

with cervical screening amongst psychiatric inpatients is less than the general population. Admission presents a crucial contact between patients and healthcare services and this could be utilised to engage patients in physical health screening. Cervical screening history could be checked upon admission and patients not adequately screened, assisted to make an appointment on discharge.

Quality improvement project: delirium awareness and training in coventry memory services

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Aims. By way of Quality Improvement, this project aims to identify awareness levels, deliver a brief training and thus increasing the confidence of Memory Assessment Clinicians in detecting delirium.

Background. People with dementia are at greater risk of delirium, and the acute confusion associated with delirium may be mistaken as part of their dementia. Despite having an estimated prevalence in care homes of 14.2% in the UK, delirium is under-recognised. Memory Assessment Clinicians may have low confidence in identifying and have low awareness of delirium despite being tasked with a triage and diagnostic role in dementia assessment. NICE has recently updated the guidelines on Delirium in March 2019 with recommendations on prevention and treatment of Delirium.

Method. We delivered a survey pertaining:

- (a) Awareness of Delirium NICE Guidelines
- (b) Confidence in spotting Delirium

We used convenience sample of Memory Assessment Clinicians in Coventry. Overall, this survey was uptake by 17 clinicians. The pre training survey was done in early October 2019 and the post training survey was done shortly after the training, at the end of October 2019.

A brief training comprising NICE Guidelines and using Confusion Assessment Method (CAM) was delivered. The survey is repeated post training and differences in result of level of confidence is done to measure changes. The survey assessed knowledge, beliefs, practices and confidence level regarding delirium detection.

Result. Pre training:

17 clinicians took part in the survey. 59% was aware that there is a delirium NICE guidelines. 12% felt strongly agree, 41% agree and 47% felt neutral in their confidence of detecting delirium.

Post training:

10 clinicians took part in the survey. 50% felt strongly agree and 50% agree that they are confident in detecting delirium.

Overall, the mean difference is 2 and the p value is 0.92034. we used Mann-Whitney Test to measure the difference in pre and post training which showed not significant at $p < 0.05$.

Participants felt that the training was useful and relevant to practice.

Conclusion. This study showed our clinicians have a good basic knowledge in detecting delirium. As a result of this study, we have created 'Delirium checklist' and Confusion Assessment Method (CAM) to be used during duty work. We also feel that the majority of delirium cases referred to us comes from the community base, thus our next step of the project will be to involve educational work with the community care home.

Patient experience survey for community drug and alcohol service users in hospitals

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Aims. To explore and monitor experience of hospital care provided to patients of Stoke Community Drug and Alcohol Services (CDAS) and Edward Myers Unit (EMU; detox inpatient based unit).

Method. The sample was collected from patients who attended face-face clinics at CDAS and patients living in Stoke-On-Trent who were admitted to the Edward Myers Unit. The survey pertains to four locations, which include Royal Stoke Hospital, A + E, Harplands Hospital (Mental Health Unit), and EMU.

We collected data of over two months from September–November 2020. The cohort of patients from CDAS included new presentations or restart Opioid Substitution Treatment (OST) clinics and people known to the alcohol team at CDAS.

We delivered a survey pertaining to experience of hospital care in the last 12 months. This includes treatment at A&E Royal Stoke Hospital, any of the wards at Royal Stoke Hospital, Harplands Hospital and Edward Myers Unit.

Result. The uptake for the survey was 53/83 (64%) at CDAS clinic and 23/44 (52%) at Edward Myers Unit. The sample comprised more men than women. The majority were aged 31–40 years. Most common substances used were alcohol.

Majority of patients has been admitted to the general hospital, either in the ward or seen at A + E. Most people were very satisfied with their treatment in all four locations. This include withdrawal symptoms, pain, mental health, and discharge plan. There were diverse reasons given of the satisfactory scores. EMU seems to have the best overall scores comparatively to the other units, with Harplands Hospital seems to be doing worse.

The free text comments revealed that the staffs' courtesy, respect, careful listening and easy access of care was particularly the strongest driver of overall patient satisfaction. Patients look for supportive relationships, to be involved in treatment decisions, effective approaches to care, easy treatment access and a non-judgemental treatment environment. In some aspects, patients were dissatisfied with pain management, longer waiting times and inability to treat them as equal to non drug/alcohol users.

Conclusion. On objective measures, patients were satisfied with treatment received, however, some has point out their dissatisfaction, particularly in the mental health setting. This project calls for greater attention and support for addiction service provision in emergency departments and hospital wards. Although these findings do not represent the views of all patients in SUD treatment, findings give insight into the ways treatment providers, service managers and policy makers might enhance the patient experience to improve patient treatment prognosis and outcomes

Implementing out of hours MDT safety huddles at the Ladywell Unit, Lewisham, South London and the Maudsley (SLAM) NHS Foundation Trust

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Aims.

- For 100% of patients admitted OOH (Friday 5pm – Sunday 9am) to have a multi-disciplinary review of their treatment
- For 100% of patients with deteriorating physical and mental health to be discussed
- To improve multi-disciplinary team (MDT) morale, working relationships and team cohesiveness OOH

Background. In most specialties, the standard of best practice is that patients admitted to the ward out of hours (OOH) receive a senior review over the weekend. However this does not usually take place in Psychiatry, and patients routinely wait until Monday to be seen by the ward team. This has been highlighted as problematic in cases where patients are agitated and not receiving any treatment for > 24 hours.

We trialled a weekend teleconference safety huddle in Lewisham involving the on call consultant, registrar (SpR), core trainee (CT) and duty senior nurse (DSN).

Method. The weekend huddles were through a teleconference line, with participants dialling in at 9.45am.

Issues discussed:

- 1) Management plan for newly admitted patients OOH.
- 2) Plan for patients with deteriorating mental health or escalating level of aggression.
- 3) Plan for patients with deteriorating physical health.

Feedback was collected from CTs, SpRs and consultants focusing on whether the huddle made any difference to the speed of care, cohesiveness of the OOH team, and whether it was generally helpful or not.

Result. 54% of CTs (n = 11) felt that patients admitted OOH had an MDT review, and 90% felt that patients with deteriorating mental and physical health were discussed and a plan put in place. 80% of CTs, 63% of SpRs (n = 8) and 67% of consultants (n = 6) agreed it improved team cohesiveness. 90% of DSNs felt safer and more supported in decision-making OOH.

80% of CTs, 63% of SpRs and 83% of consultants found weekend huddles helpful.

Data were also collected on violent incidents OOH, and there was a slight reduction in the number of violent incidents in the weeks following introduction of the huddle.

Conclusion. Introducing safety huddles in Lewisham has facilitated the prompt discussion of the management of patients admitted OOH, and of those with deteriorating mental and physical health. It has also fostered a greater sense of cohesiveness in the MDT team.

In light of this feedback, safety huddles have now been established as part of the weekend schedule in Lewisham, and are being rolled out to other boroughs within SLaM.

Trust-wide improvement and standardisation of the medical handover

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Aims. Primary: To improve the quality of medical handover by increasing trust-wide completion rate for agreed quality standards from baseline to 80% by July 2019

To standardise the medical handover across all 5 boroughs within the trust by July 2019

Secondary: To separately assess the completion rate for new patient checks in relation to baseline

Background. Not only is there a recognised variation in the medical handover across Pennine care foundation trust's (PCFT) 5 boroughs (Tameside, Rochdale, Bury, Oldham and Stockport), but there also appears to be diminished adherence to quality standards to a varying extent. This was shown to result from a combination of human factors and process errors consequently leading to near-miss clinical incidents. This project was therefore designed to highlight and address these issues in order to promote patient safety.

Method. Having identified the problems and agreed on quality standards, baseline data were gathered through May 2019 with the primary outcome measure being the percentage completion rate for quality standards across all handovers. Changes were made to the handover document in June 2019 followed by introduction of a new handover document and post-intervention data collection through July 2019. Doctors' satisfaction with the new handover document using a typical 5-level Likert scale was measured using a trust-wide online survey.

Result. Our results showed a considerable Trust-wide improvement in the completion rate for agreed quality standards from 54% at pre-intervention to 77% at post-intervention with all 5 boroughs demonstrating improvement to varying extents. This is noted to be reasonably close to the project aim of improving the completion rate from baseline to 80%. With regards to new patient checks, there was a marginal Trust-wide increase in completion rate from 53% at pre-intervention to 56% at post-intervention. Additionally, the trust-wide online survey measuring doctors' satisfaction with the new handover revealed a majority (82%), either strongly agreed (27.3%), or agreed (54.6%), that the new handover document has improved the overall quality of handovers.

Conclusion. Trust-wide standardisation of the handover has now presented the opportunity to benchmark boroughs within PCFT against one another in terms of adherence to quality standards and alignment with best practice relating to patient safety. While substantial improvement may have been made in the overall quality of handovers across the trust, the inter-borough disparity in the extent of improvement identified gaps for future follow-up or related projects.

Research

The impact of COVID-19 restrictions on the presentation of self-injury: experience at a tertiary centre

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Aims. The national lockdowns due to the COVID-19 pandemic, have had a considerable effect on mental health, with reduced access to social interaction through work and leisure activities, and increased barriers to community mental health services.

This study aims to evaluate how the presentation of patients with self-injury has changed during the first national U.K. lockdown, at a Plastic Surgery Tertiary Referral Centre in the East of England.

Method. Retrospectively recorded data from 23 March 2020 to 31 December 2020, spanning the duration of the first two lockdowns