

of support varies depending on specialty and setting. For doctors who have worked in a setting where the minimum emergency response includes a Resuscitation team, moving to an environment with less support available is a challenge.

In our unit, the protocol following an urgent call is for the on-call doctor (who has access to basic resuscitation equipment) to attend and assess the need for paramedics and transfer to local hospital. Stress can be worsened by change of environment, change of expectation and concern about best management in new settings.

**Method.** A cohort of junior doctors were recruited. Baseline assessment included rating their confidence level (scale 1- 10), listing common medical and psychiatric scenarios they had experienced and those they felt least confident managing. Over a period of 10 weeks, follow-up data was obtained. Interventions to improve confidence were assessed during this period, including a handbook and a teaching session on emergency medications. At the end of the project a wordcloud was created in response to the request to “choose 5 words to describe your feelings when called to an emergency”. Identified themes have been fed back to relevant senior staff and will form the basis of future projects.

**Result.** The initial average confidence score improved from 4.9 to 9.2 and was sustained out to 14 weeks. According the word cloud the most commonly used words were “morale” and “education”.

**Conclusion.** Prior to the study, confidence levels amongst the Junior Doctors was low. Introduction of the handbook and teaching session led to an improvement which was sustained. Key themes identified using a word cloud were “morale” and “education”.

For junior doctors moving from between services, different expectations and protocol for management of emergencies can influence confidence levels. Psychiatric units should be cognisant of these concerns and implement evidence-based intervention to support junior doctor confidence and improve quality of working experience.

### Perception of junior doctors about local induction in Birmingham and Solihull Mental Health Foundation Trust - A quality improvement project

Saima Jehanzeb<sup>1\*</sup>, Kozara Nader<sup>2</sup> and Ruth Scally<sup>2</sup>

<sup>1</sup>Birmingham and Solihull Mental Health Foundation Trust and

<sup>2</sup>Birmingham and Solihull Mental Health NHS Foundation Trust

\*Corresponding author.

doi: 10.1192/bjo.2021.532

**Aims.** A quality improvement project was undertaken to understand the perception of trainees about the quality of the local induction delivered by Birmingham and Solihull Mental Health Foundation Trust (BSMHFT). The primary aim was to evaluate the current local induction programme, following concerns raised by previous trainees in National Training Survey (General Medical Council) and local inspection. Our secondary aim was to devise a revised induction programme based on the trainees' identified needs.

**Method.** Two anonymised questionnaire surveys were emailed to all Foundation Year Trainees, Core Psychiatry Trainees and General Practice Speciality Trainees working in BSMHFT, in December 2019 and March 2020, using trust survey monkey.

**Result.** The overall response to survey was 60 percent. 44.44 percent of the responses came from Core Psychiatry Trainees, with

27.78 percent responses each from Foundation Year Trainees and GP Speciality Trainees. Local induction was defined as induction specific to place of work (47.06%), trust based induction (41.18%) or all of the above options (11.76%) by trainees. 83.33% of all trainees had received local induction, whereas 16.67% did not have any local induction at the start of their post. 11.12% trainees were very satisfied and 44.44% were satisfied with local induction. 72.22 percent of the trainees were informed about of the local induction, prior to starting the post.

33.3% trainees had a paper version, 22.22% had an electronic version of local induction pack, whereas 44.44% had no induction pack. 55.55% of those trainees who had an induction pack, 43.75% found it very helpful and 56.25% did not find it helpful. 88.89% thought having a local induction would be helpful, whereas 11.11 percent did not feel it would help. 94.44% of the trainees completed a local orientation checklist with their consultants. Some of the trainees experienced difficulty in gaining access to electronic prescribing, electronic patient record system (RIO), and identity badges (ID) at the beginning of their post.

**Conclusion.** 11.12% trainees were very satisfied, 44.44% were satisfied, 22.22 % were neither satisfied nor dissatisfied and 22 % were dissatisfied, with local induction. 88.89% of the trainees thought having a local induction pack would be helpful. Based on the trainees identified needs we developed a template for local induction pack for each post. Clinical supervisors have agreed to take the lead in preparing the local induction pack specific to their post with trainees. We aim to repeat the survey after implementing the changes identified by trainees based on their training needs.

### Planning effective mental healthcare in prisons: findings from a national consultation on the care programme approach in prisons

Jemini Jethwa\* and Kate Townsend

The Royal College of Psychiatrists

\*Corresponding author.

doi: 10.1192/bjo.2021.533

**Aims.** The Care Programme Approach (CPA) can be an effective tool in coordinating the care and treatment needs of people with mental illness and learning disabilities. Within prisons settings, the CPA has been poorly implemented and the principles underpinning this approach have been lost. The aim of this research was to look at the key themes identified as part of a consultation process to develop quality guidance on planning effective mental healthcare in prisons in relation to the CPA.

**Method.** The consultation exercises included telephone interviews and hosting a national consultation event to represent the views of prisons nationally. It was conducted by the Quality Network for Prison Mental Health Services, a quality improvement initiative organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

**Result.** The results derived from the consultation process indicates that CPA in prisons is inconsistently adopted and that there is lack of confidence in the process from prison mental health teams, particularly with how to engage community mental health teams.

**Conclusion.** This concludes that there is a substantial need for standardisation and consistency in the application of the CPA process within prisons, for the purposes of enhanced care delivery, greater continuity of care, and improved patient outcomes.

The Quality Network for Prison Mental Health Services used the findings from this consultation to produce a national guidance document on planning effective mental healthcare in prisons, which can be accessed for free by all prison mental health teams.

### Communication in COVID: a quality improvement project into staff communication with family/carers at New Haven Older Adult Mental Health Inpatient Unit

Felicity Jones<sup>1\*</sup>, Bhavna Khanna<sup>1</sup>, Batool Almoosawi<sup>1</sup>, Alex Humm<sup>1</sup>, Upjeet Mahon<sup>2</sup> and Rosie Edwards<sup>2</sup>

<sup>1</sup>Hereford and Worcestershire Health and Care NHS Trust and

<sup>2</sup>University of Birmingham, Medical School

\*Corresponding author.

doi: 10.1192/bjo.2021.534

**Aims.** In the psychiatric care of patients, family involvement is key to recovery. At the New Haven Unit, there have been a number of complaints regarding poor communication and lack of updates given to families during COVID-19.

The aim is to:

To increase the overall satisfaction of the family with the service received for their loved ones

Ensure effective and timely communication of updates to the families, to prevent further complaints, by assigning a member of staff per patient to be the primary individual responsible for family contact

Create an addition to the weekly ward round MDT proforma on 'Carenotes' where communication can be documented

**Method.** A standardised questionnaire has been sent to the relatives of inpatients at the New Haven Unit. Qualitative data are being collated, which will lead to quantitative statistical analysis of the satisfaction ratings.

Based on the current bed state on the ward at the time of the project all 32 relatives of current inpatients were contacted and 23 agreed to complete the survey which was sent out either by email or post.

The new MDT proforma will be added, which will be used to record actions needed to be taken involving communication and updating family members on a weekly basis. This opportunity to record communication will improve continuity of care and satisfaction amongst family members.

There will be follow-up via a second questionnaire to identify improvement.

**Result.** The average results of selected categories so far are shown below (still awaiting further responses):

Frequency of updates regarding loved ones = 4.33/10 (10-excellent)

To what degree were your concerns listened to? 7.33/10

Quality of content discussed with staff members = 3.33/4 (4-excellent)

Other categories scoring below the expected standard, included awareness of visiting guidelines and questions regarding lasting power of attorney, in which 33.3% of participants responded either 'no' or 'not sure' respectively.

Questions addressing formalities of introduction and confidentiality through identity confirmation, scored highly.

**Conclusion.** We are awaiting more survey responses in order to identify additional areas of improvement; however, it is already clear to see that there are areas that would be advanced through structured, assigned reminders via an MDT amendment.

We will also be introducing set dates for conference calls with the families now involving the whole MDT; one within the first

week of admission, one after six weeks and one at the point of discharge as a minimum.

### North West London New Model of Care Project (NMOC) – improving inpatient mental health care for children and young people

Dr Jovanka Tolmac<sup>1\*</sup>, Alun Lewis<sup>2</sup>, Azer Mohammed<sup>3</sup>, Elizabeth Fellow-Smith<sup>4</sup>, Johan Redelinguys<sup>5</sup> and Braulio Girelas<sup>6</sup>

<sup>1</sup>Consultant Child and Adolescent Psychiatrist, Harrow CAMHS, Central and North West London NHS Foundation Trust; <sup>2</sup>NMOC Project manager, West London NHS Trust; <sup>3</sup>Consultant Child and Adolescent Psychiatrist, Westminster CAMHS, Central and North West London NHS Foundation Trust; <sup>4</sup>Consultant Child and Adolescent Psychiatrist, West London NHS Trust; <sup>5</sup>CAMHS Clinical Director, West London Trust and <sup>6</sup>Clinical Research Fellow, Centre for Psychiatry, Imperial College, Centre for Paediatrics and Child Health, Faculty of Medicine, Imperial College, Honorary Spr, Harrow CAMHS, Central and North West London NHS Foundation Trust  
\*Corresponding author.

doi: 10.1192/bjo.2021.535

**Aims.** Specialised inpatient mental health services for children and young people are commissioned and managed by NHS England (NHSE) and provided by NHS as well as independent sector. The access to beds has been managed nationally with young people admitted far from home. There were capacity issues identified in London. To address these concerns, NHSE invited organisations to work in partnership to co-design and establish new models of care. This is one of the first of such projects, set up to manage the budget for children and young people's beds on behalf of NHSE and change the way of managing and monitoring admissions.

Our aims:

To reduce length of inpatient stay

To enable admission of young people as close to home as possible

To improve resource efficiency, capacity and capability of managing young people in crisis in the community.

**Method.** A number of changes were introduced, including engagement of community and inpatient clinical staff, repatriation to units closer to home and introduction of CRAFT meetings (early review meetings in inpatient units to enable timely and effective discharge planning and support back to local services). The implementation has been closely monitored by the project manager and clinical group, which included representatives from all organisations involved.

**Result.** After four years, young people are admitted to hospitals closer to home and the length of inpatient stay has decreased by 18%. The number of admissions has decreased by 28%. Out of area occupied beds days have been decreased by 66%.

Significant recurrent budget savings have been achieved. Over the past three years, these savings have been reinvested in developing crisis community support and more specialist community services within CNWL and West London Trust.

**Conclusion.** There have been considerable benefits of multiple organisations working in partnership to improve patients care. The success of the project has created further opportunities for the development of services which provide safe and effective alternatives to admission (such as crisis services, home treatment teams and specialized community services). In summary, this collaborative model has improved the quality of care and experience for young people and reduced the need for psychiatric admission.