2022(n = 13) to see documentation, including Consent documents; Form 5(consent) in case of capacity, T4/T6/S62, Documentation of Memory assessment, as well as MADRS assessment before and during the procedure. We started generating ECT discharge summaries in November 2021 and collected data for all patients (13) till 6th February 2022.

Results.

Documentation of Legal Status: 5% in 2020 vs.100% in 2021* and 2022
Written consent /form 5: 95% in 2020 vs. 100% in 2021* and 2022
Documented Mini-ACE: 5% in 2020 vs. 100% in 2021* and 2022
Doc. MADRS assessment; 0% in 2020 vs. 100% in 2021* and 2022
*(excluding patients who did not complete the treatment)

Conclusion. The audit results of 2020 showed improvement however assessments done during treatment were not accessible to referring clinicians or to patients. Introduction of discharge summary helped to give snapshot of patient's weekly progress, weekly objective assessment scores which helped the referring clinicians to get idea about patient's improvement and resulted in improved communication as well as patient and carer satisfaction.

Small actions can have big impact on the way patient care is delivered. We believe that going through process of auditing helped us to improve our practice and make a positive change in terms of delivering better care.

MDT Clinics on a General Adult Acute Psychiatric Ward: Staff's Views and Person-Centred Care

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Aims. Person-Centred Care (PCC) focuses on knowing the person behind the patient, engaging them as an active partner in their treatment, encouraging self-management and shared decisions. Inpatient multidisciplinary (MDT) clinics offer an opportunity for PCC by working collaboratively with service users (SU) in developing care plans. The aims of this project were to explore staff views and levels of satisfaction regarding the running of MDT clinics, to assess the quality and efficacy of changes made to MDT clinics, and to identify areas of practice which need improvement.

Methods. In April 2021, MDT meetings of an acute inpatient clinical team were repurposed to 30-minute clinics with SU and relevant key professionals present, focusing on SU needs. Two staff surveys were completed in June and October 2021. Following the first survey, changes were made to the days clinics were run, attendance schedule, and staff allocation of responsibilities for efficient clinic running. In the second survey, a 14-question questionnaire was sent to all 48 staff members. The questions explored staff experience of MDT clinics. The measures were both qualitative and quantitative.

Results. The overall response rate was 31.25%, of which 40% by medical and 40% by nursing staff. Staff reported there was a positive impact in the collaborative development of care plans, including improved SU involvement, increased involvement of families, improved contribution from different professionals, and formulations providing greater insight. They reported improved task orientation, directed responsibility for task completion within the team, and enhanced role and responsibility of the named nurse. They thought there was less time for 1:1 work, but that the "overall benefits are worth it". Improved relationship with SU was reported by 85%, increased engagement with SU care by 93%, and identifying clear goals for care plans by 93%. Nevertheless, problems with planning and logistics were reported by 77%. Main challenges included time management especially with external visitors or combination of remote and face-to-face attendees, relatively poor attendance of CMHT and family members, difficulties with informing and preparing SU ahead of their clinic times, number of attendees, and dissemination of MDT care plans.

Conclusion. Repurposing MDT meetings to MDT clinics focusing on SU needs has a positive impact in inpatient clinical practice. MDT clinic planning and improving the involvement of community teams and family members can contribute to an optimal purposeful inpatient admission. Conducting inpatient MDT clinics can be a crucial part of working collaboratively with SU and PCC.

Alcohol Related Brain Damage Presentations in an Acute General Hospital

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Aims. Alcohol-related brain damage (ARBD) is used to describe a variety of clinical syndromes associated with excessive intake of alcohol. It can present with cognitive and neurological syndromes, including Wernicke's encephalopathy, Korsakoff's syndrome, alcohol dementia, cerebellar atrophy and frontal lobe dysfunction, Central pontine myelinolysis and Marchiafava Bignami disease. In up to 25% of cases ARBD can be complicated by traumatic head injury and brain blood supply disturbances. In the absence of clear national guidelines, standards or established pathways of care across most of the UK, most patients are unable to access appropriate service provision. The North Derbyshire mental health liaison team (MHLT) provides assessment and diagnosis of acute alcohol related brain injury, assess severity (based on clinical presentation, investigation findings, cognitive assessment) and provide a care plan with follow-up to various community services. Aim and objectives: To find out the discharge outcome for patients with ARBD diagnosis by the north MHLT, help us identify service gaps and look at ways to improve patient's care in this group.

Methods. We retrospectively analysed 300 patients who were referred to liaison team for drug and alcohol problems and were seen by the drug and alcohol lead nurse within the liaison team. Patients who were given a diagnosis of ARBD by the liaison team were included in the study.

We looked at

1. Age and gender distribution
2. Team who gave the initial diagnosis
3. Discharge destination
4. Community follow-up and engagement

Results. We identified 17 patients who were given diagnosis of ARBD. There was relatively equal distribution of male to female patients. Majority of diagnosis' were given by liaison team. The discharge destination was variable with around half referred to ARBD rehabilitation unit and Derbyshire recovery partnership. Engagement was poor with only 20% of patients engaging with services.

Conclusion. Recommendations: