and knowledge around managing withdrawal, pain and opioid substitution therapies was poor.

Conclusion. A new pathway is designed to identify PWUS and in their last year of life at key treatment points e.g., accident and emergency, ward-based care. The pathway will then streamline referrals to relevant specialist services depending on complexity of palliative/dependency need. Teaching resources and prescribing guidelines have been developed in collaboration with secondary care pain specialists.

Quality improvement supervision comparison between training and non training posts

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Aims. To explore the level of supervision between training and non-training posts at LSCFT.
Background.

- Supervision is defined as 'provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainees' experience of providing safe and appropriate patient care'.
- Along with the trainees, doctors working in non-training posts such as staff grade, specialty doctors, trust grade doctors (TJD) and MTI (Medical training initiative) doctors form an integral part of patient care in the NHS.

Method.

- A mixed method approach was adopted with both qualitative and quantitative data collected simultaneously in the form of an online questionnaire.
- An anonymous online questionnaire was sent to junior doctors currently in training and non-training posts at LSCFT in 2019 using Meridian software.

Result. 1- Quantitative Data: - Participants included were doctors in training post such as Foundation Doctors (5), Psychiatry Core Trainees (6), GP STs (2) and doctors in non-training post such as TJD (4), Specialty Doctors (2) and MTI doctors (4). Based on the Meridian score, 84% of doctors were satisfied with the supervision. It was found that 72% of doctors received weekly supervisions, 10% monthly (1 TJD, 1 Foundation trainee) and16% bi-monthly (1 MTI, 1 SAS, 2 CTs). The data suggested that there was no difference in the frequency of supervisions between training and non-training posts at LSCFT.

2- Qualitative Data: - The feedback was common as there was no major difference between training and non-training doctors.

- Positives – WPBAs, discussion on reflections, management of complex cases and medication, personal issues affecting work.
- Negatives – Limited discussion on QI, Audit, Research and Psychotherapy.

- More specific help, need more support at times.
Conclusion.

1. To prepare a checklist of contents to be discussed during supervision.
2. To prepare a timeline chart of supervision.
3. Preparing a 'menu' of QI projects that junior doctors can sign up to at the start of each post.
4. To formulate training packages available to support junior doctors with QI/Audits.

Developing a dashboard for use in a forensic and intensive care psychiatric unit: a quality improvement project

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Aims. Dashboards provide a visual summary of relevant data to track performance against key indicators over time. They are used in healthcare to monitor the quality of patient care and to identify potential quality improvement projects. There is little published evidence of them being used in mental health services, especially in forensic psychiatric care.

This project aims to design a dashboard for use in a forensic and intensive psychiatric care unit, by specifying measures and ideal features it would include.

To develop a model for a quality dashboard for use

To decide which measures would be reported on the dashboard

To find reliable methods of assessing said measures

To explore staff preferences as to how the dashboard would display data, and how they would like the information to be disseminated

To use blank data to design a mock dashboard interface for feedback

Method. A literature search was conducted on healthcare dashboards and quality improvement projects taking place on low-secure psychiatric wards similar to the Blair unit. Potential outcome measures and methods of assessing them were researched. Staff thoughts on the dashboard, and which measures they would like to see included, were explored in interviews and using a survey

Result. Blank data were fed into excel to create example graphs for a mock dashboard. The results section details: measures to be included, such as staff turnover rate, absences, and patient satisfaction levels; how they can be assessed; and specific features of the dashboard, such as the capability to track trends in selected quality indicators over a period of time. Further development of this project out with the 4 week development timeframe will require cooperation from IT services and unit management staff.

Conclusion. Many staff suggestions, whilst valuable measures, were more suitable for use in a clinical or nursing dashboard, rather than a quality dashboard. COVID-19 factored into reasons why staff requested certain measures, and also meant that less staff were available to be contacted about the project. This project has limitations based on the four-week timeframe, but could be further developed by staff on the unit if desired.

Hyperprolactinaemia: audit of practice and new guidance

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Aims. Hyperprolactinaemia is a problem secondary to antipsychotic use. Current management guidelines are heterogeneous and impractical. We aimed to assess coherence to common themes monitoring and intervention, reasons for failure, and to design new guidance for both general use Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and beyond.

We hypothesised that performance would be poor and new guidance warranted.

Background. Hyperprolactinaemia is defined as blood prolactin of >530 miu/L in females and >424 miu/L in males, with 49.9% is due to medication. Several agents are deemed higher risk Symptom profiles and risk are idiosyncratic and there are adverse long-term outcomes. Treatment is based on symptom profile and severity and cause. Current guidance is trust specific or advised through The Maudlsey Prescribing Guidelines.

Comprehensive and practical guidance reflecting front-line limitations is lacking. There is no clear delineation of a risk stratified pathway.

Method. We wished to ascertain data on surveillance, aetiology and signpost opportunities for service improvement. We also designed 'risk strata' to guide intervention.

A random sample (n30) was selected from Enfield South Locality Team and data captured using local records. No ethical considerations were raised.

A number of audit standards (95%) were developed based on previous guidance and agreed within the team and included frequency of monitoring, time to review and need for further referral.

New guidance was developed based on results, MDT agreement and consultation with medical specialities.

Result. Data (n 30) showed predominant male bias to sample (66%) and average age of 48.87 yrs. Predominant diagnoses were Paranoid Schizophrenia (53.33%) and Schizoaffective disorder (33.33%.) Only 7/30 (23.33%) had undergone testing within the last year.

Of those sampled, 2 (6.667%) had a new diagnoses of Hyperprolactinaemia, one on routine monitoring, one incidentally on admission to hospital. Both were on high risk agents. Both were reviewed and treated within one month. No audit standards were met, but no further referrals were required.

Reasons for failure varied, but included loss to follow-up, no test requested or appointments missed.

Conclusion. Based on these data it was noted that monitoring was poor and reasons for failure varied. New Guidance was developed in response. The scope and validity of this guidance was agreed by MDT and awaits formal ratification.

Re-audit will occur in 2020, and if successful the guidance submitted to other Trusts and RCPSYCH for national use.

No financial interests to declare.

Using SBAR in psychiatry: findings from two london hospitals

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Aims. We aimed to evaluate the use of the Situation, Background, Assessment and Recommendation communication tool (SBAR) at two large psychiatric hospitals, in order to design new approaches to teach and reinforce its sustained use. In doing so we hope to improve communication, staff experience and outcomes for patients.

We hypothesised that use prior to intervention would be low and attitudes inconsistent between teams and objective data.

Background. SBAR is a communication tool developed to accurately refer information with improved outcomes within the NHS. Within psychiatry there is evidence of relatively poor care of medical problems leading to adverse outcomes in a group more susceptible to multiple physical illnesses. The reasons for this include a cultural ethos of learned helplessness in staff and lack of medical knowledge.

The use of SBAR is likely to overcome these issues.

Method. Surveys were presented to doctors and nurses staff at two Psychiatric Hospitals, Chase Farm and Edgeware. Inclusion in the survey was voluntary and anonymous. Questions elucidated topics ranging from awareness of SBAR through to its use and benefits.

Objective data were also collected, looking at handover gathered during the survey period. This was collected via phone from the duty physician over a five-day period, twice-daily. Qualitative data on handover content was collected at CFH.

Audit standards around knowledge, use and outcomes were set. Data were collected and analysed in house.

Result. The data (n23) showed that most nurses reported awareness (86.96%) ease of use (86.96%) actual use (60.87%) efficacy in communication (78.26%) value in understanding patients (78.26%) and agreement with mandatory use (78.26%.)

Doctor reports (n14) showed that although 100% were aware of SBAR, no respondents thought nurse-led communication was adequate, or that SBAR was used. The majority thought that mandatory SBAR use would improve communication (92.86%) and patient care (100%)

Objective data (pooled) of referrals showed that on 6.52% used SBAR. Qualitative data showed that handover was often inaccurate, lacking in information and unsafe. Suggestions for teaching included written or video media, or taught classes.

All audit standards were failed.

Conclusion. SBAR is an effective tool for improving communication and patient outcomes, and is well perceived by the MDT. However, it is poorly used with psychiatry leading to adverse outcomes. Reported use is undermined by objective data. Its mandatory use is well supported and new teaching initiatives are thus being designed to remedy this and improve client experience.

Quality improvement project: improving the confidence of junior doctors to manage emergencies; Drs abc in an acute psychiatric setting

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Aims. To improve the confidence and preparedness of junior doctors in managing medical or psychiatric emergencies when on call at an inpatient psychiatric unit.

Background. Facilities for emergency care differ between acute medical and psychiatric units. Protocols for managing acutely deteriorating patients and those requiring immediate resuscitation differ across these organisations.

Managing medical emergencies can be stressful for all involved. Junior doctors rotate between services where the level