considerably reduce use of other, more acute services and keep patients with a diagnosis of EUPD out of hospital longer and on a sustained basis and also to reduce presentations to Emergency Departments which was often on the basis of self-harm and/or overdoses.

The dual result is that it can be validated objectively that service users are suffering less distress after having completed the programme, which will lead to better quality of life, whilst also reducing the burden on costly inpatient services with the end result being an important investment in mental health services in Northern Ireland and the prototype for the developing regional service.

Improving the Quality of Junior Doctor Handover in Tyrone and Fermanagh Hospital, Northern Ireland

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Aims. To improve the quality of junior doctor handover in the Tyrone and Fermanagh hospital. The hospital is spread across a number of inpatient sites making it difficult to complete an in-person handover. Each day the handover is completed on a Word document and sent via trust email to relevant staff. Issues were identified with the quality of information shared and how the outstanding tasks were handed over.

Methods. A PDSA cycle was implemented to explore outstanding issues with the handover and consider how change might be implemented. Junior doctors identified various issues including the lack of a common format, the amounts and relevancy of information shared and identifying an individual or team to conduct the outstanding tasks.

A baseline audit for a 3 month period (July–September 2023) was completed. Results were reviewed and a driver diagram was established. Suggestions identified for improvement included the use of new template and an in-person handover.

A new template for recording information was drawn up and agreed by the group. It included basic demographic prompts such as staff member on shift and the date of handover. The template included prompts for key patient information identified from initial audit as frequently forgotten.

The template was emailed to doctors on the rota and was also highlighted to new staff at junior doctor changeover points. This new template was the intervention chosen for re-audit between November 2023 and January 2024.

Results. Following the application of our intervention, completion of the handover improved. From an information governance perspective the identification of staff and shift dates improved (to 98% & 99% respectively). The security of information shared improved through use of password (69% to 91%).

The quality of information sharing also improved with the percentage improvement of key demographics increasing, such as patient initials (29.4%), Healthcare number (9.2%), MHO status (15.46%), patient summary (19.76%) and working diagnosis (34.91%) and finally an increase of 88.74% in identifying the person for following up outstanding tasks.

Conclusion. The use of a handover template has improved the quality of information shared across a number of key areas. The identification of person for handover has improved significantly with this tool and is felt to represent an improvement in patient safety. Following re-audit cycle, other areas were identified for further changes such as adjusting prompts on the template and a secure folder for storing the handover. These changes could be easily implemented in a subsequent audit cycle.

A Retrospective Assessment of Referrals Between the Mental Health Liaison Team and Memory Assessment Service; Does Delayed Referral Due to Delirium Lead to Some Patients Being Lost to Follow-Up?

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Aims. The assessment, diagnosis, and management of memory problems in older adults are routinely undertaken by memory assessment services (MAS) typically following referral from a GP. Mental health liaison teams (MHLT) newly identify many older people in acute hospitals with memory problems. Delirium is often diagnosed acutely and should be managed prior to any consideration of dementia diagnoses, however many of these people still have histories which also suggest underlying undiagnosed dementia. Referral policies advise of 3 months delay between delirium and MAS review to avoid misdiagnosis of dementia. MHLT therefore often request GP to refer at 3 months if still indicated. It is felt that some patients may be lost to follow-up via this route; our aim was to explore this further with a view to establishing a more robust direct referral pathway if indicated.

Methods. Electronic records of patients under the care of MHLT aged over 65 from June 2022 to June 2023 were reviewed. This excluded patients who were referred and discharged from MHLT after a single assessment. We collected retrospective data for 8 months during this 12-month period. For any patients with memory concerns, we recorded where MAS referral was recommended and whether they were subsequently referred and seen.

Results. 108 patients over the age of 65 under the care of MHLT were identified. 69 patients had memory problems, 28 of whom already had established diagnoses or were already under MAS and 41 had newly identified memory problems. Of these 41 patients, 15 were felt to need MAS referral due to possible dementia. 3 were referred directly to MAS by MHLT and were seen. 5 were later referred to MAS by GP on MHLT recommendation and were seen. 7 were not later referred to MAS despite it being recommended.

Conclusion. All 3 patients whom MHLT were able to refer directly to MAS were seen, whereas 7 out of 12 (58%) patients for whom 3-month delayed referral by GP was requested were not seen. The policy of 3-month delay avoids misdiagnosis due to delirium, but in practice also leaves some patients with missed opportunities for diagnosis and management of dementia. There is a need for a more robust delayed referral pathway to memory assessment services from mental health liaison teams.

We hope to use these findings to improve our local referral pathways and share this information to support other localities.

Project to Review the Medical Appraisal Policy in Tees Esk and Wear Valley (TEWV) NHS Trust and Implementation of the Outcomes

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Aims. The project aimed to review the Trust Medical Appraisal policy and offer a platform to update the Trust policy locally and align it to a National recommendation in the Medical Appraisal Guide besides gathering consensus for change for other relevant issues to the Trust.
Methods. The project was undertaken as a part of the 'Leadership and management fellowship Scheme' sponsored by the Tees Esk and Wear Valley NHS Foundation Trust and conducted in collaboration with the Royal College of Psychiatrists, UK and Faculty of Leadership and Management, UK 2022–23 with data collection lasting from January till August 2023. The methodology consisted of drafting a document comparing the information from the review of the existing Trust medical appraisal policy and the guidance in the Medical Appraisal guide, drafting a questionnaire which covered the complex issues in the appraisal process and where the Trust medical appraisal policy was identified as having gaps which required further opinions to be generated for a possible revision to the policy, and gathering consensus opinions from focus group discussions for different groups of staff which included appraisers who are not managers, consultants who are not appraisers, medical managers who are not appraisers, consultants who are appraisers and SAS doctors who are not appraisers. The focus groups were conducted virtually as well as face to face groups and consensus opinions were then synthesised with information available from the guidelines to draft recommendations. The recommendations were then presented to the senior managers in the Trust appraisal process to seek feedback and approval.
Results. The main recommendations that followed from the review were: to promote supportive and developmental nature of the appraisal process by making the process less document intensive by modifying appraisal portfolio and appraisal sections, educating staff on not duplicating information, promote verbal reflection, and modifying corporate supporting information section to reduce burden on doctors; maintaining 3 year appraiser turnover; avoiding line manager to be the appraiser of the appraisee; not sending appraisal summary to the line manager and considering how to facilitate communication and input of the line manager to the revalidation decision; clarifying requirements of supporting information for appraisal of particular group of doctors (Trust doctors, International Medical Graduates (IMG), academics, and on zero hour contracts); expand corporate supporting information to include General Medical Council (GMC)/Trust disciplinary and low level concerns; to promote wellbeing discussion by adding prompt for doctor to comment on their wellbeing; adding a wellbeing statement to the appraisal template and finally to add trainer accreditation statement to the appraisal template to facilitate reporting of trainer accreditation. Most of the recommendations were accepted by the Trust except one on expanding the corporate supporting information for doctors and addition of a wellbeing template in appraisal section.
Conclusion. The project served as a significant leadership experience in my training role to undertake a project driving a Trust-wide change in medical appraisal policy based on participative leadership, generating consensus and developing a phased action plan towards implementation.

Improving the Assessment of Memory and Cognitive Side Effects Post Electroconvulsive Therapy

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Aims. An April 2022 Electroconvulsive Therapy Accreditation Services (ECTAS) review of electroconvulsive therapy (ECT) services in the Southern Sector of the Western Health and Social Care Trust highlighted that the follow up of service users' memory and cognitive side effects post-ECT needed to be improved to deliver safer and more effective care. The aim of this MDT quality improvement project was to transform the follow-up process from a baseline of 13% of service users receiving memory assessment 1–2 months post ECT to 100% of service users receiving memory assessment 1–2 months post ECT over a 16 month period.
Methods. In June 2022, an MDT working group was established with key stakeholders from inpatient and community mental health services. Using driver diagrams, opportunities for improvement were collectively identified and innovative ideas proposed to overcome these barriers. The primary drivers for change were communication, resources, and education. Systems were established and PDSA cycles used to review our data and decide whether we needed to make a further change. 17 service users received ECT and were followed up within the 16 month period. Our third change brought about the most significant and sustained improvement to the process; establish ECT champions within community teams. The ECT champion's role was to improve communication between inpatient and community teams in regards to service users needing memory follow up post ECT.
Results. The introduction of three ECT champions within the community teams significantly improved communication between the inpatient and outpatient teams resulting in an improvement in the standard of care to our service users. Initial figures show 100% of service users having memory assessment follow up at 1–2 months post ECT in July 2023, October 2023 & December 2023. No service users required follow-up within the service in August/September/November 2023. Performance monitoring is ongoing as part of the service's governance meeting.
Conclusion. In conclusion, by improving communication, utilising resources more effectively and educating through ECT champions, the percentage service users receiving memory assessments at 1–2 months follow up post ECT achieved ECTAS standard of 100%. This will benefit our service users by enabling us to identify those who need further input. Looking into the future, we need to undertake a clinical audit to assess for a sustained improvement and ensure that no unintended consequences have been