

Aims.

- For 100% of patients admitted OOH (Friday 5pm – Sunday 9am) to have a multi-disciplinary review of their treatment
- For 100% of patients with deteriorating physical and mental health to be discussed
- To improve multi-disciplinary team (MDT) morale, working relationships and team cohesiveness OOH

Background. In most specialties, the standard of best practice is that patients admitted to the ward out of hours (OOH) receive a senior review over the weekend. However this does not usually take place in Psychiatry, and patients routinely wait until Monday to be seen by the ward team. This has been highlighted as problematic in cases where patients are agitated and not receiving any treatment for > 24 hours.

We trialled a weekend teleconference safety huddle in Lewisham involving the on call consultant, registrar (SpR), core trainee (CT) and duty senior nurse (DSN).

Method. The weekend huddles were through a teleconference line, with participants dialling in at 9.45am.

Issues discussed:

- 1) Management plan for newly admitted patients OOH.
- 2) Plan for patients with deteriorating mental health or escalating level of aggression.
- 3) Plan for patients with deteriorating physical health.

Feedback was collected from CTs, SpRs and consultants focusing on whether the huddle made any difference to the speed of care, cohesiveness of the OOH team, and whether it was generally helpful or not.

Result. 54% of CTs (n = 11) felt that patients admitted OOH had an MDT review, and 90% felt that patients with deteriorating mental and physical health were discussed and a plan put in place. 80% of CTs, 63% of SpRs (n = 8) and 67% of consultants (n = 6) agreed it improved team cohesiveness. 90% of DSNs felt safer and more supported in decision-making OOH.

80% of CTs, 63% of SpRs and 83% of consultants found weekend huddles helpful.

Data were also collected on violent incidents OOH, and there was a slight reduction in the number of violent incidents in the weeks following introduction of the huddle.

Conclusion. Introducing safety huddles in Lewisham has facilitated the prompt discussion of the management of patients admitted OOH, and of those with deteriorating mental and physical health. It has also fostered a greater sense of cohesiveness in the MDT team.

In light of this feedback, safety huddles have now been established as part of the weekend schedule in Lewisham, and are being rolled out to other boroughs within SLAM.

Trust-wide improvement and standardisation of the medical handover

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Aims. Primary: To improve the quality of medical handover by increasing trust-wide completion rate for agreed quality standards from baseline to 80% by July 2019

To standardise the medical handover across all 5 boroughs within the trust by July 2019

Secondary: To separately assess the completion rate for new patient checks in relation to baseline

Background. Not only is there a recognised variation in the medical handover across Pennine care foundation trust's (PCFT) 5 boroughs (Tameside, Rochdale, Bury, Oldham and Stockport), but there also appears to be diminished adherence to quality standards to a varying extent. This was shown to result from a combination of human factors and process errors consequently leading to near-miss clinical incidents. This project was therefore designed to highlight and address these issues in order to promote patient safety.

Method. Having identified the problems and agreed on quality standards, baseline data were gathered through May 2019 with the primary outcome measure being the percentage completion rate for quality standards across all handovers. Changes were made to the handover document in June 2019 followed by introduction of a new handover document and post-intervention data collection through July 2019. Doctors' satisfaction with the new handover document using a typical 5-level Likert scale was measured using a trust-wide online survey.

Result. Our results showed a considerable Trust-wide improvement in the completion rate for agreed quality standards from 54% at pre-intervention to 77% at post-intervention with all 5 boroughs demonstrating improvement to varying extents. This is noted to be reasonably close to the project aim of improving the completion rate from baseline to 80%. With regards to new patient checks, there was a marginal Trust-wide increase in completion rate from 53% at pre-intervention to 56% at post-intervention. Additionally, the trust-wide online survey measuring doctors' satisfaction with the new handover revealed a majority (82%), either strongly agreed (27.3%), or agreed (54.6%), that the new handover document has improved the overall quality of handovers.

Conclusion. Trust-wide standardisation of the handover has now presented the opportunity to benchmark boroughs within PCFT against one another in terms of adherence to quality standards and alignment with best practice relating to patient safety. While substantial improvement may have been made in the overall quality of handovers across the trust, the inter-borough disparity in the extent of improvement identified gaps for future follow-up or related projects.

Research

The impact of COVID-19 restrictions on the presentation of self-injury: experience at a tertiary centre

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Aims. The national lockdowns due to the COVID-19 pandemic, have had a considerable effect on mental health, with reduced access to social interaction through work and leisure activities, and increased barriers to community mental health services.

This study aims to evaluate how the presentation of patients with self-injury has changed during the first national U.K. lockdown, at a Plastic Surgery Tertiary Referral Centre in the East of England.

Method. Retrospectively recorded data from 23 March 2020 to 31 December 2020, spanning the duration of the first two lockdowns