

documented risk assessment including contraindications, risk factors, sign and date of prescriptions and appropriateness of prescribing were complete at 100%. No patients from the other 2 mental health units (n = 39,44) had a risk assessment documented in the notes.

Recommendations: All adult inpatients in Mental Health units must receive a venous thrombo-embolism risk assessment. This must be documented on the Inpatient Medication Chart. Consider adding a risk assessment checklist tool mapped from the Department of Health guidelines into the Mental Health Inpatient Clerking in pro-forma.

Service evaluation of long acting buprenorphine subcutaneous injection (BUVIDAL) in the west Lothian community addictions service

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Aims. 1. To establish if long acting buprenorphine subcutaneous injection retains patients in treatment.

2. To obtain the patient opinion of long acting buprenorphine subcutaneous injection and ascertain if it improved other aspects of their life for example relationships and employment.

Method. Information was gathered from TRAK, the patient record recording system, and Illy, the prescribing system. This allowed data to be gathered on previous opiate substitute treatments and when the patient was commenced on the long acting buprenorphine injection. A patient questionnaire was used to obtain qualitative data on the patient's view of this treatment option.

Result. West Lothian Community Addictions Service starting offering long acting buprenorphine injection as a treatment option in March 2020. Since then there has been a consistent demand from patients to be commenced on this treatment. On 31st January 2021 39/53 (73.6%) of patients who had been commenced on long acting buprenorphine for 6 months had been retained on this treatment. Moreover, 3 patients were lost to treatment due to transfer to Her Majesty's Prison. Patients who were commenced on this treatment option were both new to treatment and those who had previously been difficult to retain on methadone or sublingual buprenorphine. The questionnaire supported the antidotal feedback that patients found this treatment option to be hugely beneficial.

Conclusion. Long acting buprenorphine injection has been well tolerated by patients and there has been a clear demand for this treatment option from patients accessing the service. It appears that the clarity of mind, that is associated with buprenorphine, has not been a barrier to retention in treatment. We have found the retention rate of the patients on this treatment option has been higher than the median 6 month retention for either methadone or buprenorphine, compared to a recent systematic review. In addition, it has helped patients consider employment, improve relationships and maintain a level of stability that they may not have previously achieved on either methadone or sublingual buprenorphine.

Electroconvulsive therapy (ECT) and schizophrenia

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Aims. An evaluation of the benefits of ECT in patients with schizophrenia who received ECT in Cardiff & Vale UHB, in order to:

- Investigate the effectiveness of ECT as a treatment for schizophrenia
- Inform future clinical practice
- Identify clear outcome measures for use in future research

Background. Schizophrenia is a severe and debilitating mental illness, for which pharmacological treatment is often ineffective. ECT is seldom used for schizophrenia, despite encouraging evidence for its efficacy. Current guidance in the UK is inconsistent, as RCPsych contemplates the use of ECT in schizophrenia in certain cases, while NICE does not. This confusion warrants the need for further evaluation of ECT as a treatment for schizophrenia.

Method. Eight suitable patients were identified, and a retrospective chart review was conducted in relation to the following outcomes:

- What was the main indication for ECT, and was the issue resolved
- Change in clinical rating scales
- Concordance with medication before and after treatment
- Length of hospital stay before and after treatment, over one year
- Mental Health Act status after treatment for those treated on section
- Was the level of observation reduced following treatment

Result. Initial indication for treatment was completely resolved in seven out of eight cases. All patients improved in overall symptomatic score (mean improvement = 59.5%). Five patients (62.5%) improved above the threshold of clinically significant response. At the commencement of treatment, three (37.5%) patients were refusing all medication, three (37.5%) had poor concordance and two (25%) were fully concordant. At treatment end-point, all were fully concordant. Average length of hospital stay remained unchanged: 30 weeks during the year before ECT, and 33 weeks during the year after ECT. Of six patients treated under Section 3, four (66.7%) had their section lifted within six months. Observation level was reduced in all cases that had been placed under continuous observation.

Conclusion. ECT improved all outcomes except admission duration. These results provide support for the consideration of ECT as a meaningful treatment option for schizophrenia.

PERCEIVE – Patterning Employment, Race, and Clinical Experience In Violence against Employees

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Aims. PERCEIVE is a service evaluation counting whether nurse demographics correlate with reported subjection to violence and verbal aggression. The setting was a large mental health, learning disability and neuropsychiatry NHS trust in England. This continues our work to understand correlations reported in the literature between temporary staff and violence.

Method. We consulted the Caldicott, legal, equality & diversity, teams and gained service evaluation permission SER-19-031

from CNTW R&D department. We briefly consulted with staff regarding themes relevant to temporary nurse workers. They expressed concern that staff perceived to be “other” would be at more risk.

Employees’ age, ethnicity, employment status, nationality, length of service and seniority are routinely collected for the running of the trust. Therefore, these were anonymously collated then cross-referenced with violence and aggression incident reports (VA IRIs). Chi-squared was used to identify statistical significance. Ethno-national status was taken from self-report. We could not control for hours worked nor could we get agency staff demographic data.

We compared “exposure to at least one violent incident” in June, July and August 2019 against the following demographic categories:

Substantive vs bank staff

Band 5 and above vs band 4 and below

Staff with < 1 year of service vs staff with ≥ 1 year of service

“White British” staff vs Non-“White British” staff

“British” staff on self-report vs “Non-British” staff

Age ≤30 years vs ≥31 years

A minimum of 1682 nursing staff were analysed for each category in each month.

Result. Substantive staff, “White British”, “British”, younger, and staff of shorter employment length had greater frequencies of at least one VA IRIs compared to the complementary groups. Length of service was significant only in two months but judged significant overall. There was no statistically significant correlation with seniority. Substantive staff have three times the risk vs bank staff, perhaps mediated by hours worked. Other risk ratios were in the region x1.2 to x1.8.

Conclusion. Being British, White British, younger, less experienced or substantive staff correlate with subjection to reported aggression. This did not fit with staff speculation during consultation. Survival effects may be relevant. We are working to get more detailed information. Induction may help reduce aggression against newer staff.

The improvement of the quality of medical reviews of patients in seclusion in Rampton Hospital

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Aims. Improve and standardise the quality of medical seclusion reviews (MSRs).

Acknowledge existing good practise.

Highlight areas for improvement.

Improve the awareness of doctors performing MSRs of the requirements in the Mental Health Act Code of Practice (MHA CoP)

Background. MSRs are an essential clinical tool to ensure safe and consistent patient care. Patients detained in seclusion can be at heightened risk of poor mental and physical health, in addition to being a risk to themselves and others. There is clear guidance in the MHA CoP regarding what areas require to be covered in a MSR.

Method. A retrospective audit of all MSRs in September 2019 across all patients within all directorates within Rampton Hospital was undertaken. 281 inpatients were identified within Rampton Hospital, and 61 of these patients were found to have had seclusion in September 2019. A total of 439 MSRs were identified for these patients.

The standard applied was the MHA CoP guidance for MSRs:

- 1) MSRs should be conducted in person, and should include:
- 2) Review of physical health
- 3) Review of psychiatric health
- 4) Assessment of the adverse effects of medication
- 5) Review of observations required
- 6) Reassessment of medication prescribed
- 7) Assessment of the patient’s risk to others
- 8) Assessment of the patient’s risk of self-harm
- 9) Assessment of the need for continuing seclusion

100% compliance with targets or a reason why it was not possible was expected to be documented.

Result. The results show there is a large variation in compliance with the MHA CoP. The area with the highest compliance was the completion of reviews in person-(99.3%). The criterion with the average worst compliance was whether the need for physical observations was reviewed-(4.3%). Physical health was reviewed in 86.1% of cases, in contrast to psychiatric health at 38.3%. The adverse effects of medication and reassessment of medication prescribed were recorded in only 8.9%. The risk from the patient to others was recorded in 25.3%, whereas risk to self was recorded in 10.7%. The need for continuing seclusion was recorded in 72.7%.

Conclusion. The quality of MSRs at Rampton Hospital is currently inadequate. Improvement in practice is required to meet accepted standards and ensure safe, consistent patient care. Ways to improve this are being considered, including improving the knowledge of the MHA CoP and providing a MSR template.

Compliance with nice guidelines for management of depression in a community mental health team

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Aims. To evaluate compliance within a Community Mental Health Team (CMHT) to the NICE guidelines for the management of depression.

Background. Reducing the prevalence of depression continues to be a major public health challenge.

Given the complexity and recurrent nature of the condition, the NICE guideline CG90 is an invaluable resource to aid the effective management of depression. Here we present an audit of adherence to this guideline within a CMHT.

Method. A retrospective electronic casenote review of all patients diagnosed with depression between January 2016 and October 2019 under the care of a Birmingham CMHT (n = 35), assessing key performance areas including: quality of assessment and coordinated care, risk assessment, choice of pharmacological and psychological treatment using the stepped care model and appropriate crisis resolution planning.

Result. Key results include:

The majority of patients were Caucasian (63%). Ages ranged from 27 to 69 (mean age 48 years old).

Severity of disorder was typically moderate (46%) or severe (48%). Of those with a diagnosis of severe depression, 41% had associated psychotic symptoms.