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doi: 10.1192/bjo.2022.297

**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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doi: 10.1192/bjo.2022.298

**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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doi: 10.1192/bjo.2022.299

**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%),