is perhaps because of the higher turnover of patients but it would be interesting to consider the reasons for the disparity in data.

Improvement seems to have been driven by the teaching around the RRA and weekly review of the RRA at MDT

None of the wards audited had completed the Return to Ward Questionnaire. The ward staff made comment that the questions within this document are asked but more informally.

Alcohol Screening on Admission to an Acute Mental Health Ward

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Aims. Alcohol misuse is estimated to cost the NHS £3.5 billion/year. Only 6% of people suffering from alcohol dependence in England, receive treatment per year, highlighting that alcohol misuse is under-identified. During the COVID-19 pandemic, people have significantly changed their drinking habits, evidenced by government tax receipt data, suggesting alcohol sales increased by 3% to 5% in the UK compared to 2019. Problems associated with harmful alcohol consumption were intensified by the crisis, even though the long-term impacts of COVID-19 on alcohol consumption are uncertain. There was a notable increase of patients with dual diagnosis of mental illness and alcohol misuse on our ward, which is a general adult inpatient psychiatric ward. As such, the aim was to assess and improve alcohol screening on admission to an acute mental health ward.
Methods. Through a System One review, we assessed whether alcohol consumption is documented on admission (within 72 hours) in units, and a validated screening tool is used (AUDIT-C), which was expected in all patients. Their notes were initially retrospectively analysed and subsequently reviewed approximately six weeks following the implementation of interventions.

Interventions included presenting the findings of the primary survey to our colleagues during a multidisciplinary team meeting on the ward and a trust-wide audit meeting attended by both junior and senior doctors. Additional interventions included posters outlining the importance of alcohol screening in the interview rooms of the acute wards (including a QR code link to our presentation and findings).
Results. Out of the 17 patients on the ward, 47% (8/17) were not appropriately screened for alcohol misuse during their first 72 hours of admission. 47% (8/17) had no documented alcohol history on admission clerking. Only 12% (2/17) had partially quantifiable alcohol intake, both drinking above the recommended weekly amount. None of the 'Current Drinker' patients had AUDIT-C screening. Improvement was noted following the interventions during the secondary survey.
Conclusion. Although alcohol screening in acute psychiatric admissions is often vague or incomplete, simple reminders and education can improve screening. If the alcohol history cannot be obtained from the patient on admission, which is often the case, the clinician should clearly document review of notes for historical alcohol use, to avoid potential complications, such as alcohol withdrawal, delirium tremens or seizures.

This project raises further questions on how effective brief interventions for excessive alcohol consumption in acutely unwell/psychotic patients are, encouraging a further area of research.

Outcomes of a Quality Improvement Project to Reduce Unnecessary Blood Tests in Beechcroft Regional Child & Adolescent Mental Health Unit, Belfast Trust

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Aims. An estimated 25% of blood tests are unnecessary with an annual cost to the trust of approx. £26.5 million. Aside from the huge financial impact, patients are undergoing unnecessary invasive procedures with detrimental impact on lab flow processes and inappropriate use of Doctor and Nursing Staff time. Some young people have multiple admissions to Beechcroft in a short space of time or bloods checked in A + E prior to transfer are missed and replicated. Longstanding use of blood template terms "Admission bloods" or "Eating Disorder Bloods" has added to the problem. Initial scoping exercise found one young person had 40 blood tests during their admission. AIM STATEMENT: Reduce baseline blood testing of Glucose, Lipids and TFTs by 10% by June 2021
Methods. QI project commenced December 2019 using the IHI Model for Improvement Methodology was promoted by the project team through conversations with staff, unit meetings, email and posters.

Outcome Measure: Total glucose, lipid and TFT blood tests recorded fortnightly for the unit over 18 months
Process Measures: Training as part of new nursing staff induction, reminders in daily nursing handover, number of staff attending Biochemistry liaison meetings
Balance Measures: Reduced blood test costs, reduced unnecessary staff workload
Change Ideas
6 PDSA cycles were implemented

- Separate Bloods Diary for each ward – January 2020
- Blood diary brought into weekly care planning meetings – July 2020
- Education Posters displayed in ward clinical rooms – September 2020
- MDT meeting with Clinical Biochemistry – April 2021
- Junior Doctor to update bloods diary post weekly care-planning – May 2021
- Bloods diary brought to daily nursing handover & dissemination of new monitoring guidelines – June 2021

Results. Glucose tests reduced by 68% with new median of 2.2 instead of 7. Lipids and TFTs median of 10 remains unchanged.
Conclusion. COVID-19 has disrupted monitoring. Fundamental changes made within our service by stopping blood glucose monitoring and using BMs instead has led to significant improvements. We will continue to monitor results following 2 recent change ideas. We hope to include patient feedback moving forward.

Improving Oncall Handover Through Digitalisation / a QI Project at Newham Centre for Mental Health

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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

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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

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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%),