Review of Activity Within Unscheduled Care at Royal Cornhill Post-Pandemic

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Aims. We sought to review the changes in assessments within the Unscheduled Care Team (UCT) at Royal Cornhill in Aberdeen since the pandemic. Previous UCT data highlighted an increase in monthly assessments from October 2018 to October 2020 by 18% 240(204). We hoped to identify areas for intervention and reform within the UCT and the wider service.
Methods. An excel spreadsheet was distributed to clinicians on-call from 1st–31st October 2021 and 1st-31st October 2022. Data analysed included time of referral, the role of the clinician, source of referral (Enhanced Access, Acute medical admissions/A&E, Other Hospital Wards, Community Mental Health Teams (CMHT), Police, GP, GMEDS (out-of-hours GPs), and Other Sources), method of assessment, time taken to complete assessments, time taken to discuss assessments and assessment outcomes. The spreadsheet also had space for clinicians to provide additional qualitative data. Following the 2021 data collection, a PowerPoint presentation was given to members of staff with the initial findings from 2021. The UCT added additional practitioners to the twilight period 1700-2100 due to the noted increased demand during this period. They also spoke to CMHTs about Enhanced Access and to the Police directly, as they were the two most frequent referrers. Following the 2022 data collection, the 2021 and 2022 datasets were compared.
Results. The overall number of assessments increased by 10% from 2021 to 2022 - 405(367). Additionally, total assessment time increased by 15% - 299(261) hours. In terms of assessment outcomes, the largest changes were seen in outpatient follow-up with CMHTs, with a 65% increase 238(144); UCT discharge, with a 43% decrease 64(112) and non-specified outcomes, with a 52% decrease 14(24). The largest changes in referral rates were from GMEDs 48(30) 60% increase, CMHTs 4(16) 75% decrease, GP 50(34) 47% increase. Enhanced access 96(95) and police referrals 78(77) remained the most stable, increasing by 1%.
Conclusion. There has been an evident increase in workload for the UCT since the pandemic, which could be managed with additional staffing for the team. The targeted interventions, both for Enhanced access and Police, have limited the increase of their referral rate. Similar targeted interventions and review of referral criteria may mitigate increased demand from other sources. Increasing outpatient CMHT follow-up after assessment may suggest that routine outpatient work may not be back to pre-pandemic levels; further study would be required to confirm this.

Documentation of Capacity Assessments for Psychiatric Inpatients

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Aims. How frequently and to what quality are mental capacity assessments being recorded on inpatient acute ward? Capacity is the ability to consent to a particular decision and is defined in law by the Mental Capacity Act (MCA). Capacity to make decisions is an area of particular importance in mental health care, as many mental illnesses can lead to people losing the capacity to make some decisions. Capacity assessment is a two-stage process. If a patient passes Stage 1, then they have capacity. If they fail Stage 1 then the assessment progresses to Stage 2. The person being assessed must then be competent at every step of Stage 2 to then be deemed to have capacity. Documentation of capacity assessments should demonstrate this two-stage assessment.
Methods. The sample included all people who were inpatients during the data collection window of 05 to 09 Sep 2022.

For each person, their MHA status was recorded as this determined whether capacity to consent to admission was relevant. For each patient, their EPR was checked for any Mental Capacity Assessment proformas which were examined and recorded as being for admission, treatment, or something else. The cumulative case notes were then searched for any mention of 'capacity' and any additional capacity assessments were examined and added to the tool. All capacity assessments were reviewed against the defined standards.
Results. Sample and demographics - 22 male inpatients. 21 patients subject to the MHA and 1 was an informal patient. The CTT rule applied to 7 patients.
Treatment - 17 of 22 had capacity assessment for treatment at admission. All of these were recorded using the proforma and all were in line with best practice guidance. 7 had the CTT rule applied to at the time of the audit. None of the records for these people included documentation of a repeated mental capacity assessment.
Something Else - 9 capacity assessments recorded for 'something else'. Five were recorded on proforma and in line with best practice guidance. 4 capacity assessments were as case notes and didn't meet best practice criteria.
Conclusion. Capacity assessment for treatment is being conducted and recorded well at the time of admission, but not at the point that CTT rules apply from.

Most capacity assessments were recorded on the EPR proforma and all of these met best practice guidance. 4 capacity assessments were recorded in case notes and none of these met best practice guidance.

Inpatient Ward Review Documentation Audit

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Aims. Good medical records are essential to the continuity of patient care. The aims of this audit were to evaluate the quality of ward review documentation in 7 Psychiatry wards in Essex Partnership University NHS Foundation Trust, to identify areas of improvement, to recommend strategies to improve record keeping, and to measure their effectiveness by comparing records in the 1st and 2nd cycles of audit.
Methods. A sample of 10 patients from each of the 7 wards was selected, for a total of 70 patients, in each of the 1st and 2nd