

buccal midazolam. Further information about the type and the frequency of training courses (including the refresher courses) being offered to the carers for administration of buccal midazolam would also be documented. There is also data collection pertaining to the timely review of the care plan by the prescribing clinicians and the about the licenced or unlicensed used of midazolam. The quality of epilepsy awareness training is being explored in depth and also the competency of the county council nurses offering the training to the carers shall be analysed under different headings.

Result. Data are currently being collected in Hertfordshire and Essex mental health services.

Conclusion. After the data analysis, the short comings shall be addressed and effective measures shall be put in place to improve the quality of training being provided to the carers and to standardise the practice for prn midazolam prescription.

PLAN standards and writing to patients: quality improvement by audit

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Aims. This quality improvement project aimed to assess the adherence of a hospital psychiatric liaison team's documentation of assessments to the Psychiatric Liaison Accreditation Network (PLAN) standards framework; to identify areas of improvement; to identify barriers to and improve adherence.

Method. Data were extracted from 27 randomly selected patient assessments from 01/07/2020 to 31/08/2020 and then 27 assessments from 01/10/2020 to 30/11/2020 for re-audit.

Quantitative data was collected by calculating the percentage of assessments which documented each specific aspect of PLAN standards.

Qualitative data including attitudes specifically towards writing to patients was gathered from 1:1 discussions with members of staff.

Interventions between rounds of audit:

Presentation of results of 1st data collection to team in November 2020 followed by discussion

Emailed instructions to create a template based on PLAN standards for assessments to staff

Lobbied for Cerner access at liaison team office to facilitate use of above

Result. Quantitative – overall improvements were seen in adherence to all aspects of documentation of assessments including collateral history (from 23% to 67%) past medical history (30% to 70%) and acknowledging the patient/carer perspective (46% to 74%). Some improvement was seen in offering written correspondence to patients (0% to 20%).

Qualitative – the majority of comments regarding writing to patients were positive, with no staff members opposing the standard (“it is best practice”, “should become a habit”). However, some barriers were identified including increased workload (“requires more editing”, “could take a lot more time”).

Conclusion. Team adherence to PLAN standards for documentation of assessments was improved through low intensity interventions. Overall adherence was high, however certain areas leave space for improvement. The audit facilitated conversations around

writing to patients on discharge, both in the form of formal gathering of qualitative data and informal discussions between staff. Attitudes towards writing these letters were positive and some improvement was seen between audits. Ongoing audit activity aims to further improve adherence and monitor improvements.

Prevalence of pulmonary disease in alcohol and poly substance abuse

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Aims. The aim of this study is to identify the prevalence of pulmonary disease or progression of symptoms which can lead to respiratory disease in substance misuse. Identify risk: prescribe a safer substitute treatment (Methadone vs Buprenorphine). Identify combination of different drugs, causing toxicity and damage to lungs.

Background. Smoking and illicit substance misuse is recognized as a cause of pulmonary disease

Method. The study was conducted in 2015 at outpatient addictions service (CAPS/CDC 69 Warwick Road London SW5 9HB). All 50-participants gave consent and data were collected including demographic details, history of substance abuse, route of administration, medical history, Peak Expiratory Flow rate (PEFR). A questionnaire was designed to assess the severity of shortness of breath (SOB), with or without exertion to ascertain the extent of the disease.

Conclusion. 14 males and 3 females achieved 31 to 48.9 % of predicted PEFR. 13 males and 7 females achieved 51.1 to 69.6% of predicted PEFR. 7 males and 2 females achieved 70.8 to 91.1% of predicted PEFR. 2 males and 2 females achieved 100 to 114.3% of predicted PEFR. From the questionnaire on SOB with or without exertion, 8 males and 2 females reported moderate to severe shortness of breath on minimum exertion. 33 males and 11 females reported variable degree of SOB. 4 males and 2 females did not report SOB on reasonable exertion. 23 males and 10 females reported variable degree of SOB at rest, 14 males and 3 females reported no SOB at rest. 34 participants were receiving OST with methadone, 16 were on Buprenorphine. 6 patient treatments were switched to Buprenorphine due to Exacerbated COPD. 47 patients reported using Tobacco from harmful to dependent use. 44 patients reported harmful to dependent use of crack cocaine. 34 patients fulfilled the criteria of harmful use of cannabinoids. 33 patients were diagnosed with harmful to dependent use of alcohol. 10 patients reported heavy use of solvents. 2 patients reported harmful use of Party drugs. Many patients reported a history of recurrent chest infections 3-6 times a year, Asthma, COPD, Emphysema, Pneumonia and 2 were treated for Tuberculosis. 1/3 patients have a diagnosis of hypertension and IHD, liver disease and portal hypertension

Quality improvement project: to improve adherence to DVLA (driving and vehicle liscensing agency) guidance in the tyrone & fermanagh hospital acute inpatients ward

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Aims. To reach 80% adherence to DVANI (Driving and Vehicle Agency Northern Ireland) guidance in acute inpatients ward, T&F Hospital

Background. This is a scale-up of a previous successful QI project on driving and Attention Deficit Hyperactivity Disorder in Belfast Trust. According to DVLA's guidance for medical practitioners on the current medical standards of fitness to drive, patients with certain mental health diagnosis are required to inform DVLA of their diagnoses and refrain from driving. Different factors are considered in order to determine patients' fitness to drive. According to DVLA and GMC, it is medical professionals' responsibility to advise patients to inform DVLA/DVANI of their mental health diagnosis. It is the patient's legal duty to notify DVLA/DVANI of their diagnosis. Patients can be fined up to £1000 if they failed to inform DVANI of their medical condition. **Method.** Outcome: Completeness of driving advice given to consecutive patients discharged from T&F hospital from April 2019 to early August 2019 in %

Process: Document clearly in electronic and written notes on following - (1) has driving status been asked (2) has patient been advised to inform DVA if required (3) has patient been advised likely how long he/she is to refrain from driving for

Balancing: increased the time of reviews, increased numbers of consultant reports requested from DVA

Result. 4 cycles have been completed. Cycle 1 – baseline and review guidance; Cycle 2 – medical staff education and developed driving advice pathway and patient leaflet; Cycle 3 – admin staff was involved for putting driving advice pathway in admission pack; Cycle 4 – medical staff was educated again regarding importance of documenting electronically. Clear changes were seen after cycle 3 showing an increase of mean of 25% completeness of driving advice to over 90%.

Conclusion. It is the legal duty of patients to notify DVANI of mental health diagnosis, however it is the responsibility of medical professionals to advise patients to do so. This QI project has shown improvement in the completeness of driving advice given. Further cycles are to be completed to obtain patient feedback.

A survey of the use of seclusion and physical restraint at school and at home for children under the care of the NHS Lanarkshire CAMHS – learning disability team

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Aims. To attempt to quantify the use of seclusion and restraint for young people managed by the NHS Lanarkshire CAMHS Learning Disability team.

Background. There has been increasing interest in the use of seclusion and restraint in children with learning disabilities, reflected by various news reports in the UK and USA. A survey of parents conducted by the Challenging Behaviour Foundation (2019) found that 35% of disabled children (n = 204) had been regularly physically restrained and a further 21% had been regularly secluded. The use of restrictive practice in children is contradictory to the UN Convention on the Rights of the Child as well as the conclusion of a recent report conducted by the Scottish Children's Commissioner titled "No Safe Place" which called on schools to stop using restraint and seclusion until national guidelines and standards were in place. No data were submitted to the Children's Commissioner from Lanarkshire. Anecdotally there

was an impression in the team that restrictive practices were widely used at school and home.

Method. The NHS Lanarkshire CAMHS-LD team is a small team caring for children aged 5–18 years with moderate to severe/profound learning disability with mental disorder and/or severe challenging behaviour. The methodology for this retrospective audit relied on reviewing patient case notes and speaking with involved clinicians. We discussed each individual patient on their respective caseload as to whether the child had been restrained or secluded at home or at school.

Result. All 108 children from the caseload were included in the audit of whom 52.8% had been either restrained or secluded. 24.1% of children were both restrained and secluded at school, while 15.8% were restrained and secluded at home. These patients were complex. 86.1% had Autistic Spectrum Disorder and 55.6% had another comorbidity, such as ADHD.

Conclusion. The figures are broadly similar to those in the Challenging Behaviour Foundation report. The team knew all of the individual patients very well and review them across a variety of settings such as school and home with instances of seclusion and restraint being directly witnessed by clinicians. Nevertheless, there is the issue of recall bias. These findings will be shared with NHS Lanarkshire management for further discussion and dissemination.

Testing a computerised tool to improve physical health monitoring in a medium secure forensic setting

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Aims. This project aimed to improve adherence to regular monitoring of the physical health of inpatients within a medium secure forensic psychiatric unit. A computerised tool to remind doctors to do checks was created, which was proposed would improve adherence.

Background. The physical health of people with mental health problems is of some concern, with higher rates of physical comorbidity and mortality compared to the general population.

The forensic inpatient population has a high burden of both severe mental illness and physical ill health, and a high medication burden with potential adverse effects on physical health.

To support the health of patients in our medium secure unit, each should routinely have three physical health checks done at least every six months. These are 1) an electrocardiogram (ECG), 2) a set of blood tests and 3) a full physical examination.

Method. Patient records for 26 patients across two medium secure psychiatric wards were checked for 1) an ECG, 2) a full set of blood tests and 3) a full general physical examination within the past 6 months.

A tool was created that automatically calculated the next due date for each check and colour coded which were overdue (red) or within 30 days of the due date (yellow). This tool was given to the core trainees working on these wards to help them keep track of which checks needed to be done.

The records for patients on the same two wards were rechecked four months later and the adherence rates compared.

Result. On both wards, for each of the three physical health checks, a substantial improvement was seen in the proportion completed within the past 6 months.

Conclusion. The tool created was a useful means of presenting, in one place, relevant information needed by doctors working in