leading the QI project. Thirty-six percent (22/61) of those booked into the clinic, of which 82% attended.

Substance misuse ward: Over 15 weeks, 85% (82/97) of patients admitted to the substance misuse ward were considered, deemed eligible and offered a space in the clinic at admission, of whom 15 accepted and 4 attended.

Conclusion. Nearly half of GAP inpatients were eligible to attend, with the total likely to be higher over time, as mental state improved. A high level of demand was demonstrated for SRH services in this population, where research also suggests a higher level of need and lower levels of access.

During weeks when the QI leads were absent, it was not recorded that any patients were considered at ward rounds or rapid rundowns. It was difficult to implement a process for this whilst the clinic was still at the pilot stage. The incorporation of a reminder into the ward round template would ensure that this is always considered.

A very high proportion of substance misuse patients were eligible for this clinic, highlighting higher levels of capacity. The main challenges for attendance were a high discharge rate, presence of withdrawal symptoms, and extensive passes off the ward.

Standards of In-Patient Medical Seclusion Reviews

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Aims. Seclusion is a method used by mental health teams around the world to manage aggressive and disturbed behaviour in psychiatric patients in situations where there is immediate risk of harms to others.

A quality improvement project was carried out over two hospital in-patient sites containing 6 wards to see if seclusion reviews were completed safely and documented appropriately according to the guidelines set out by South West Yorkshire Mental Health Trust and the Royal College of Psychiatrists.

Methods. The quality improvement project was carried out to first audit data to see if seclusion reviews were being done to the local guidelines and standards set by the Mental Health Legislation and Royal College of Psychiatrists. This was followed by training junior doctors and reauditing date to see if any improvements were observed.

A retrospective quality improvement project was conducted assessing medical seclusion reviews carried out by on-call junior doctors between November 2022 and January 2023. Data was initially collected retrospectively spanning over a period of 4 weeks over the month of November 2023 including the analysis of 30 seclusion reviews. These results were presented as an audit to doctors and managerial staff at the end of November. Post training seclusion review data was collected over a period of 4 weeks over January 2023.

Results. An overall improvement in 7/9 domains. The biggest improvement (54% rise) was checking for side effects and EPSEs which was only documented 4/23 times in the first pre-training run. 18% improvements were also noted for assessing and documenting if the patient had any distress or pain, clinical appearance in terms of the cardiac domains such as perfusion and colour of the skin and also their level of orientation in place person and Glasgow Coma Score.

The only two domains in which an increase was not observed was to document if seclusion should continue and justification for why this is the case. These two domains were already at 100% and the System 1 seclusion review template prompts doctors to do this at the end of the review which is possibly one of the reasons it was done well both before and after the training.

Conclusion. A great deal of interest and feedback was garnered and the idea was agreed that a further audit could be carried out after providing training for the current doctors and to gather post-training medical seclusion review data for comparison.

Improving Equity of Access for Women Admitted to a Psychiatric Mother & Baby Unit in Kent

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Aims. Rosewood Mother and Baby Unit (MBU) aims to provide inpatient psychiatric care to women with severe mental illness in Kent, Surrey & Sussex (KSS) in UK. Data from admissions during 2022 demonstrated discernible inequalities in admissions. A quality improvement project was undertaken to improve equity of access for admission of women with severe mental illness to Rosewood MBU, specifically, those under 18 years old, black and minority ethnicities, and across counties in KSS. The aim was to improve quality of care and patient experience for vulnerable groups across all ethnicities, not limited to their location or age.

Methods. Baseline data of MBU admissions in 2022 was collated, including demographics, age, origin of referrals, diagnosis, ethnicity, length of stay, parity, previous MBU admissions, safeguarding concerns.

The project group, inclusive of an expert by lived experience, presented the data at various network meetings and stakeholder events that helped to share information and gather experiences on barriers to referrals to Rosewood MBU, barriers for women of black and ethnic minority background accessing MBU, differences in service provisions for under-18-year-old women with perinatal mental illness in various counties.

Data for women discharged from Rosewood MBU in 2023 was collated and compared against the findings from the previous year.

Results. In the first half of 2022, there were 20% more women admitted from Kent than Surrey and Sussex combined. This improved following interventions with a better spread of patients across counties in July–December 2023 and a 11% rise in admissions of women from Surrey and Sussex compared with Kent.

There was a greater number of ethnicities and a greater number of women from different ethnicities admitted to Rosewood MBU when comparing 2022 with 2023, and specifically across each of the 6-monthly periods. In January–June 2022, 3 women of non-White British ethnicity were admitted, compared with a 400% increase in July–December 2023 with 12 women. Overall there was 260% increase in admissions of women of Black, Asian, Mixed, White-Other ethnicity in 2023 compared with 2022. Also, in 2023, there were 2 referrals and 1 admission of a women under the age of 18, compared with no referrals in 2022.

Conclusion. Overall, the project demonstrates the positive impact of streamlining referral pathway, fostering collaborative working

and integrating expertise from diverse professionals including experts by experience that can reduce service inequalities and improve patient outcomes.

Quality Improvement Project: Lithium Monitoring in an Older Adult Community Mental Health Team

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Aims. The aim of this project is to improve the monitoring of patients on lithium under the South Gloucestershire Later Life Community Mental Health Team and to clarify the process for this monitoring with the aim of improving patient care and safety. We aim to try to achieve 100% compliance with agreed standards based on NICE and Trust guidelines.
Methods. Following a meeting with team medics we agreed a series of nine standards derived from local and national guidelines. We then used a locally held database of patients on the later life CMHT caseload on lithium therapy to identify our sample and devised a simple audit tool to collate the information. We used Rio electronic health records and ICE blood results to obtain baseline data from June 2022 to December 2022.

We used the plan-do-study-act (PDSA) cycle model for quality improvement. Following analysis of the baseline data, we planned and implemented key changes of the physical health nursing team taking over investigations from primary care and utilising a bespoke database. We also completed an education session for staff. Following these changes, data was collected and analysed from June until November 2023. From the analysis of these results, a further change was planned for PDSA cycle 2 and further data collection is planned.
Results. Results from baseline data showed that six out of eight standards had compliance of < 60%, which included the time-sensitive investigations such as lithium levels every 3 months; kidney function tests every 3–6 months; calcium level every 6 months. Weight/BMI monitoring and documentation of side effects also had poor results. Average compliance across all standards was 57%.

Following the agreed steps to improve compliance, PDSA cycle 1 results showed improvement across the board, with average compliance increasing to 94%. Time-sensitive investigations now had 100% compliance (lithium level, kidney function, calcium level). Areas for improvement remain, namely in weight/BMI monitoring every 6 months and clear action plans for results falling out of range being clearly documented in patient notes.
Conclusion. By working closely with the physical health nursing team to devise a bespoke local database of information and taking over the investigations from primary care, we have shown an improvement across all standards, therefore improving the quality of care and patient safety.

Developing a Tool for Cognitive Screening in an Older Adult Psychiatric Rehabilitation Ward

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Aims. Cognitive disorders, such as dementia, are a possible comorbidity and an important differential diagnosis to consider in older adults admitted to psychiatric wards with a functional disorder. Whilst cognitive assessment tools (e.g. ACE-III) and neuroimaging (e.g. MRI scans) are well established, there is significant variability in how and when they are used, which can result in inconsistences in their use. The aim was to identify the types of inconsistencies that may occur, and to provide a standardised framework in order for these tools to be used consistently on our functional rehabilitation ward.
Methods. This QIP retrospectively assessed data for all patients discharged over a 7-month period between October 2022 and May 2023, from an older adult functional rehabilitation ward. Clinical notes were reviewed to determine whether a cognitive assessment and neuroimaging had been considered, and if so, whether the assessment or investigation was appropriate and completed without delay. Correspondence to the GP or CMHT was reviewed to determine whether this had appropriate information about the relevant cognitive screening completed, and had included an appropriate follow-up plan. Data collected was checked for accuracy through screening by a second clinician, after which a consensus meeting was held to account for discrepancies.
Results. 25 patients were discharged during the 7-month period. 52% were identified as having an issue or delay in their cognitive screening and correspondence; 32% had a delay in completing a cognitive assessment; 32% did not have an appropriate follow-up plan communicated in their discharge summary regarding future monitoring of their cognition; and 8% had a delay in considering or requesting neuroimaging.
Conclusion. Team discussion identified that staff uncertainty relating to the use of cognitive tools and neuroimaging was a significant contributing factor to the issues identified in our results. We subsequently delivered training using a flowchart for doctors, nurses and allied healthcare professionals on the ward, which included information about the benefits and disadvantages of different screening tools and imaging modalities, in order to assist selection of the most appropriate tools on a case-by-case basis. The flowchart included the need for MDT discussion and senior psychiatrist involvement, but aimed to improve team confidence in understanding the rationale for these decisions. Based on the results of our post-intervention data, we will consider adapting the training and flowchart delivered to meet the needs of other older adult services in the trust.

Effective Induction Programme for Higher Specialist Trainees: A Quality Improvement Project

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