

<sup>1</sup>East London NHS Foundation Trust, London, United Kingdom and

<sup>2</sup>Essex Partnership University NHS Foundation Trust, Basildon, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.297

**Aims.** To improve the information exchange between oncall junior doctors and ward teams between shifts including outstanding tasks, alerts and prompts to update clinical record systems accordingly (Rio). We aimed for the handover to be circulated to the correct recipients in 95% of cases as well as to improve its content. This would minimise loss of information and improve patient safety.

**Methods.** Handover document set up on MS Teams which is accessed by oncall junior doctors and day teams and can be updated live. Relevant training was offered to trainees during induction. We measured the number of days the document is updated and distributed and also measured the tasks not completed or not documented. We measured doctors' satisfaction via a survey.

**Results.** We found that on average the handover document is updated and circulated correctly at a rate of 94.8% since the new MS Teams system was implemented. Participating doctors' survey showed that they felt that this system is safe and easy to use as well as reliable and more efficient than the previous system. They also noted that the training they received during induction was helpful and sufficient.

**Conclusion.** The digitalisation of the handover process using MS Teams, developed and improved through various PDSA cycles, has resulted in a system which the users find efficient, safe and easy to use. This leads to minimisation of information losses and improves patients' safety.

## QI: Improving Physical Healthcare Recording in a Mental Health Service for Homeless People – Working With KPI's

Dr Hugh Hall<sup>1</sup>\*, Dr Michael Ward<sup>1</sup>, Dr Georgina Wicks<sup>2</sup>, Miss Katarzyna Sulej<sup>1</sup> and Miss Abena Agyapongmaa<sup>1</sup>

<sup>1</sup>College of North West London, London, United Kingdom and

<sup>2</sup>Chelsea and Westminster Hospital NHS Foundation Trust, London, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.298

**Aims.** As a mental health team for homeless people, we are aware of poor health outcomes for our patients. They face the double-hit of chronic serious mental illness (SMI) and homelessness, reducing life expectancy. As outlined in guidance, "secondary care team should maintain... monitoring service user's physical health". We aimed to improve recorded annual physical health checks according to Trust Key Performance Indicators (KPI) for weight; hypertension; diabetes; cholesterol; and screening for smoking, drugs and alcohol on SystmOne (e-patient record) in Westminster's Joint Homelessness Team's (JHT) caseload, with target of 90% by December 2021 set by Central and North West London (CNWL) NHS Trust.

**Methods.** Using monthly physical health KPI reports to target uncompleted annual health checks for JHT's 135 patients. PDSA cycles were used over a six-month period from July 2021 – January 2022.

Intervention 1: Using available GP data to pull across into our records, making use of existing information.

Intervention 2: Dedicated clinical session from FY2 doctor to assess patients with missing physical health checks.

Intervention 3: Specific teaching to whole MDT to increase awareness and uptake.

Intervention 4: Designed our own reporting to give real-time rather than monthly reporting.

Outcomes were measured from monthly Physical Health reports for the active caseload.

**Results.** At baseline only 26.67% of patients had completed recorded health checks. Intervention 1 more than doubled our recordings to 54.17% over a 2-month period. Our second intervention further improved recorded physical health checks.

The third intervention increased our recorded physical health checks to 82.35% over a 2-month period. Notably, at the beginning of our project 7 out of 135 patients, had no engagement in physical health check monitoring, this reduced to 1 after intervention 3.

At the end of our fourth cycle, we had increased our recorded physical health checks to 83.93%.

Overall, results show an improvement of 57.26%, or a relative increase of 3.15 times the amount of recorded physical health checks over 6 months.

**Conclusion.** As a result of incorporating dedicated clinical time, teaching and real-time use of data, we have improved our recorded physical health checks. There is room for improvement with 16% of patients still with incomplete health checks and approximately 10% of patients without blood tests. Some of this is due to accessibility and engagement difficulties for people with SMI and entrenched rough-sleeping, with ongoing work being done.

## Junior Doctors' Enjoyment of Mental Health Placements in Derbyshire

Dr Erum Shahid, Dr Abigail Harlock\*, Dr Abbas Ramji, Dr Ritu Gupta and Dr Vishnu Gopal

Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.299

**Aims.** To assess the job and training satisfaction of junior doctors working in Mental Health placements in Derbyshire; to highlight areas of good practice and identify areas that need improvement to enhance their working experience.

**Methods.** This is an ongoing Cycle of Quality Improvement to address Juniors Doctors enjoyment of work and job satisfaction. On a 25 point questionnaire we sought feedback as open response, graded response and free text. Questions were formulated using suggestions from Royal College of Psychiatrists Supported and Valued Review and BMA Fatigue and Facilities Charter. Advised areas of improvement from the previous 2017 Quality Improvement project were also reviewed and incorporated into the questionnaire design.

All junior trainees (including Core Psychiatry trainees, Foundation trainees, GP trainees and junior trust grade doctors) working between December 2020 to April 2021 in Derbyshire Healthcare NHS Foundation Trust were sent the questionnaire.

Official end of placement feedback from January-December 2020 was also compared to our findings.

**Results.** 15 doctors completed the questionnaire.

Areas of trainee-reported satisfaction included training on management of common psychiatric conditions (73%), weekly teaching sessions (100%), ability to organise leave (100%).

Areas of dissatisfaction included training on management of psychiatric emergencies (40%), poor regularity of supervision (53%),

inadequate access to phlebotomy services (66%), ability to take adequate breaks (66%) and ability to fulfil training requirements (40%).

Discrepancies were noted in responses to similar questions in our questionnaire compared to the official end of placement feedback, with greater trainees answering with negative responses in this project.

**Conclusion.** This project highlighted areas of high satisfaction for trainees and showed specific areas for improvement. Trainees responses have been reviewed with Educators and Trust Management for collaborative solutions, pilot schemes and future QI projects identified.

Observer bias was noted, with greater numbers of doctors answering similar questions negatively when feedback was anonymous, suggesting that they may be giving more honest answers when their identity is concealed.

### Transitioning of the Northwest Learning Disability (NWLD) Academic Regional Teaching Forum (HEE-NW) to a Virtual Programme With Enhancement of Medical Education for Trainees, Trainers and MDT Professionals During the COVID-19 Pandemic- a Quality Improvement Project - QIP Project Lead & Organiser -NWLD - Dr Syeda Hasan- Northwest HEE

Dr Syeda Hasan\*

Pennine Care NHS Foundation Trust, Manchester, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.300

**Aims.** Despite the challenges posed by the pandemic, several resourceful initiatives were implemented, across the educational landscape. As the lead organiser of the academic forum the expectation was to develop a format for on-line monthly academic teachings with streamlining further innovative ideas of change to best effect. The key objective of this QIP, is to use virtual platform to establish an educational forum that is efficient, safe, reliable, easy to use and replicable

#### Methods.

- A zoom based online forum was convened using QI framework to identify gaps in the programme along with new ideas of change.
- The attendees experience new innovative practices within the programme format, in line with the original NWLD forum programme.
- A 'think-group' consisting of the previous NWLD forum lead, ID training programme director and higher trainee facilitators proposed ideas towards a varied educational topic bank, in line with the ID curriculum
- Qualitative feedback from the forum members collected at baseline and regular intervals.
- As part of the implementation of these actions, conducted workshops evaluating the impact of COVID-19 on Educational, Psychological and Clinical landscape

#### Results.

- There were 18 virtual sessions, 5 CPD hours per session, conducted monthly.
- 9 sessions in the first PDSA cycle from June 2020 - Feb 2021, and 9 sessions in the second PDSA from March 2021- November 2021.
- Impact of COVID-19 workshops & Complex case management workshops conducted in the first and second PDSA cycle as part of the monthly academic programme.

- Participants for the academic regional teaching included Consultant Psychiatrist, higher trainees, Core trainees, Foundation doctor, specialty doctors, Medical Students and MDT professionals.
- New members regionally, nationally and internationally became part of the academic programme both as attendees and as speakers along with the Chair of the ID Faculty.
- The academic programme helped with educational and training needs. It helped in improving social participation for our members during COVID-19 pandemic.
- Qualitative feedback has been collated and analysed. The feedback contains a wealth of comprehensive information that has been used to enhance the programme and training needs for the trainees and trainers.

#### Conclusion.

- The program is well-received and led to knowledge, skill, and attitude improvements.
- The depth analysis of the feedback has facilitated a targeted approach that has brought a meaningful improvement, in the quality of training and education.
- Audience participation and engagement remains a key area for improvement.

### A Quality Improvement Project (QIP) Within the Bolton Learning Disability (LD) Team (Greater Manchester Mental Health Trust) Aiming to Enhance Communication Among Multi-Disciplinary Team (MDT) Professionals and Wider Stakeholders, for the Purposes of Enhanced Care Delivery and Improved Patient Outcomes During COVID-19 pandemic. Project Lead: Dr Syeda Hasan

Dr Syeda Hasan<sup>1\*</sup>, Dr Rachel Moir<sup>2</sup>, Miss Jessica Neary<sup>2</sup> and Dr Rupa Gupta<sup>2</sup>

<sup>1</sup>Pennine Care NHS Foundation Trust, Manchester, United Kingdom and <sup>2</sup>Greater Manchester Mental Health Trust, Manchester, United Kingdom

\*Presenting author.

doi: 10.1192/bjo.2022.301

**Aims.** This QIP aims to improve communication and information sharing between the community LD team, administration team, service providers and wider stakeholders, to ensure patient safety. The primary objective is to evaluate local initiatives to improve communication between MDT professionals and wider stakeholders. The secondary objective is to improve patient safety and staff satisfaction.

**Methods.** The COVID-19 pandemic created unprecedented communication challenges within the workforce and highlighted areas requiring review; this included information sharing among internal and external teams, collaborative teamworking, support in absence of senior clinical leadership and transition pathways from Child and Adolescent Mental Health Services to adult LD services. The QIP was initiated in March 2021.

The discovery process included an initial consultation exploring practitioners' experiences, areas for development and to share ideas for good practice.

We used QI methodology, following 'plan-do-study-action' cycles, to analyse change. Change ideas included a single point of contact for internal and external queries, regular complex case management meetings, development of a referral process and clinical review for complex cases along with teaching sessions.