Methods. We conducted a review of patient depot charts and SystmOne notes for individuals on antipsychotic depot medications, in accordance with trust guidelines. Cases were randomly selected from the total number of patients on these medications. Following the initial audit, which was shared at Guildford CMHRS, a recommendation was made for staff to utilize the GASS Scale during outpatient appointments and document scores on both charts and SystmOne. A follow-up audit after six months was performed to evaluate any improvements.
Results. In the initial audit of 60 cases receiving antipsychotic depot injections, GASS was conducted in 8 cases (26.6%), with 7 cases (23.3%) completed within the last year. In the re-audit of 58 cases, GASS was completed in 16 cases (55.17%), all within the last year.
Conclusion. The re-audit highlights a notable increase in completion rates, yet opportunities for improvement persist. Additional suggestions for enhancing completion encompass regular refresher courses on Trust Guidelines, ensuring Pharmacy Team adherence to guidelines for patients on antipsychotics, and motivating medics and nursing staff to complete and document the GASS Scale. Consistent re-auditing is recommended for continuous improvement.

The Experience of International Medical Graduates (IMGs) at Birmingham and Solihull Mental Health Foundation Trust (BSMHFT): A Quality Improvement Project

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Aims. To improve the overall experience of IMG Doctors at BSMHFT. To demonstrate this, we targeted an increase in percentage of doctors rating their experience as excellent in our survey.
Methods. Employing the "Model for improvement", we co -produced all aspects of project with subject matter experts (IMGs).

- What are we trying to accomplish? We co-produced process map/aim.
- How will we know that a change is an improvement? Co-produced survey, circulated monthly, data collected and analysed.
- What change can we make that will result in an improvement: Co-produced change ideas from process map, survey data and weekly meetings. Commenced testing some change ideas in this phase.

  Other QI tools utilized include Driver diagram and family of measures.
- Change strategies (PDSA cycles):

These include:
- IMG specific session at Trust Induction. 15 minutes slot allocated to introduce project and encourage involvement.
- IMG whatsapp group.
- IMG Forum.
- Dedicated Email Inbox.
- Learning/career progression sessions.
- Social events.
- IMG representative.

Following organised sessions number of attendees recorded and feedback obtained via survey.

Results.

Outcome measure (Aim) - 5 months of survey data obtained. An average of 10 IMGs responded to monthly survey. Data presented on statistical process chart (SPC) revealed a median value of 33% of respondents (IMGs) rated their experience as excellent.

Process measures –
- *Trust Induction* – 2 PDSA cycles completed. 15 IMGS joined the Whatsapp group following induction sessions. 24 IMGs joined the IMG mailing list.
- *Whatsapp group* – Completed 9 PDSA cycles. Average of 3 IMGs joined per week. 69 members at present. Data indicates informal posts, planned activities, information sharing, and spontaneous queries encouraged engagement.
- *IMG Forum* – one PDSA cycle completed. 20 IMGs attended. Feedback was obtained and 63% of respondents rated the effectiveness of the session as excellent.
- *Social event* – one event arranged; 16 IMGs attended.

Conclusion. From this phase of the QI project, we have been able to foster an increased sense of community peer support and camaraderie amongst IMGs. This is highlighted by increased numbers in WhatsApp group, mailing list and attendance at events.

The change ideas positively impacted participation, engagement, and satisfaction with the project providing a previously unavailable psychological safe space.

33% of respondents rated their overall experience as excellent from the monthly surveys that were sent out.

In terms of next steps, we aim to implement other change ideas and aim to increasing respondents' rating as excellent to 50% by December 2024.

Extending the Reach of the STOMP Initiative to a Residential Nursing Home in Northern Ireland

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Aims. STOMP (stopping the over-medication of people with a learning disability, autism, or both) is a national project launched by NHS England in 2016. The objective is to curb the excessive use of psychotropic medication in individuals with a learning disability, autism, or both to manage behaviour that challenges. This means ensuring that medications are prescribed at the lowest effective dose for the shortest duration of time, and aiming to discontinue if appropriate.

We aim to broaden the implementation of the STOMP initiative to a relatively new residential nursing home in Northern Ireland that is home to individuals with learning disabilities and complex care needs. The residents are discussed at monthly MDT meetings attended by psychiatry, positive behaviour

support (PBS) practitioners, activities coordinators, and nursing home managers.
Methods. The inclusion criteria for STOMP are 1. Diagnosis of learning disability, autism, or both, 2. Currently taking psychotropic medication primarily for behaviour that challenges and 3. No diagnosis of severe and enduring mental illness. Five patients were eligible for STOMP.

Outpatient letters and medication prescriptions from the time of admission were compared with the most recent outpatient letters and medication prescriptions.
Results. The five residents were on a range of psychotropic medications including antipsychotics, antidepressants, benzodiazepines, and antihistamines. Following STOMP implementation there was a reduction in psychotropic medication for 80% of the residents.

Patient 1: Reduction in antipsychotic from 75% BNF max daily dose to 40%.

Patient 2: Previously on two antipsychotics with combined use of 75% BNF max daily dose – both medications now discontinued.

Patient 3: Reduction in antipsychotic from 69% max daily BNF dose to 50%, PRN antihistamine discontinued.

Patient 4: PRN antipsychotic discontinued from 15% max daily BNF dose, benzodiazepine use reduced by 5%.

Patient 5: Antipsychotic use increased from 25% max daily BNF dose to 33%.
Conclusion. There was a reduction in psychotropic medication in 80% of the residents. This is an encouraging finding and shows that the STOMP initiative can be expanded to include residential nursing homes. Despite relatively limited resources for STOMP implementation in our local service, we have shown that by keeping the STOMP ethos at the centre of our thinking during monthly MDT meetings involving nursing home management, PBS practitioners, psychiatry, and activities coordinators, we can make sustained reductions in psychotropic prescribing.

Medical Emergency Equipment Medication (MEEM) Training: A Quality Improvement Project Focusing on Transforming the Emergency Response to Inpatient Psychiatric Medical Emergencies

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Aims. All medical staff working within NHS psychiatric hospitals in the UK are required to complete mandatory life support training. However, there is no such mandatory requirement for associated training around the effective use of the emergency medical equipment used during medical emergencies on inpatient psychiatric wards. This quality improvement project focused on developing a sustainable educational intervention aimed at all staff types within one London inpatient psychiatric hospital. Staff of all grades and roles encountered frequent difficulties and delays in relation to the emergency medical bags and equipment, including issues around skill and confidence.
Methods. A survey was initially sent to medical and nursing staff working on an inpatient psychiatric unit, which highlighted participants' lack of confidence in using the equipment. It emerged that staff exclusively handled the emergency medical equipment during relatively rare emergencies. This resulted in unfamiliarity with the equipment and consequent difficulties in using it competently. A novel educational intervention dedicated to upskilling staff with emergency medical equipment was created, focusing on contents and use of individual equipment within the medical emergency bag. Pre- and post-intervention quantitative feedback regarding confidence and familiarity was obtained using feedback forms containing Likert scales. Qualitative feedback was also obtained.
Results. More than six training cycles, each consisting of at least five training sessions, have now been completed with both qualitative and quantitative measures of improvement captured. Individuals noted on average a 31.62% (±3.605%) improvement in self-reported confidence and familiarity with equipment. The most frequently identified positive themes were that the intervention familiarised staff with equipment and was educational, whilst the most frequent suggestion for improvement were requests for additional sessions. From single idea to sustainable quality improvement, the team broadened and gained stakeholder support including clinical and nursing directors, pharmacy, junior doctors, nurses, and matrons.
Conclusion. The intervention has achieved sustainability and is being explored in other partnership psychiatric hospitals. Despite reported increased confidence in handling the emergency equipment, there is ongoing need to develop, maintain and practice these skills, across both the nursing and medical staff, to achieve better outcomes for psychiatric inpatients. Trainee psychiatrists intend to develop the project further, and the training will be incorporated as a mandatory requirement. The project links to the quality standards for mental health point 12 of the Resuscitation council UK. Next stage developments of the project include linking to feedback from emergencies as well as incorporating into existing simulation training.

Substance Misuse History Documentation at Admission to Secure Rehabilitation Ward Audit

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Aims. To audit compliance with electronic admission documentation relating to substance use.
Methods. The initial admission forms in the electronic records of all current patients on the male ward were reviewed (n = 12). The information in core admission document was compared with other substance abuse history information on records.
Results. Seven of the twelve patients were asked about substance misuse during their admission review. 5 patients were not asked. One of these patients had no history of substance use but his alcohol use history was also unclear in other records. 9 patients had at the very least met the ICD–10 criteria of harmful use of alcohol. 11 patients had at the very least met the ICD 10 criteria for