project aimed to introduce a staff communication tool, 'the morning huddle', to Goddington ward (Green Parks House, Oxleas NHS Foundation Trust). The huddle's purpose was to share key information between members of the ward's multidisciplinary team (MDT) regarding patient risk, diagnosis, mental state and treatment progress.

Methods. The project team worked with the Oxleas Quality Improvement (QI) team to create a structured huddle with agreed goals that commenced at 9am each morning. The team sought views from ward staff on the existing communication process before implementing the huddle via a series of weekly questionnaires. The morning huddle was introduced on 26th May 2020 and all members of the team were invited (including the ward consultant, junior doctors, ward manager, nursing staff, healthcare assistants, psychologists, occupational therapist, and ward administrator).

Following multiple PDSA (Plan, Do, Study, Act) cycles, the team further refined the morning huddle into a meeting with a set template that included COVID-19 test results, psychiatric risk concerns, medication adherence, and barriers to discharge. The project team also timed the huddle, aiming for it to last a maximum of 30 minutes. A questionnaire was distributed to ward staff weekly after the huddle was implemented to ascertain their views on the process. Data collection for the project ended on 2nd August 2020.

Results. The project's main outcomes were based on two questions from the weekly staff questionnaire:

1. "How effective did staff members find the morning huddle in addressing their concerns about patients and promoting safety of patients and staff?"

This improved over the course of the project, starting with 20% of staff finding the huddle "good" or "very good" in its effectiveness to 77% finding it "good" or "very good" in the final questionnaire.

2. "How effectively do staff feel that their concerns about patients are addressed by the rest of the team?"

This also improved, starting with 40% of staff selecting "well" or "very well" to 100% in the final questionnaire.

Conclusion. Goddington ward introduced a huddle that was valued by the entire MDT. The huddle improved how well staff felt their concerns about patients were addressed and a noticeable improvement in team morale was observed. While the project succeeded in implementing a huddle that staff appreciated, patient outcomes also need to be considered in future

Improving Standards of Physical Health Care of Patients in Secure Mental Health Hospital

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Aims. Evidence suggests that individuals with serious mental illness (SMI) die up to twenty years prematurely compared to the average population without SMI with the main causes of death linked to preventable cardiovascular disease, respiratory failure, and endocrine disorders. This early mortality remains despite national efforts to recognise the issue and promote development of processes to enhance quality of physical health care in patients with SMI. The National Institute for Health and Care Excellence (NICE) clinical guidelines (CG178) recommendation 1.5.3.5 states that healthcare professionals in secondary care should ensure individuals with SMI receive physical health checks from primary care. This idea may be suitable for patients in the community setting or those who undergo shorter hospital admissions, however the process of psychiatric rehabilitation in secure mental health hospitals is challenged by long average stays resulting in no access to routine primary care facilities. The aim of the project is to introduce tailored measures that would aid in delivering high quality physical health care to patients within secure mental health hospitals.

Methods. Ravenswood House Medium Secure Hospital supported a project to improve the physical health of individuals with SMI. An audit was completed to evaluate the assessment and management of baseline physical health measures that would have usually been completed in primary care as per the standards set out in NICE guidelines. The results showed that not all measures were being met and there was room for improvement.

Based on these NICE recommendations, an annual health check template and a centralised documentation toolkit were implemented and integrated within a new Physical Health Care Pathway in collaboration with General Practitioners, Dentists, Physiotherapists and other Allied Healthcare professionals.

Results. Following implementation of the Physical Health Care Pathway, the number and quality of annual physical health checks in Ravenswood House Medium Secure Hospital increased resulting in significantly better-quality outcomes for patients by completing appropriate referrals and follow-up care.

Conclusion. This collaborative approach of providing a high-quality physical health care was delivered in-house by arrangement with external healthcare practitioners. This pathway of providing care assisted us in overcoming several challenges faced within secure hospitals due to legal sanctions and related security protocols involving the patient group.

A Quality Improvement of the Identification of Obesity in Patients With Mental Health Morbidity and Referral to Weight Management Services

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Aims. A quality improvement project was undertaken to counteract obesity in patients with mental health morbidity. The exponential trend of increased antidepressant prescribing (SSRI, SNRI and anti-psychotic medication) has created a trend towards weight gain in patients. An audit of the Serious Mental Illness (SMI) register and depression registers was conducted in a population of 591 patients. Those patients identified as obese were offered referral to the local authority weight management services.

Methods. Patients have a body weight and BMI calculation with their twice yearly mental health and medication review and those whose BMI met the obesity criteria were offered referral to the local authority for 12 weeks weight management services.

Results. Of the SMI and depression register 189 (32%) patients met the criteria for referral to the weight management program. Of these 154 (81%) patients accepted the local NHS weight management program, 35 (18%) of patients declined the NHS weight management program.

Conclusion. Weight gain is a known side effect of antidepressant medication SSRI and SNRIs and Anti psychotic medication resulting in increased risk of obesity and cardiovascular and metabolic disease. The QI program was undertaken to counteract these changes with referral to weight management services to address the weight gain the patients were experiencing.

This quality improvement service was done to help patients across three surgeries lose weight in an effective and educational manner. We found a high rate of acceptability of referral to weight management services when offered as patients themselves were aware of the weight gain. A review of positive changes in the BMI after referral to the weight management program will be undertaken at 6 and 12 months to evaluate its acceptability and effectiveness. We advocate sensitive counselling of the risks of weight gain and regular monitoring of body weight throughout the span of the prescribing of these weight gaining agents.

Clinical Re-Audit of Assessment and Recording of Venous Thromboembolism (VTE) in Patients With Confirmed COVID-19 in Forensic SIS (Secure Inpatient Services)- 2020/2021

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Aims. 1. To assess quality of VTE risk assessment and recording; particularly to look at the impact of COVID-19 on VTE (Venous Thrombo-embolism). 2. To ensure VTE criteria have been adhered to from Tees, Esk and Wear Valleys NHS foundation trust 2019 " Risk assessment for Venous Thromboembolism (VTE) (Ref: CLIN-0085-v 1.2) Specifically, due to additional risks posed by COVID-19 on increase in risk of VTE.

Methods. The Audit was conducted in Secure inpatient service in Teesside, Roseberry Park Hospital, TEWV NHS trust audit team.

This was done on the back of a scheduled Quality improvement reaudit of VTE risk assessment and recording review in Forensic SIS.

Results. One of the main results was that VTE risk assessment and recording, post finding of a COVID-19 positive result was less than 100% in the records we checked. Other results are included in the poster.

Conclusion. The main conclusion is the need for increased vigilance in assessment and recording of (and any actions thereof) in

the VTE risks, particularly in those with COVID-19 positive tests.

We propose that this increased vigilance will enhance patient safety and deliver effective and timely care. We highlight some challenges of conducting an Audit and how to embed results and improve practices in a timely manner. This describes how we did both- acted on results and followed process; rather than just one or the other!

Nile Ward PICU Violence Reduction Quality Improvement Project - One Year on

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Aims. To reduce incidents of inpatient violence and aggression at Nile Ward Psychiatric Intensive Care Unit (PICU), St Charles Hospital by at least 30% between December 2019 and December 2021. Reducing inpatient violence is a major quality improvement (QI) priority for CNWL NHS Foundation Trust.

Methods. Nile Ward refined a number of their successful change ideas within this project and a number of new innovative ideas were tested and successfully implemented as part of the Violence Reduction QI Project:

1. Improved risk assessment tool: Risk assessment tool to predict/manage violence in the ward was further improved using evidence based observation and best practice recommendations over the course of 2021.
2. Brand new Staff Photo Board: Regularly updated photoboard with non-hierarchical list of all staff.
3. Patient Feedback Board: Patient experience, comments and feedback displayed in common areas.
4. Co-produced Mutual Expectations: A set of expectations created in co-production with patients displayed in the communal areas of the ward to be followed by both staff and patients.
5. Gardening sessions: A safe socially distanced space for patients to be involved in growing and caring for the Nile Ward garden with our Activities Coordinator, including a brand new herb garden.
6. Tailored Physical Fitness Programmes: Focus on physical activity through garden fitness sessions and 1-1 fitness sessions in the gym. Average weight gain for patients has declined from 4.4 kg to 2.8 kg (39% reduction) during hospital stay. Tailored physical fitness sessions created for patients who are frail, diabetic or have significant cardiometabolic risk factors.
7. Celebrating Diversity: Special events hosted throughout the year to celebrate diversity and promote tolerance.
8. Enhanced Clinical Reviews: Consultant led patient reviews every weekday to optimise treatment and enable quick recovery using a multidisciplinary, holistic, trauma informed approach.
9. Weekly Cooking Sessions: Patient led cooking sessions using healthy ingredients every week. The food is eaten as a communal meal by patients and staff. A 'Friday Fry-Up' takes place monthly where patients and staff share a health fry-up in the ward's dining area.
10. Mindfulness Meditation: A QI intervention introduced to embed mindfulness and meditation as core therapeutic