

Aims. This Quality Improvement Project aimed to improve physical activity amongst patients in a 16-bedded, low secure unit in the Downshire Hospital, Northern Ireland. We introduced an exercise programme with the aim of increasing minutes of physical activity per week. Secondary outcome measures were weight, mood and energy levels.

This project took place in the context of COVID-19 restrictions having reduced opportunities for off-ward activity and staff noting subsequent deconditioning and weight gain amongst the patient cohort. Cohort consisted largely of patients with a severe mental illness, many of whom had physical health co-morbidities.

Method. This project included all patients in the 16-bedded unit.

Baseline data were collected prior to programme introduction, including weekly activity levels and weights. A questionnaire explored patient confidence and attitude towards physical activity.

Focus groups were held with patients and staff in order to identify how best to introduce the programme, discuss content, and identify potential barriers.

We introduced an eight-week programme of weekly, thirty-minute, mixed ability exercise sessions. These were led collectively by the multi-disciplinary team. Patients actively participated in programme design; choosing session soundtracks and contributing to content planning.

Likert scales were used to measure self-report mood and energy levels pre- and post-session. Staff engaged in a weekly post session de-brief, where challenges were identified and solutions suggested. Weekly qualitative feedback was sought from participants. The sessions were thus developed and adapted according to patient and staff feedback over the programme's course.

Following the 8-week programme, activity levels and weight were re-measured and compared to baseline. Pre-programme questionnaires were also repeated.

Result. Patients reported increased enjoyment and confidence engaging in physical activity, as well as improved overall self-confidence and a sense of pride and ownership of the sessions.

Staff reported a more cohesive team environment, greater sense of work-place fulfilment and improved therapeutic relationships.

Comparing pre and post session ten-point-Likert scales showed a 153% mean increase in self-rated energy levels and a 98% mean increase in self-rated mood. This reflected a mean score increase of 3.8 in both.

Minutes of physical activity per week increased for all session participants, although remained below national guidance.

Weight reduction did not occur.

Conclusion. Exercise benefits not only physical health, but also emotional and psychological well-being. This project demonstrates how introduction of a weekly ward-based exercise class can offer this as well as improving working environment, team cohesion and therapeutic relationships. Weight reduction may be observed in the longer term.

Survey to evaluate care of complex clients in residential setting

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Aims. Delivering a new efficient assessment and shorter term secondary mental Health intervention service for individual sectors

Background. In November 2015, there was a transition to services with the focus on delivering more efficient service to clients

Previously we had been a combined sector Service. This transition, a reduction in resources and a move away from delivering care Through specialist mental health teams created from the national service framework - such as Assertive outreach, early intervention in psychosis and community rehabilitation - to a more Streamlined generic service, catering for these differing groups of people using a "Pathways Model" approach

Result. Across the two sectors we had 47 clients on CPA Pathway living in 24 hour residential Settings who all had a current care coordinator.

These 47 clients represented the workload currently of 2.8 FTE Band 6 care coordinators.

There were at Origin, 13 Residential/Nursing/Secure 24 Hour care providers, where clients were residing.

However of these 90% of residents lived in one of 5 settings, 3 settings in Ashfield and 2 in Mansfield.

Over 50% of individuals residing did not have existing connections with Mansfield or Ashfield before being placed into the area.

18 Clients (%38) were under section of the mental health act and 1client (%2) was on a life-Licence from criminal justice.

Conclusion. Transfer of CPA Care Coordination Protocol

To send paper referral to our Single Point of Access Meeting at the listed address at the earliest point relocation/placement is confirmed. Formal handover meeting for care will be coordinated, not sooner than 3 months after the placement commences. It will be expected that services currently involved in provision of service continue to hold care responsibility in the interim period.

As we move to a paperless environment, provision of electronic documentation such as previous CPA documents, Risk assessments, social circumstance reports & Discharge summaries, would be greatly appreciated

Patient & staff perceptions of animal-assisted therapy in psychiatric rehabilitation

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Aims. To study patients' subjective experiences of having access to a therapy dog and to assess the staff perception of the impact of pet therapy. Hypothesis: pet therapy services are acceptable for rehabilitation patients.

Background. Animal-assisted therapy (AAT) is the supervised use of an animal in a therapeutic setting to help in the treatment of physical or psychological disorders in humans. The use of dogs in the context of AAT - 'dog therapy' (DT) - has been piloted in the context of stroke rehabilitation; schizophrenia in elderly patients; depression, loneliness and anxiety in elderly patients; Alzheimer's disease; symptom reduction in PTSD; cognitive impairment; and dementia. The impact of pet therapy in long term psychosis care has not been adequately assessed.

Method. This feasibility pilot study used questionnaires to assess patient (n = 12) and staff (n = 10) perceptions of dog therapy in an in-patient psychiatric rehabilitation setting. 24 patients on a rehabilitation ward with complex psychosis were offered the opportunity to interact with 'Nugget,' a corgi trained in the

United States as a 'therapy dog.' A 'patient questionnaire' (PQ) and a 'staff questionnaire' (SQ) assessed the acceptability and self-rated benefits of the intervention.

Result. All patients (100%) rated highly on the enjoyment, anxiety, calmness, and comfort domains during the dog therapy, and expressed willingness to receive further sessions in the future. The SQ measured staff perceptions of patients' engagement, enjoyment, comfort and emotional response to the therapy. 100% of staff rated highly on all questions and thought the interventions had recovery value. Engagement was one key factor noted in the feedback. There were no reported adverse reactions to the intervention.

Conclusion. Our preliminary results showed high acceptability and perceived value for Animal assisted therapy in a psychiatric rehabilitation setting. Given the impact of social isolation and need for connectedness, we recommend access to pet therapy where possible to be integrated into individual recovery programmes.

A quality improvement project on timely completion of bloods and ECGs on a tier 4 child and adolescent inpatient unit

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Aims. Physical health monitoring is paramount to optimal care for psychiatric patients. Blood tests and ECGs are invaluable tests throughout a patient's care. At baseline, they aid investigation of potential organic causes of psychiatric presentations and provide organ and electrolyte status before starting medication. Common psychotropic medications carry physical health risks: bloods and ECGs aid in monitoring potential side effects of prescribed medication.

In this local Tier 4 inpatient unit, anecdotal observation revealed completion of these basic investigations was noted to be suboptimal.

This project aimed to improve timely completion of baseline (within 72 hours of admission) and monitoring (within one week of due date) bloods and ECGs.

Method. This project was completed within a 12-bed child and adolescent inpatient unit. Using Plan Do Study Act (PDSA) methodology, the multidisciplinary team collated driver diagrams to identify potential areas for intervention. Following baseline analysis, colleague communication was considered key. Consequently, a chart for bloods and ECG completion was created.

Each monthly PDSA cycle included the following consecutive interventions:

PDSA cycle 1: chart implementation

PDSA cycle 2: chart simplification and font size increase

PDSA cycle 3: allocated change in team leader for this cycle

PDSA cycle 4: Blood request pocket in office

PDSA cycle 5: chart simplification through removal of dates

PDSA cycle 6: ECG pocket

PDSA cycle 7: box on handover list

Result. Monthly investigations and admission numbers are unpredictable and inconsistent in this cohort: relevant case numbers per PDSA ranged from zero to ten. The results were presented as percentages to allow for direct comparison between cycles.

Baseline and results of each consecutive PDSA cycle described above were as follows (N/A represents a cycle where no investigations were required):

Admission bloods were completed within 72 hours in 50%, 100%, 50%, 80%, N/A, 100%, 100%, 100%

Admission ECG was completed within 72 hours in 30%, 66%, 50%, 70%, N/A, 100%, 100%, 100%

Monitoring bloods were completed within one week of due date in 25%, 33%, 0%, 80%, 100%, 100%, 100%, 100%

Monitoring ECG was completed within one week of due date in 0%, 0%, N/A, 66%, 100%, 66%, N/A 100%

Conclusion. Through close multidisciplinary collaboration and chart implementation, completion of bloods and ECGs improved. Low patient numbers per PDSA cycle resulted in large changes in percentage results, limiting the significance of these findings. Wider implementation of the chart within local Trust inpatient wards is considered.

Redesigning community care for safer staff and patient experiences: quality improvement project to improve safety and reduce incidents of violence and aggression in a community mental health team

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Aims. Violent or aggressive incidents can be relatively common in community settings, and perhaps more difficult to manage than at inpatient wards due to the relative isolation and peripatetic delivery model, which can put staff at higher risk during incidents. Carshalton and Wallington Recovery Support team was identified as an outlier in the Trust and was invited to partake in a Safety Collaborative across South London Partnership.

Stakeholders agreed on the aim of reducing incidents by 20% over 1 year by the end of 2020.

Method. Data about incidents were analysed and staff surveys conducted to evaluate violent events. Patient discharge was highlighted as a particular time of increased aggression. Involvement of patients and carers through patient focus groups and co-production was essential to elicit areas of improvement. These included staff confidence and awareness of existing guidelines. Additional secondary drivers were communication with patients, care pathway development, discharge process and multidisciplinary approach, which each had associated change ideas.

The team identified change ideas that have been tested over one year using the Quality Improvement methodology of small-scale testing and PDSA. Example ideas tested include multidisciplinary Risk meetings, Safety huddle tool, Staff Safety training, co-produced Welcome and Discharge Packs with informed care pathways.

Result. There has been a 30% reduction in incidents by December 2020 across a total of 280 patients. Surveys have shown an increase in staff confidence and safety protocol awareness from 40% to 70% by October 2020. 100% of patients in focus groups found the Welcome and Discharge Packs helpful.

Conclusion. A structured improvement approach focused on staff safety and minimisation of known and potential contributing factors can lead to a reduction in incidents. Safety huddles and risk meetings allow a formal multidisciplinary approach to management of violence and aggression. Staff feel more reassured about safety policies in the trust, with better communication between senior management