Results: We describe a comprehensive approach to review assessment quality within teams, and which encourages the utilisation of multidisciplinary expertise. The framework can be adapted to the needs and multidisciplinary composition of other teams. The crucial aspect is multidisciplinary collaboration – to ensure a holistic assessment of quality.

Involving assessing clinicians in rating assessments is a strength as it allows their perspectives to be included, and simultaneously creates a learning opportunity by attuning them to what is expected of an assessment.

We have also demonstrated the value of having quality improvement systems embedded within the standard work of a team which shares out responsibility and accountability and encourages wider participation.

Conclusion: The quality improvement project methodology described can be used by other teams to map out current assessment quality and identify specific target areas for improvement. Further work might include co-production and external validation of our rating guide.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving Quality and Appropriateness of Referrals to a Drug and Alcohol Outreach Service in a General Psychiatric Hospital

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Aims: By March 2025, 90% of referrals to the Ritson Outreach Service in the Royal Edinburgh Hospital will be appropriate and contain relevant details.

Methods: Members of the Ritson Outreach team agreed the following referral criteria for inpatients on general psychiatric wards:

Prescribing for alcohol withdrawal and relapse prevention.

Prescribing in opioid dependence.

Prescribing in benzodiazepine dependence.

Advice on linking to community services.

Standards for referral details were also agreed: ward, referrer, contact number, reason for admission, specific request, community addictions input, patient's awareness and views on referral, drug screen results, estimated discharge date, appropriateness according to referral criteria.

A baseline audit of referrals to the Ritson Outreach inbox from 19 March–28 August 2024 was conducted. Surveys about barriers to making appropriate referrals were gathered from the ward with the highest referral rate. A referral form including criteria and prompts for relevant details was devised. This was made available via an automatic reply from the referral email address. Referrals made following implementation of the form were re-audited for a four-week period from 8 January 2025.

Results: 20 referrals were included in the baseline audit.Adherence to standards: Ward 100%; Referrer 100%; Contact number 55%; Reason for admission 60%; Specific request 55%; Community addictions input 30%; Patient aware of referral 20%; Patient's views 40%; Drug screen results 5%; Estimated discharge date 5%; Appropriate 55%.

10 surveys from the ward with the highest referral rate revealed only 10% of staff felt confident about the referral criteria and relevant details to include prior to implementation of the referral form.

In the four-week period following implementation of the referral form, 5 referrals were received via the referral mailbox. Adherence to standards: Ward 100%; Referrer 100%; Contact number 100%; Reason for admission 80%; Specific request 100%; Community addictions input 80%; Patient aware of referral 60%; Patient's views 60%; Drug screen results 20%; Estimated discharge date 40%; Appropriate 80%.

Conclusion: Implementation of a referral form has begun to improve quality and appropriateness of referrals to the Ritson Outreach Service, although not yet reaching the target of 90% appropriate referrals. Further data collection is ongoing, along with measures to increase staff awareness of the referral criteria and process, such as posters in handover rooms and inclusion in resident doctor inductions.

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Improving Duty Clinician Decision Making for Medication Side Effects in Patients With Multimorbidity and Polypharmacy: A Quality Improvement Project

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Aims: A large proportion of patients referred to the Shepway Old Age Psychiatry service are multimorbid (3+ health conditions) and have polypharmacy (5+ medications), which can cause a wide range of medication side effects. These side effects, ranging from mild to severe, can compromise patient safety and often result in unnecessary re-entry into the service. This Quality Improvement Project (QIP) aims to improve the management of these patients by implementing a structured triage poster to assist on-call clinicians in deciding whether a patient needs to be readmitted to the old age psychiatric clinic or be referred elsewhere (A&E or GP). The aim of this QIP is to reduce unnecessary referrals, ensure timely intervention for high-risk cases, and optimise appointment allocation within the old age psychiatry service to optimise efficiency in the clinic.

Methods: A triage poster was designed and introduced at the old age psychiatry community unit, as a Plan-Do-Study-Act cycle, to standardise management of medication side effects in patients with multimorbidity and polypharmacy. Data on the number of patients readmitted to the service was collected over three weeks prior and three weeks after the implementation of the triage poster. The effectiveness of the poster was assessed by comparing the number of re-admissions and referrals pre- and post-implementation. The mean readmission rates pre- and post-intervention were compared and statistically analysed using a two-sample t-test to assess the impact of the intervention.

Results: The mean number of weekly readmissions pre-intervention was 2.33 (SD=1.53). The mean number of weekly readmissions post-intervention was 5.00 (SD=0.00). A two-sample t-test was conducted to compare the means, which showed a statistically significant increase in re-admissions post-intervention ($t(4)=-2.92$, $p=0.043$). This demonstrated that the triage poster did not reduce re-admissions and may have caused the opposite intended effect.

Conclusion: The implementation of the triage poster was associated with a statistically significant increase in re-admissions to the old age

psychiatric community unit. External factors including seasonal patient changes, variations in referral practices, or limited staff training regarding the triage poster may have acted as confounding variables. The short data collection period (three weeks pre- and post-intervention) may not account for realistic variability, which potentially contributed to the observed increase in re-admissions. Further understanding the impact of confounding factors is needed to improve the intervention's ability to satisfy the QIP's aim, which is to reduce patient re-admissions related to polypharmacy and multimorbidity.

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Quality Improvement Project on Mental Health (Self-Harm) Care Provision in an Emergency Department

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Aims: In 2022, the Royal College of Emergency Medicine (RCEM) published an updated toolkit for Mental Health in Emergency Departments (EDs), outlining clinical standards to improve care for mental health patients. These standards, based on guidance from the National Institute for Health and Care Excellence (NICE) and the Royal College of Psychiatrists, focus on (1) the ED mental health triage process, (2) observation of patients at risk of self-harm or absconding, and (3) the quality of ED clinicians' assessments. The toolkit also emphasises collaboration with mental health teams to facilitate parallel assessments. This quality improvement project evaluated Darent Valley Hospital's ED performance against these standards and tracked service improvements over two years.

Methods: Data was collected retrospectively from October 2022–March 2023 and October 2023–August 2024. A total of 298 cases were analysed (102 in the first year, 196 in the second). Patients aged 18 years and above who presented with intentional self-harm and were referred for an emergency mental health assessment were included. Under 18s, inpatients in mental health units and those not requiring ED care were excluded. Process measures assessed included time to triage, observation of at-risk patients, time to ED clinician review, and risk assessment quality. Outcome measures included indicators of compassionate and practical care, such as provision of food, drink, pain relief and discussions regarding treatment.

Results: Monthly meetings with the Psychiatry Liaison Team increased parallel assessments (from 39% to 56%). The appointment of an ED safeguarding lead contributed to reduced times for triage (45 to 40 minutes), and time to physical health assessment (170 to 125 minutes), with dedicated mental health triage compliance increasing (64% to 98%). The proportion of patients receiving well-documented physical health assessments improved from 86% to 92%. While risk assessment quality improved (11% to 17%), particularly regarding drug and alcohol concerns and safeguarding, further work is needed. The presence of alcohol liaison nurses twice weekly supported these improvements. Challenges remain, including a decline in documented observations of at-risk patients (30% to 20%) and only modest improvement in compassionate care provision (13% to 21%).

Conclusion: This audit demonstrates progress in assessing and managing patients presenting with self-harm. Planned improvements include a standardised mental health proforma to enhance triage and risk assessment. Further multidisciplinary team discussions will focus on optimising compassionate care, safeguarding, and substance misuse pathways, with ongoing ED staff education. The audit will continue into 2025 to assess the impact of these interventions.

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Streamlining ADHD Annual Reviews: Implementation of a Form-Based System to Replace Face-to-Face Consultations

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Aims: Patients prescribed medication for ADHD require an annual review, generally conducted by specialist services, which accounts for a significant proportion of the workload. Delays in annual reviews can lead to GPs withdrawing Shared Care and discontinuing medication. Optimising this process could release much-needed resources for already struggling ADHD services.

This project evaluated the impact of replacing routine face-to-face annual reviews (ARs) with a streamlined, form-based system, with key objectives of assessing improvements in service efficiency, patient outcomes, and resource allocation while maintaining adherence to NICE guidelines.

Methods: A single-page Adult ADHD-friendly form consistent with NICE Guidelines on annual reviews was developed to assess medication adherence, symptom stability, and the appropriateness of continued ADHD medication. Created with a service user panel, the form was designed to allow patients to complete it by phone or email in less than 3 minutes.

Following a review of the responses on the AR form, patients requiring a further review or intervention were offered clinic appointments. Data from January to June 2023 were analysed to determine the proportion of patients requiring follow-up, and care records for this group were reviewed.

Results: Of 288 patients contacted, 262 responded, with only 60 (20%) requiring a follow-up review, mainly for medication effectiveness issues (37.1%), dose adjustments (22.6%), or side effects (17.7%), indicating that 80% of cases were manageable via the form alone.

Only 2 forms were redone due to incompletion. 25 patients (8.7%) did not respond, and were discharged after further attempts, including GP contact.

Extrapolated data: Approximately 700 patients were on the AR list. Replacing routine 1-hour face-to-face reviews with 5-minute paper reviews for 80% of patients saved an estimated 560 patient hours annually. This enabled an additional 112 assessments for new or complex cases (assuming each assessment takes 5 hours).

Consultant workload analysis:

Each Programmed Activity (PA) equates to 4 hours. 560 hours = 140 PAs saved annually, or 23 weeks of full-time consultant time (based on 6 clinical PAs per week). At an average consultant salary of £118,000/year, this system achieved a cost saving of approximately £60,000 annually.

Conclusion: This innovative approach demonstrates that replacing routine face-to-face ADHD reviews with a form-based system