

challenging and potentially poorly completed. By standardizing available equipment and furthermore through practical steps such as separating the equipment required on a daily basis and that used less frequently the retention of equipment improved. This enables delivery of high quality, timely and thorough monitoring and assessment of physical health to be achievable.

Improving cardiometabolic screening on an inpatient psychiatric ward: a quality improvement project

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Aims. Primary aim: To increase the proportion of patients receiving a full cardiometabolic screen whilst on the ward to 75%.

Secondary aims: To improve communication with GPs regarding cardiometabolic health, to improve the rates of intervention when abnormalities are found to 75%.

Background. People with serious mental illness are known to have significantly increased risk of cardiometabolic syndrome than the general population. Estimates suggest there would be up to 12,000 fewer deaths from cardiovascular disease if people with serious mental illness had the same outcomes as the general population. People with serious mental illness die on average 20 years earlier than the general population due to preventable physical health problems.

Whilst on the ward, we have an excellent opportunity to screen and treat patients with cardiometabolic risk factors, yet screens are often incomplete, not acted upon, or simply not carried out.

Method. Using the Plan-Do-Study-Act (PDSA) methodology, we trialed interventions to improve the cardiometabolic screening process on our 16 bed inpatient ward. Across 8 cycles, we set up a protocol to ensure all new patients received a full cardiometabolic screen during their admission reviews, engaged nursing staff with the process and managed inconsistencies with blood transportation and delivery. We also started using British Heart Foundation information leaflets, and treating patients in accordance with the Lester Tool: Positive Cardiometabolic Health Resource. We made design changes to the discharge summary template allowing for clear communication with GPs on discharge.

Result. At the end of 8 cycles, we had achieved 100% compliance with the full cardiometabolic screen (as defined by the Lester Tool) from a baseline of just 25%. We also improved intervention with identified abnormalities from a baseline of 0% to 100%.

Conclusion. Improvements in cardiometabolic screening and treatment were possible using the PDSA methodology. Given the success of this quality improvement project, we plan to introduce our methodology onto other wards in the trust.

Improving attitudes towards the COVID-19 vaccine in forensic mental health workers: a quality improvement project

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Aims. The primary aim of the project was to improve attitudes towards the COVID-19 vaccine in forensic mental health staff at a large regional tertiary forensic psychiatry unit. The main variable examined was attitudes towards safety of the vaccine. Secondary aims included decreasing misinformation about the vaccine and improving vaccine uptake.

Method. Paper questionnaires were distributed to willing staff members across 6 forensic inpatient wards within the North London Forensic Service. Participants included a range of allied health professionals including nurses, health care assistants, ward managers, occupational therapists, assistant therapists and administrative staff. Questionnaires used a mixture of Likert scale for agreement/disagreement with statements and yes/no questions.

Plan-Do-Study-Act (PDSA) methodology was utilised in implementing changes, and repeat questionnaires used to measure changes in attitude and behaviour. Change ideas implemented included the creation of 'mythbusters' posters which target vaccine misinformation, the creation and distribution of posters of staff members who had already taken their vaccine, the creation of vaccine champions to aid engagement in conversation about the vaccine, vaccine information packs being distributed to all wards and the opportunity for staff to 'drop-in' to clinics for information about the vaccine.

Result. Vaccine uptake improved from 7% before interventions to 69% after interventions.

The proportion of people very unlikely or unlikely to get the vaccine reduced from 25% to just 9%. The proportion of those feeling neutral reduced from 32% to 6%. The proportion of those either likely or very likely to get the vaccine increased from 34% to 85%.

Before interventions only 20% felt that the vaccine was either safe or very safe. This improved to 63% after interventions.

Before interventions, only 27% of respondents felt they had received enough information from the trust to make an informed decision. After interventions, 80% said they had received enough information.

The project was successful in reducing misinformation in every domain. Particularly reassuring was the reduction to zero of some of the most harmful misinformation claims, such as the presence of a tracking chip in the vaccine and the belief that COVID does not exist.

71% of respondents indicated the interventions we set out changed their view on the COVID-19 vaccine.

Conclusion. The changes implemented lead to clear improvements in all domains measured, suggesting targeted information is an effective strategy in improving uptake and attitudes around the vaccination program.

A quality improvement project to improve attendance to the physical health clinic at Southwark team for early psychosis

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Aims. The aim of this project was to improve the booking and attendance of patients under Southwark Team for Early Psychosis (STEP) into the physical health clinic.

Background. STEP is an Early Intervention Service which provides treatment to 230 adults (18-65 years) with first episode