

median time from referral to discharge was 6 hours 35 minutes. 25% of patients were admitted and 17% discharged with HTT. In February 2021, the median time from referral to discharge was 3 hours 19 minutes. 16% of patients were admitted and 5% discharged with HTT.

Conclusion. It is likely that by reducing the time required for collateral information, overall waiting times in the emergency department will be reduced. Clinicians are likely to feel more confident in their discharge planning if they have access to all clinical notes and previous risk assessments, which might in turn reduce referrals to HTT or admission. There should be further attempts by neighbouring NHS trusts, especially in London, to ensure access to their electronic notes system in order to reduce waiting times and improve the quality of patient care. We have already been approached for more information by a trust in North London who are interested in establishing access to a neighbouring trust's notes.

Audit of baseline cardiometabolic monitoring for patients prescribed or advised dose increase of antipsychotic medication by the knowsley assessment team

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Aims. To ascertain whether baseline monitoring of cardiometabolic health parameters was undertaken for patients prescribed dose increases of, antipsychotic medications in an outpatient setting. Whether results from baseline tests were taken into consideration when prescribing antipsychotic medications.

Background. People with Severe Mental Illness have a reduction in life expectancy of 15-20 years. Chief factors implicated in this rate are smoking, obesity, metabolic dysfunction from diabetes, hypertension and stroke. Antipsychotic medications themselves are associated with increased risk of adverse cardiometabolic effects. The CATIE Study of patients prescribed atypical antipsychotics found that men were 85%, and women 137% more likely to have metabolic syndrome than control. Relative risk for type 2 diabetes and CHD in patients with metabolic syndrome is 1.5-5 times that of the general population.

Method. The Team caseload was accessed between the 6/11/18-13/11/18. Chronologically the first 40 patients on the list who had been prescribed an antipsychotic or advised re a dose increase of antipsychotic chosen. Data were then retrospectively collected from informatics and progress notes, document uploads, initial assessments and the ICE bloods system to populate an excel spreadsheet which is currently in use within North West Boroughs.

Result. Of the 40 patients, 50% (20) attended for physical health review. All who did not attend initial appointment were offered a second appointment. 15% (6) did not attend 2 appointments. 35% (14) were not offered a physical health appointment. 1 patient had BP documented (from full physical review during previous episode within 12 m). 2 patients had BMI documented; Smoking, alcohol and drug use status was documented in 42.5%(17), 57.5%(23) and 67.5%(27) of patients, respectively. And 67.5% (27) of patients had an HbA1c result within past 12 months on ICE and 62.5% (25) had lipid profile. At least 10 of these bloods were not requested by our team. 7 patients were given a blood form but did not have bloods done. 57% (4 of 7) abnormal HbA1c's were acknowledged and 20% (1 of 5) lipid profiles.

Conclusion. This audit demonstrates that baseline cardiometabolic monitoring could be improved for patients under the Assessment Team who are prescribed antipsychotics. Only half of the audited patients had had a physical health review, despite being prescribed, or their GP being advised regarding an increase in dose of, antipsychotic medication. It is important to note that 15% of patients were offered but failed to attend an appointment for physical health review.

Hospital Anticipatory Care Planning for Inpatients of Organic Old Age Psychiatry Wards (NHS Lanarkshire)

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Aims. To improve practice of Hospital Anticipatory Care Planning for inpatients of Organic Old Age Psychiatry wards in NHS Lanarkshire.

Background. Hospital Anticipatory Care Plans (HACPs) are important components of care for inpatients with progressive and life-limiting conditions. HACPs provide guidance on treatment escalation and limitation for individual patients, in the event that they become acutely unwell. In the Old Age Psychiatry Department at NHS Lanarkshire, HACP standards are as follows:

HACP forms should be completed within 2 weeks of admission
HACP information leaflets should be provided to relatives/carers
HACPs should be discussed with relatives/carers

If a patient without an HACP becomes acutely unwell, an HACP should be made, and the responsible Consultant informed
HACP should be discussed within the multi-disciplinary team (MDT)

HACPs should be regularly reviewed

HACP and DNACPR forms should be kept at the front of the notes
Superseded HACPs should be marked as obsolete

Method. Inpatient notes were reviewed in October 2019 and compared against the above standards.

The findings were presented at the Clinical Governance Meeting and Old Age Psychiatry Teaching Group in December 2019.

An 'HACP Checklist' was also created to prompt good practice. Inpatient notes were reviewed again in July 2020.

Data from both time periods were compared.

Result. There was an improvement in:

The proportion of patients who had an HACP - from 59% to 96%

The proportion of patients who had an HACP made within 2 weeks of admission - from 35% to 78%

Documentation of HACP discussions with relatives/carers - documented for 77% of patients (from 47%)

Timing of HACP discussions with relatives/carers - took place within 2 weeks for 52% of patients (from 29%)

Documentation of HACP discussion by MDT - documented for 73% of patients (from 29%)

HACP Information Leaflets were only distributed to one patient's relatives/carers across both time points

Medical emergencies for patients with no HACP were infrequent and so comparison could not be made

HACPs were reviewed less frequently in July 2020 than in October 2019

HACP forms and DNACPR forms were always filed appropriately
Superseded HACP forms were always appropriately marked as obsolete

Conclusion. HACP practice mostly improved from October 2019 to July 2020. This may have been due to increased awareness of HACP Standards, following the presentation of initial data to inpatient teams.

A much larger influence, however, was likely to be the COVID-19 pandemic and associated efforts to improve HACP practice throughout the Health Board.

Evaluation of staff knowledge; attitudes and experience of breastfeeding on a mother and baby unit

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Aims. To evaluate the knowledge and experience of breastfeeding of staff working on a Mother and Baby Unit (MBU).

To assess the level of breastfeeding education of Staff on the MBU.

To identify any area of concern around breastfeeding on the MBU.

Method. A fourteen question questionnaire was designed with assistance of the medical team, midwife, and health visitor on the unit. The questionnaire was comprised of questions requiring "yes/no" and free text responses alongside Likert scales. The questionnaire focused on staff experience on breastfeeding, education levels and whether they felt Mothers were sufficiently supported. This questionnaire was distributed to all staff groups within the team to ascertain the level of expertise. 29 questionnaires were returned from a staff team of 31.

Result. Staff on this unit is made up of Multi-disciplinary professionals. Most respondents were Nursery Nurses (15%). 79% of staff had a lived experience of breastfeeding. Only 5 out of 29 respondents have had any breastfeeding training which was mainly in-house training, and these were the Health Visitor; Midwife and Nursery nurses. Of the respondents, 21% felt mothers who choose breastfeeding as their preferred mode of infant feeding were not adequately supported on the MBU. Seven percent were unsure and 72% felt women were adequately supported. 54% of staff were not aware of breastfeeding initiatives. 63% were able to list contraindications including names of psychotropic medications as well as personal choice and past medical history. The median rating in relation to confidence in skills on Likert scale of 1-10 was 5.

Conclusion. 23 out of 29 professionals felt that Training would increase their confidence and skills in breast feeding support for women admitted to the unit. There is clear indication from the Staff Members that mothers on the MBU who choose breastfeeding as their preferred mode of infant feeding require further support. There is lack of confidence in staff's breastfeeding support in the MBU. An evaluation of patient's own experience of breastfeeding support they receive from staff is being undertaken alongside this, but data will be analysed later.

Clozapine initiation in the Belfast Health and Social Care Trust (BHSCT)

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Aims. The aim of this project is to improve the quality of documentation and recording of the assessment and monitoring of patients commencing clozapine in BHSCT.

Background. Clozapine is an effective treatment for patients with schizophrenia who have not responded to at least two other anti-psychotics. Due to clozapine's significant side effect profile patients must be carefully assessed prior to treatment initiation with close monitoring of their physical observations and reported side effects during initiation.

The BHSCT Clozapine Pathway currently uses a Clozapine Assessment Integrated Care Pathway (ICP) common to inpatient and outpatient clozapine titrations and a Clozapine Titration ICP which varies slightly between inpatient and outpatient titrations.

Method. The Clozapine ICPs of patients commenced on clozapine in BHSCT in a 9 month period commencing January 2019 were reviewed. Handwritten clinical records were used to collect data on rates of completion of all aspects of the pathway.

These results were used to identify areas of the pathway that were being poorly completed and the "Method for Improvement Model" used to trial changes to the pathway using Plan-Do-Study-Act (PDSA) cycles.

Result. 20 patients in BHSCT were commenced on clozapine in the 9 month period. 1 Clozapine Initiation Pathway could not be located; therefore data were collected on 19 patients. 2 patients were initiated in the community and 17 patients initiated as inpatients.

The results showed that sections of the Clozapine Assessment ICP were poorly completed; for example only 27% of the "Patient Baseline Preparation Checklist" were complete, with 60% partially complete and 13% completely blank.

In the inpatient clozapine titration ICP the physical observations record was complete in only 20% of patients and the side effects monitoring record complete in only 13% of patients. Conversely the physical observations and side effects monitoring records were complete in 100% (n = 2) of patients.

Conclusion. BHSCT Clozapine Pathways were being poorly completed, with outpatient pathways being completed better than inpatient pathways. Analysis of the data shows that repetition of information in various parts of the pathway leads to gaps in documentation.

Parts of the pathway that were poorly completed have been redesigned and the impact of these changes assessed using the PDSA cycle method. It is hoped that this along with education of staff will lead to an improvement in the assessment and monitoring of patients being commenced on clozapine.

On-call handover '– if it isn't documented then it didn't happen'

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Aims. 1. To standardise the doctor handovers for on-call duties

2. To ensure there is documented evidence of handover taking place at the end of each shift

Background. Since the introduction of the European working time directive the amount of hours that doctors are allowed to work has been reduced, resulting in increased handovers between teams. The National Patient Safety Committee and General Medical Council have recognised that this means we need to ensure handovers are as safe and robust as possible to ensure that patient safety is not compromised. A recent serious investigation report carried out at Chase Farm Hospital, London identified a lack of formalised handover between doctors as a contributing factor leading to patient harm. One of the recommendations of