

United States as a 'therapy dog.' A 'patient questionnaire' (PQ) and a 'staff questionnaire' (SQ) assessed the acceptability and self-rated benefits of the intervention.

Result. All patients (100%) rated highly on the enjoyment, anxiety, calmness, and comfort domains during the dog therapy, and expressed willingness to receive further sessions in the future. The SQ measured staff perceptions of patients' engagement, enjoyment, comfort and emotional response to the therapy. 100% of staff rated highly on all questions and thought the interventions had recovery value. Engagement was one key factor noted in the feedback. There were no reported adverse reactions to the intervention.

Conclusion. Our preliminary results showed high acceptability and perceived value for Animal assisted therapy in a psychiatric rehabilitation setting. Given the impact of social isolation and need for connectedness, we recommend access to pet therapy where possible to be integrated into individual recovery programmes.

A quality improvement project on timely completion of bloods and ECGs on a tier 4 child and adolescent inpatient unit

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Aims. Physical health monitoring is paramount to optimal care for psychiatric patients. Blood tests and ECGs are invaluable tests throughout a patient's care. At baseline, they aid investigation of potential organic causes of psychiatric presentations and provide organ and electrolyte status before starting medication. Common psychotropic medications carry physical health risks: bloods and ECGs aid in monitoring potential side effects of prescribed medication.

In this local Tier 4 inpatient unit, anecdotal observation revealed completion of these basic investigations was noted to be suboptimal.

This project aimed to improve timely completion of baseline (within 72 hours of admission) and monitoring (within one week of due date) bloods and ECGs.

Method. This project was completed within a 12-bed child and adolescent inpatient unit. Using Plan Do Study Act (PDSA) methodology, the multidisciplinary team collated driver diagrams to identify potential areas for intervention. Following baseline analysis, colleague communication was considered key. Consequently, a chart for bloods and ECG completion was created.

Each monthly PDSA cycle included the following consecutive interventions:

PDSA cycle 1: chart implementation

PDSA cycle 2: chart simplification and font size increase

PDSA cycle 3: allocated change in team leader for this cycle

PDSA cycle 4: Blood request pocket in office

PDSA cycle 5: chart simplification through removal of dates

PDSA cycle 6: ECG pocket

PDSA cycle 7: box on handover list

Result. Monthly investigations and admission numbers are unpredictable and inconsistent in this cohort: relevant case numbers per PDSA ranged from zero to ten. The results were presented as percentages to allow for direct comparison between cycles.

Baseline and results of each consecutive PDSA cycle described above were as follows (N/A represents a cycle where no investigations were required):

Admission bloods were completed within 72 hours in 50%, 100%, 50%, 80%, N/A, 100%, 100%, 100%

Admission ECG was completed within 72 hours in 30%, 66%, 50%, 70%, N/A, 100%, 100%, 100%

Monitoring bloods were completed within one week of due date in 25%, 33%, 0%, 80%, 100%, 100%, 100%, 100%

Monitoring ECG was completed within one week of due date in 0%, 0%, N/A, 66%, 100%, 66%, N/A 100%

Conclusion. Through close multidisciplinary collaboration and chart implementation, completion of bloods and ECGs improved. Low patient numbers per PDSA cycle resulted in large changes in percentage results, limiting the significance of these findings. Wider implementation of the chart within local Trust inpatient wards is considered.

Redesigning community care for safer staff and patient experiences: quality improvement project to improve safety and reduce incidents of violence and aggression in a community mental health team

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Aims. Violent or aggressive incidents can be relatively common in community settings, and perhaps more difficult to manage than in inpatient wards due to the relative isolation and peripatetic delivery model, which can put staff at higher risk during incidents. Carshalton and Wallington Recovery Support team was identified as an outlier in the Trust and was invited to partake in a Safety Collaborative across South London Partnership.

Stakeholders agreed on the aim of reducing incidents by 20% over 1 year by the end of 2020.

Method. Data about incidents were analysed and staff surveys conducted to evaluate violent events. Patient discharge was highlighted as a particular time of increased aggression. Involvement of patients and carers through patient focus groups and co-production was essential to elicit areas of improvement. These included staff confidence and awareness of existing guidelines. Additional secondary drivers were communication with patients, care pathway development, discharge process and multidisciplinary approach, which each had associated change ideas.

The team identified change ideas that have been tested over one year using the Quality Improvement methodology of small-scale testing and PDSA. Example ideas tested include multidisciplinary Risk meetings, Safety huddle tool, Staff Safety training, co-produced Welcome and Discharge Packs with informed care pathways.

Result. There has been a 30% reduction in incidents by December 2020 across a total of 280 patients. Surveys have shown an increase in staff confidence and safety protocol awareness from 40% to 70% by October 2020. 100% of patients in focus groups found the Welcome and Discharge Packs helpful.

Conclusion. A structured improvement approach focused on staff safety and minimisation of known and potential contributing factors can lead to a reduction in incidents. Safety huddles and risk meetings allow a formal multidisciplinary approach to management of violence and aggression. Staff feel more reassured about safety policies in the trust, with better communication between senior management

and colleagues to highlight risk and provide support. A culture of open discussion and transparency was implemented through provision of Welcome Packs including Care and Discharge Pathways details at point of entry to the service. Support was provided to patients with Discharge Packs including information about community services. This enabled a meaningful support model at the end of their recovery journey and an improved discharge process.

The team is now working with additional teams and administrative and clerical staff to improve safety. We hope to replicate this approach in our Trust.

The introduction of electronic prescribing in the Orchard clinic-a QI project

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Aims. Hospital Electronic Prescribing and Medicines Administration (HEPMA) system successfully rolled out in July, 2020 at the Orchard clinic as the first site in NHS Lothian. The initial aim was to collect some "pre-HEPMA" and "post-HEPMA" data to look at "staff's attitudes to a new IT system, and does that change with successful implementation of it?" in the form of a survey. In the light of the findings of the pre-HEPMA staff survey, it became the QI project (as above).

This aimed to look at both qualitative data; in the form of a staff attitudes survey towards a new IT system and quantitative data; to measure benefits of its implementation and to address issues raised by staff in the survey in the form of an audit in both pre and post HEPMA cycles.

Method. Two cycles were completed as follows:

1. Pre-HEPMA cycle in March, 2020:

Survey: Questionnaires asking question re- own IT skills, preparation and expectations of outcome of its implementation.

Audit: Measured time taken to write and re-write paper prescriptions. Proforma filled by staff to measure time taken to log on and other IT related issues.

2. Post-HEPMA cycle in October, 2020:

Survey: Replicated above questions re-own IT skills, support during and after launch, disaster recovery and views about actual outcome of its implementation.

Audit: Replicated to measure time taken to complete electronic prescriptions.

Result. 24 staff questionnaires returned in both cycles. Staff felt more confident in their own IT skills, training and hence competence to use HEPMA; more supported, more confident about contingency plans and HEPMA to be more beneficial than initially anticipated. Overall, actual perceived success of (91%) compared to anticipated success (71%).

The majority issues raised via the first survey were felt to be addressed. Time to log was on average

The audit showed a clear benefit in terms of clinical time saving, e.g. daily clinical time spent writing prescription reduced from an average 45 to 6 minutes with HEPMA.

The quality of documentation on the prescriptions remained unchanged.

Conclusion. Staff's attitude towards IT does change after successful implementation of a new IT system. But IT issues make the whole process laborious.

There was evident benefits realization with an electronic prescribing system compared to paper prescriptions.

I was awarded "Employee of the month" for this project which I also presented at the NHS Lothian grand round (>150 attendees) for dissemination and future replication.

Improving access to mental health services for homeless people in Torbay

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Aims. Devon continues to see increasing numbers of rough sleepers despite the "Everyone In" initiative and the South West region is now behind only London and the South East nationally. The interaction of homelessness and Mental Health is complex. Mental health problems and trauma contribute to people becoming homeless as well as homelessness itself causing or exacerbating existing problems, all complicated by high rates of substance use and poor physical health. Despite the desperate need in this population they often struggle to access mental health services which are not designed with their needs in mind. Their pattern of service use is primarily that of acute services when in crisis and disengagement in the community which results in high costs and poor outcomes.

Method. In July 2019 an outreach service was set up consisting of a psychiatry core trainee (Dr Tom Scott-Gatty) for half a day per week supervised by the Torbay North CMHT consultant (Dr Tom Cant) to seek opportunities to engage individuals in assessment and treatment and improve outcomes in this population. The service is primarily based at the homeless hostel in Torquay (Leonard Stocks Centre) for ease of access but is flexible about where patients are seen. Patients have been seen in various locations including medical wards, prison, on the street etc. The role includes close work and liaison with other professionals such as GPs, probation, charity sector, drug and alcohol etc. and this is integral to supporting the level of complexity seen in this population. Engagement, building relationships and trust are central to serving this vulnerable and marginalised population.

Result. In January 2021 feedback forms were completed by 13 patients and 18 professionals who had used the service. Feedback was overwhelmingly positive with average overall score 9/10 from both patients and professionals. All patients reported feeling comfortable using the service and that mental health services are now easier to access. All respondents would like to see the service continue. A significant number of patients and professionals identified increasing the hours offered by the service as an area for improvement.

Conclusion. This service has succeeded in improving access to mental health services for homeless people in Torbay. The service is valued by both the people it serves and the professionals supporting them. Further improvement to the service could be achieved by expanding capacity. Funding has been identified from existing local authority budgets to add a CPN to the team to achieve this.

QI project: Improvement in quality of Seclusion Medical Review

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