

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

medium secure forensic wards regarding physical health checks, and drawing their attention to tasks that needed to be done. This led to an improvement in the adherence to physical health monitoring in these wards. An area for future improvement was identified regarding the unit's capacity to perform ECGs in a timely manner.

Improving experiences of transgender patients in inpatient services through a ward based staff training program

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Aims. The aim was to improve the experience of transgender patients in a general adult inpatient setting, through delivering practical 'bitesize' ward-based staff training. This training was to improve awareness of issues faced by transgender patients, knowledge around gender dysphoria, and increase confidence in discussing these issues appropriately with patients.

Method. Staff from a range of disciplines attended sessions held on the ward in small groups; these bite size sessions were delivered in under 20 minutes making them easy to fit around clinical commitments.

Result. All attendants rated increased confidence in their skills and ability to support transgender patients.

Conclusion. Improved staff training specifically focussing on transgender patients can contribute towards improved care for this patient group; this should form part of a wider strategy including clear operational policy and supportive environments.

Why is hitting A&E time targets so hard?: using Nudge theory and modelling to improve response times

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Aims. To improve the one hour response times to referrals made to psychiatric Liaison in A&E without adding or changing available resources.

Method. Response time data of referrals made to the Homerton University Hospital psychiatric liaison service was collected dating back from August 2016 to October 2019 (n = 10225).

A nudge was introduced in the form of a large display showing referrals arriving in real time in the staff office.

Data was then collected over a period of 5 weeks (n = 436) to measure if any change had occurred in response times.

Result. Response times appear to follow a Poisson like distribution curve. The average referral was responded to within 6 minutes (n = 1577) prior to the nudge, and 6 minutes (n = 88) after. Prior to the nudge the 95% referral envelope fell within 134 minutes (n = 9728) and was 122 minutes (n = 414) after the intervention. Significant statistical difference is observed upon considering response in the first 240 minutes.

Conclusion. Nudge interventions could be a useful resource-sparing method to improve services. The average referral to the HUH liaison team was quickly responded to within 6 minutes and yet hitting the 1 hour 95% target appears ever-elusive. Hitting targets of 95% responses within 1 hour may prove very

difficult if we are not considering natural distributions, such as Poisson, occurring in the background which ultimately may require a change in approaches to how we set performance targets.

Increasing routine HIV testing in low and medium secure forensic settings

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Aims. There remain a number of barriers to patients taking HIV tests, and prevalence of HIV in patients with severe mental illness can be higher than those without. Patients in forensic settings may be at even greater risk. National standards state that in areas of high and extremely high prevalence of HIV, testing should be offered routinely on admission to hospital. A review of compliance with these standards took place across low and medium secure male forensic wards in West London, followed by implementation of targeted interventions to increase testing rates. A reaudit was later completed to assess if changes had resulted in lasting effects

Method. A retrospective review of computer records took place to identify all inpatients residing on the low and medium secure wards on the day of data collection. Their pathology records were checked to ascertain if HIV test results were available. If no test was documented here, then patient psychiatric records were searched for documentation of the test being offered.

After the initial audit, education of patients and staff regarding the benefits of HIV testing took place, HIV testing was incorporated into primary healthcare routine admission screening and separate consent forms were eradicated.

The reaudit took place with data collection occurring in an identical manner.

Result. 183 patients were initially identified across 5 low and 7 medium secure male wards, and 184 on reaudit. The initial audit found that only 30.6% (56/183) of patients had either been offered an HIV test or had a result recorded on the pathology system, but this rose to 82.6% (154/184) on reaudit. After the interventions, 43.4% of all patients had HIV test results available, compared to 23.5% initially. Even where no test result existed, the number of tests offered rose from 7.1% to 39.1% of all patients.

Conclusion. This study shows that simple measures to normalise HIV testing and make it part of routine admission screening had dramatic implications for the number of patients being offered an HIV test.

There is still room for improvement, however, with 17.4% of patients having neither test results available, nor documentation that a test was offered. This could be a result of poor general engagement with health care services, and would benefit from thorough documentation and assertive outreach.

A quality improvement project: documentation of liaison psychiatry patient reviews in the John Radcliffe Hospital, Oxford

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