

Although 89% (200) had heard of the term “reasonable adjustments”, 36% (81) had never seen a ‘hospital passport’ for an autistic or learning-disabled service user.

Only 24 (11%) said they knew where to record reasonable adjustments on the electronic patient record

In general staff were marginally more confident in making reasonable adjustments for people with autism than those with LD

Majority of staff preferred : face-to-face training, followed by e-learning and then videocall.

Conclusion. Generally, respondents reported feeling neutral or confident with respect to their confidence in recognising, diagnosing, and working with patients with autism. The number of staff that have indicated interest at becoming Autism champions is a testament to the growing interest and increasing awareness about Autism.

Regarding learning disability, respondents generally reported feeling neutral or confident across the three areas of recognising moderate to severe learning disability, recognising mild learning disability, and managing/treating mental health problems in service users with learning disability.

The very high number of staff (89%) that have heard of the term “reasonable adjustments” is quite commendable and is useful to know when planning what level to ‘pitch’ training in this area.

It is interesting however that staff feel more confident at making reasonable adjustments for people with Autism, rather than for LD. One wonders whether it is due to the increasing media publicity about Autism.

Paediatric Psychosocial Emergencies in Two Inner-City London Hospitals: Review of the Current Management and Critical Evaluation Using NICE Self-Harm Quality Standards (QS34)

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Aims. The paediatric wards support many children presenting with psychosocial crises. This has been increasing in recent years. NICE quality standards recommend that children who have self-harmed receive: a comprehensive psychosocial assessment, are assessed within 24 hours of referral if at high risk of suicide, a collaboratively developed risk management plan and monitoring to reduce risk of further self-harm. We aim to measure the number of referrals made by hospitals for acute psychiatric presentations and the adherence to the above quality standards by the Service for Adolescent and Families in Enfield.

Methods. We retrospectively audited inpatients referred by North Middlesex hospital and Barnet hospital. Referral data were collected over 5 years. Data collected between April 2018 and March 2019 were evaluated to review good practice and adherence to the NICE quality standards. For each patient, we collected data on whether they have had a comprehensive psychosocial assessment, if the assessment was completed within 24 hours, 7-day follow-up review and a documented risk assessment.

Results. There has been a 141% increase in hospital referrals to the service from 2014/15 to 2018/19. The service had 130 referrals between April 2018 and March 2019. 72% of referrals came from North Middlesex hospital and 28% were from Barnet hospital. Ages were between 5 and 18. Girls formed 74% of all presentations. 87% of patients presented with deliberate self-harm, suicidal

ideation or suicide attempt. Of all referrals 100% had a comprehensive psychosocial assessment, 93% were seen within 24 hours of being referred, 97% had a documented risk assessment and 92% had a 7-day follow-up review.

Conclusion. Self-harm and suicidal ideation in children are rising, especially among girls aged 13 to 16 years (increased by 68% between 2011 and 2014). The gender inequality in our referrals further supports these findings. Higher rates of self-harm have been shown in more deprived areas and could be associated with gang involvement, bullying, abuse, gender identity and family issues. We have developed an assessment protocol and safety plan, are liaising with hospitals daily to arrange assessments and follow-up. Paediatric nurses have been trained in the time to talk programme and a full-time crisis liaison nurse has been employed. This will be re-audited to measure effectiveness of interventions.

Developing a New Neuromodulation Treatment Pathway for the Treatment of Depression

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Aims. To ensure an appropriate treatment pathway is available to patients diagnosed with Depression a STEPPED care model where different types of intervention are offered depending on the patient’s experienced severity of Depression. However, a great percentage of patients continue to experience disabling symptoms and fall into the Treatment Resistant Depression (TRD) category. There was a need to review the options available within local Mental Health Services (MHS) for the treatment of patients with depression and TRD.

Methods. A new clinical pathway was designed to provide access to patients to emerging treatments, such as EsKetamine, Vagal Nerve Stimulation (VNS) and repetitive Transcranial Magnetic Stimulation (rTMS). After calculating the local impact of depression to patients, trust resources and society we extrapolated our calculations to neighbouring Trusts covering the South West. A newly developed business plan demonstrating the need for new treatment options and the benefits, financial and otherwise, was presented and underwent various approvals levels by the Trust Governance and Executive Committees and local commissioning groups, before being able to proceed. Within the original business plan, rTMS and VNS were offered in addition to the existing ECT as parts of a new treatment pathway. We are now in the process of incorporating EsKetamine and Transcranial Direct Current Stimulation (tDCS). The clinic was set up in March 2020, just at the beginning of the pandemic, which halted operations for quite a few months before being able to resume recently

Results. We have managed to treat patients with both VNS and rTMS from our Trust, as well from surrounding areas. Patients have already experienced benefits in the recovery from symptoms. The new service has provided another line of support for colleagues in offering bespoke treatment plans to their patients and patients have appreciated having access to new non-traditional treatment options.

Conclusion. Although there has been a primary result in improving patient care, income generation is also possible by positioning the Trust in the forefront of new therapeutics and allowing the provision of service to expand to neighbouring Trusts and private patients. Other benefits are associated with the Trust’s reputations and kudos being enhanced and include the forging of new

pathways within the developing alliance with General Hospitals, increased 'visibility' for training and research opportunities, improved patient satisfaction and improved CQC standing.

Introducing an MDT Morning Huddle on an Adult Inpatient Unit During the COVID-19 Pandemic

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Aims. This quality improvement project aimed to introduce a staff communication tool, 'the morning huddle', to Goddington ward (Green Parks House, Oxleas NHS Foundation Trust). The huddle's purpose was to share key information between members of the ward's multidisciplinary team (MDT) regarding patient risk, diagnosis, mental state and treatment progress.

Methods. The project team worked with the Oxleas Quality Improvement (QI) team to create a structured huddle with agreed goals that commenced at 9am each morning. The team sought views from ward staff on the existing communication process before implementing the huddle via a series of weekly questionnaires. The morning huddle was introduced on 26th May 2020 and all members of the team were invited (including the ward consultant, junior doctors, ward manager, nursing staff, healthcare assistants, psychologists, occupational therapist, and ward administrator).

Following multiple PDSA (Plan, Do, Study, Act) cycles, the team further refined the morning huddle into a meeting with a set template that included COVID-19 test results, psychiatric risk concerns, medication adherence, and barriers to discharge. The project team also timed the huddle, aiming for it to last a maximum of 30 minutes. A questionnaire was distributed to ward staff weekly after the huddle was implemented to ascertain their views on the process. Data collection for the project ended on 2nd August 2020.

Results. The project's main outcomes were based on two questions from the weekly staff questionnaire:

1. "How effective did staff members find the morning huddle in addressing their concerns about patients and promoting safety of patients and staff?"

This improved over the course of the project, starting with 20% of staff finding the huddle "good" or "very good" in its effectiveness to 77% finding it "good" or "very good" in the final questionnaire.

2. "How effectively do staff feel that their concerns about patients are addressed by the rest of the team?"

This also improved, starting with 40% of staff selecting "well" or "very well" to 100% in the final questionnaire.

Conclusion. Goddington ward introduced a huddle that was valued by the entire MDT. The huddle improved how well staff felt their concerns about patients were addressed and a noticeable improvement in team morale was observed. While the project succeeded in implementing a huddle that staff appreciated, patient outcomes also need to be considered in future

Improving Standards of Physical Health Care of Patients in Secure Mental Health Hospital

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Aims. Evidence suggests that individuals with serious mental illness (SMI) die up to twenty years prematurely compared to the average population without SMI with the main causes of death linked to preventable cardiovascular disease, respiratory failure, and endocrine disorders. This early mortality remains despite national efforts to recognise the issue and promote development of processes to enhance quality of physical health care in patients with SMI. The National Institute for Health and Care Excellence (NICE) clinical guidelines (CG178) recommendation 1.5.3.5 states that healthcare professionals in secondary care should ensure individuals with SMI receive physical health checks from primary care. This idea may be suitable for patients in the community setting or those who undergo shorter hospital admissions, however the process of psychiatric rehabilitation in secure mental health hospitals is challenged by long average stays resulting in no access to routine primary care facilities. The aim of the project is to introduce tailored measures that would aid in delivering high quality physical health care to patients within secure mental health hospitals.

Methods. Ravenswood House Medium Secure Hospital supported a project to improve the physical health of individuals with SMI. An audit was completed to evaluate the assessment and management of baseline physical health measures that would have usually been completed in primary care as per the standards set out in NICE guidelines. The results showed that not all measures were being met and there was room for improvement.

Based on these NICE recommendations, an annual health check template and a centralised documentation toolkit were implemented and integrated within a new Physical Health Care Pathway in collaboration with General Practitioners, Dentists, Physiotherapists and other Allied Healthcare professionals.

Results. Following implementation of the Physical Health Care Pathway, the number and quality of annual physical health checks in Ravenswood House Medium Secure Hospital increased resulting in significantly better-quality outcomes for patients by completing appropriate referrals and follow-up care.

Conclusion. This collaborative approach of providing a high-quality physical health care was delivered in-house by arrangement with external healthcare practitioners. This pathway of providing care assisted us in overcoming several challenges faced within secure hospitals due to legal sanctions and related security protocols involving the patient group.

A Quality Improvement of the Identification of Obesity in Patients With Mental Health Morbidity and Referral to Weight Management Services

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