

Newcastle University, Newcastle upon Tyne, United Kingdom and  
<sup>2</sup>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, United Kingdom

\*Presenting author.

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**Aims.** Mental health disorders, mostly notably paranoid schizophrenia and personality disorders are commonly seen in patients with a forensic background. Section 37/41, within the Mental Health Act 1983, detains patients who are mentally unwell in hospital for treatment, instead of a prison sentence, with the addition of a community restriction order for public safety. Once stable, patients are discharged by the Ministry of Justice (MoJ) on Section 42, otherwise known as a conditional discharge. This means they can live freely in the community but under a set of conditions they must follow in order to obtain absolute discharge. A leaflet on Section 42 was created after a gap in patient knowledge was identified during consultations. Furthermore, a literature review did not retrieve any relevant results on this topic. The aim of this leaflet was to improve both patient and staff knowledge.

**Methods.** A patient leaflet was created using information from relevant legislation, MoJ official documents, trust resources, the charity MIND UK as well as staff knowledge. A checklist consisting of 12 questions was created to test the patients' knowledge, with space for additional comments. Care was taken to ensure every question on the checklist had a corresponding answer in the leaflet. Six suitable patients were identified and supported to read the leaflet and a structured interview using the checklist was conducted pre- and post-leaflet. In addition, feedback was sought from staff members of multiple backgrounds. A resource questionnaire was also given to participants to collate feedback. The pre- and post-test answers were compared and given a mark out of 12. A mark was given for answers that were sensible and correct, even if parts were missing for questions that encompassed multiple facts.

**Results.** All patients were previously on Section 37/41 and now on Section 42. All showed a substantial improvement in knowledge base, with 4/6 patients scoring full marks afterwards. Patient feedback obtained was overall very positive, with many describing it as "useful", "informative" and "helpful". Staff feedback was also collated and found to be positive too, with comments including "very informative", "easy to read" and "clear and precise".

**Conclusion.** Our leaflet was well received by both patients and staff. It improved their knowledge base as well as confidence in understanding the medico-legal jargon used in day-to-day practice in the forensic setting. Feedback was overall positive, and the additional patient feedback was encouraging, with many of them wishing for sooner access to similar resources.

### Implementation of STOMP (Stopping Over-Medication of People With Learning Disability, Autism or Both With Psychotropic Medications) PLEDGE: A Quality Improvement Project at Bradford District Care Foundation Trust CAMHS Learning Disability Team

Dr Mahira Syed\* and Dr Sarojit Ganguly

Bradford District Care NHS Foundation Trust, Bradford, United Kingdom

\*Presenting author.

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**Aims.** The project's aim coincides with NHS England STOMP Pledge signed by BDCFT. To maintain up to date records of

children and adolescents with learning disabilities eligible for STOMP reviews, implement planned supervised dose reduction, consider alternatives to psychotropics and maintain an up-to-date record of physical health monitoring for patients on antipsychotic medications according to local Trust guidelines.

**Methods.** The sample consisted of the caseload registered with the CAMHS learning disability Team at BDCFT in December 2021. Each case was reviewed retrospectively through electronic records. Data were collected on a data collection tool designed in Microsoft Excel.

Baseline data about Diagnosis and Psychotropic medications prescribed were recorded. The Antipsychotic prescribing practice was audited against local Trust guidelines as part of the project.

The project was registered and approved by the Trust Audit Team.

**Results.** The study included 106 cases registered in December 2021.

42 patients (40%) were prescribed psychotropic medication only  
 10 patients (9%) were prescribed psychotropic medication plus ADHD medication

14 patients (13%) were prescribed ADHD medication only

40 patients (38%) were not prescribed any medication

66 (62%) patients from the sample were prescribed medication.

Medications were divided into, Psychotropics and ADHD medication groups. Each group was assessed against a prescription time standard of either less or more than 12 months.

Antipsychotics were the most frequently prescribed psychotropic medications; 60% of those prescribed psychotropics were on Antipsychotics. A smaller number (31%) on an Anxiolytic, and an even small number (12%) on an Antidepressant. Anticonvulsants were prescribed to 6 in our sample, but all by another service provider (Paediatrics). 20 patients (38%) were on more than one psychotropic medication.

The length of the time was divided into less and more than a year on medication. 20% of patients were on psychotropics for less than 12 months and about 80% for more than 12 months.

As there are local BDCFT guidelines for monitoring patients on Antipsychotics, a summary of compliance against standards was included as an audit in the project.

All 66 patients on medications were deemed eligible for STOMP reviews, and 64 out of them had behavioural support plan in place.

**Conclusion.** 66 patients who had eligibility for STOMP:

1. 35%: Undergoing reduction plan.
2. 35%: Reduction was not deemed suitable.
3. 30%: No review or reduction plan in place

Recommendations are made in the report to achieve full compliance with STOMP objectives and a re-audit in a year to monitor progress.

### Quality Improvement Project to Improve GP Referrals to a Rural Psychiatric Team

Mr George Tresilian<sup>1\*</sup>, Ms Hamnah Nasser<sup>1</sup>, Dr Su Hyun Park<sup>2</sup>, Dr Dehneez Asad<sup>2</sup>, Dr Raja Akbar Khan<sup>3</sup>, Ms Helen Moran<sup>3</sup> and Dr Vishnu Gopal<sup>3</sup>

<sup>1</sup>University of Sheffield, Sheffield, United Kingdom; <sup>2</sup>Nottingham Healthcare NHS Foundation Trust, Nottingham, United Kingdom and <sup>3</sup>Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom

\*Presenting author.

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**Aims.** With increasing awareness and reduction of stigma associated with Mental Health issues, referrals to services are increased, pushing specificity of commissioning and therefore declining patients of services when referrals are inadequate. Standards would be improved by better inclusion of information necessary for the Single Point of Access process (SPOA) in the Bolsover Community Mental Health Team (CMHT) to make prompt, effective decisions on allocating care.

A Quality Improvement project in a Mental Health Team was devised to improve standards, and acceptance rate, of appropriate referrals to the Bolsover CMHT from General Practitioners (GPs). This would encourage GPs to refer patients whose mental health difficulties do not meet CMHT thresholds to alternative services. A higher acceptance rate and lower rejection rate would indicate that the proportion of suitable referrals had increased.

**Methods.** Using the Plan, Do, Study, Act (PDSA) model, Driver diagrams were used to create a template with the crucial information necessary for GP referrals to psychiatry/SPOA. Data were collected to check aims of the referral, sufficient information of the presenting complaint, personal & family history, safety concerns, protective factors, comorbidities, medication and substance misuse. The outcome of each referral was recorded and categorised as either Community Psychiatric Nurse Assessment, Outpatient Appointment, Referral Rejected, Referred Elsewhere or No Patient Response.

All referrals in September and October 2021 were analysed to assess whether enough information had been included for each variable. The September and October data were compared to check if the template had been associated with improved quality of referrals.

**Results.** Pre-template, 17.4% of referrals were accepted, 13.0% received a SPOA assessment, 17.4% were rejected, 39.1% were re-referred elsewhere and 21.8% did not respond to the CMHT. After the template was circulated, 28.0% were accepted, 36.0% received a SPOA assessment, 4% received joint Doctor-SPOA care, 8% had a medication review and 12% were waiting for an MDT decision when data were analysed. The results for SPOA assessment and rejection were statistically significant ( $p < 0.05$ ), while results for other outcomes were not.

Information on presenting complaint (82.1% to 100%,  $p < 0.05$ ), personal history (39.3% to 92.3%,  $p < 0.05$ ) and aims (50% to 88%,  $p < 0.05$ ) increased, while other information did not change in a statistically significant manner.

**Conclusion.** The template led to an increased proportion of accepted referrals and a decreased proportion of rejected referrals. However, information on variables did not necessarily improve in the same manner. The template is useful to improve decision-making in SPOA.

## Improving Efficiency and Quality of Handover in the Mental Health Liaison Team (MHLT): A Focus on Achieving Team Buy-In

Dr Bharat Velani\*, Dr Sagar Jobanputra,  
Dr Chiemezie Ukachukwu, Dr Adeagbo Osundina,  
Dr Niranga Karunaratne and Dr Tanya Deb

Hertfordshire Partnership University NHS Foundation Trust,  
London, United Kingdom

\*Presenting author.

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**Aims.** To Reduce Mental Health Liaison Team (MHLT) handover time to less than 30 minutes within one month and to improve the quality of handover. The non-medical staff have been part of the team for many years, whilst medical staff have recently changed or are on short rotations. Previous changes have not been well sustained. Much of the initial enthusiasm for this project was coming from the medical staff members. We felt that it was important to fully explore the driving human factors to achieve sustainable buy-in.

**Methods.** The total period of the project was 7 weeks. First two weeks were used for daily baseline data-collection and informal and formal discussions with team members to formulate driver diagram and change ideas. Two “Plan, Do, Study, Act” (PDSA) cycles with two intervention points at week 3 and week 4.

**Results.** Key human factors identified in the MHLT were burnout and emotional fatigue, core team values (cohesion, flexibility, and camaraderie), and disillusion with authority and imposed change. Contributing factors to burnout and emotional fatigue were long and short-term staff sickness, chronic under-staffing, and systemic changes in the general hospital due to the COVID-19 pandemic. The human factors were used to guide key decisions in methodology and creation of change ideas. These decisions included: Avoidance of surveys and questionnaires (staff request), limiting the total number of changes, any additional administration to be undertaken by medical staff, and avoiding a rigid handover system. Following 2 PDSA cycles, there were improvements in average length of handover from 44 minutes (2-week baseline data) to 30 minutes (4-weeks post second intervention). When compared to the baseline data there were also improvements in the average number of interruptions (7 vs 2), availability of key information (69% vs 92%), allocation of staff member (80% vs 95%) and allocation of review date (83% vs 95%). No difference in the average number of patients for handover discussion between 2-week baseline data (15) and the 5 weeks after (15).

**Conclusion.** The aims for the Quality Improvement Project were met and a plan has been set to re-audit in both 6 months and 1 years' time to test sustainability of change. Sudden illness and effects of the COVID-19 pandemic have led to short and long-term staff shortage, contributing to burnout and emotional fatigue. Attention to the unique human factors involved in team dynamics and staff morale can help achieve buy-in and real change.

## A Quality Improvement Project on Improving Electronic Prescribing System in an Adult Mental Health unit

Dr Chloe Warner\*, Dr Matthew Caygill and Dr Suveera Prasad  
Rotherham, Doncaster and South Humber NHS Foundation Trust,  
Doncaster, United Kingdom

\*Presenting author.

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**Aims.** Medication tasks are an integral part of a junior doctor's job. However, these can often be timely and use hours that could be spent doing other therapeutic work, especially due to the cumbersome nature of SystmOne. Our aim was to review the amount, type, and time spent on medication tasks and evaluate ways in which the system could be made more efficient and time effective, to release doctors to complete other clinical ward activities.

**Methods.** We used prospective data collection, with two ten-day cycles carried out across the 46 bedded adult mental health unit (AMHU). Data were collected by all junior doctors working on the AMHU and every medication task was recorded on a designated document at the time of completion. This included data