therapy (OST), and the usual doses of OST (65%, 94%, 94% rated 'neither confident nor not confident' or below, respectively). CTs were not confident at recognising GBL and cannabinoid withdrawal, principles of harm minimisation, assessing readiness to change, delivering Brief Interventions and teaching patients to use Naloxone.

Conclusion. The results were exceptionally similar between cohorts, demonstrating reliability of our findings and that CTs lack of substance misuse knowledge is a significant clinical concern.

To address this deficit of knowledge, we are writing an introductory lecture with supporting guidance in the induction pack, developing an online video resource, and moving key substance misuse lectures to earlier in the MTP taught programme.

The power of reflective practice: evaluating the impact of a psychoeducation and reflective practice group for surgical nursing staff and health care assistants in a trauma centre

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Aims. To offer a psychoeducation and reflective practice group for nursing staff (NS) and health care assistants (HCAs) working on a Trauma and Orthopaedics Ward in Southmead Hospital, Bristol. To explore the staff experience of having a reflective space, and how this impacted on their attitudes and knowledge and confidence in psychiatric presentations.

Background. Reflective practice can raise the quality and consistency of nursing care, but it is not part of everyday culture and practice. Southmead Hospital is a trauma centre and the surgical NS and HCAs care for multiple patients following self-harm or suicide attempts. They report at times not having the mental health knowledge and confidence to appropriately manage patients on the ward and are at high risk of occupational stress and burnout. Our mental health liaison team (MHLT) identified this need and offered to provide a space to address these concerns and evaluate the impact of this intervention.

Method. After liaising with the ward manager, I developed and provided a fortnightly forty-minute psychoeducation and reflective practice group for NS and HCAs on one Trauma and Orthopaedic ward in Southmead Hospital. Topics were rotated and included suicidal ideation, self-harming behaviour, mind and body link, the stress -vulnerability model and verbal aggression.

The staff were asked to complete anonymous paired pre-and post-course questionnaires about their attitudes and confidence regarding mental health difficulties. This questionnaire included both quantitative components (e.g. 1–5 Likert scales) and qualitative components (free text boxes) which were analysed and coded accordingly.

Result. Quantitative results showed that staff felt it was important to learn about mental health conditions and have a reflective space. Their confidence and knowledge improved in understanding and managing psychiatric presentations. Qualitative results revealed several common themes – (i) Space; staff valued a protected, structured, safe space, (ii) Relationships: staff valued sharing with colleagues and supporting each other, (iii) Sharing and learning; staff valued a space to think about patient's formulations, discuss common experiences, express their own emotions and learn from each other and (iv) Psychoeducation; the staff welcomed ideas of ways to communicate with patients and specific skills to use on the wards.

Conclusion. Trauma and Orthopaedic NS and HCAs perceived a range of benefits from participating in a psychoeducation and reflective practice group. Further research is required to evaluate whether reflective practice groups help to reduce staff burnout and can change the ward ethos to improve the patient experience.

Self-guided CcARM pogramme-COVID 19-March 2020. Complex case and recovery management framework (the CcARM*) - a quality improvement project

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Aims. During the recent lockdown, it was difficult for those with complex needs associated with learning disability and autism to source timely support. Despite the challenges posed by the COVID-19 epidemic, several resourceful initiatives were implemented, across the clinical landscape

The Self-guided CCaRM Programme was developed as a format for on-line workshops with those concerned. The expectation was to reframe support already there, and streamline further support to best effect.

Method. This programme evolved from the Complex Case and Recovery Management Framework (The CCaRM*), developed within Merseycare Specialist LD Services. This value-based platform was being used by the Specialist Support Team (SST) to support people in the community with LD and Autism with complex needs. With lockdown constraints, the service became reliant on working indirectly through family and carers.

Primary Driver:

1:The priority during the lockdown was to make sure how quickly to carry on functioning ,when everyone was distant from each other, and not been able to see people who have Learning Disability & Autism with complex needs.
2: Bringing CCARM to the people as a internet based intervention as CcARM was successfully practice with specialist services.
3: To provide a format for service users and then career to better review and reframe the care needs, to better effect for themselves

During the recent lockdown, for those with complex needs associated with learning disability and autism:

It was difficult for people to source timely support for themselves.

It was difficult for specialist teams to reach them with useful advice

Secondary Drivers:

1:To reframe support already there and to streamline farther support to best effect.
2:Increase Engagement:
3:Ensure Accessibility
4:Continuing workshops through COVID-Pandemic with no gaps in between-in first PDSA cycle

Change Ideas

1: The approach to counter the impact of Lockdown in a critical area
2: To adapt the CCARM framework to the online environment.
3: Simplification to improve over all engagement within the process

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A skype-based workshop was convened for all relevant parties. In advance, attendees reviewed concerns using the 6 self-guided CCaRM headings, in line with the original CCaRM, as follows:

Having a good circle of support
Having a good shared understanding
Having clear problem areas thought about
Social Participation and Living a Good Life
Keeping people safe and well
Making progress

For each theme, areas of strengths, concerns, and possible fresh approaches were explored. Subsequently, collaborative care plans were refreshed accordingly.
Result. There were 8 such workshops conducted in first PDSA cycle . Participants included support staff and family members, though no service users in this period. All gave positive feedback: that the experience helped with understanding and confidence in roles, and generated fresh ideas to try.
Conclusion.

- This approach helped counter the impact of lockdown in a critical area.
- It was interesting to adapt the CCaRM framework to the online environment.
- The perforce simplification seemed to improve the engagement of carers
- Further work needs to explore potential service user involvement also, and to evaluate the approach longer term.

Supporting mental health during the COVID-19 pandemic: implementation of an e-guide

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Aims. The COVID-19 pandemic has caused significant disruption to activities of daily living, which in turn has had a profound impact on the mental wellbeing of the public. An e-guide was designed to provide remote support to the general public through the application of a Behavioural Activation approach. Interactive, brief evidence-based exercises were included in the e-guide, along with mood ratings after each exercise to assess any improvements observed.
Method. The e-guide was designed using the Xerte On- Line Toolkits open source software. Videos and interactive exercises were embedded within the resource, forming part of the brief intervention based on cognitivist and behaviourist principles. Information and further support was also provided for young people and parents. Videos from the public highlighting their experiences during the pandemic were also sourced and included (with consent). A pilot was launched to assess the impact of the e-guide. Participants were recruited from Cardiff University, mental health services and a local charity.
Result. The e-guide was piloted on a sample of volunteers (n = 3), who completed a brief survey after engaging with the resource. Following the results of the pilot, the e-guide was promoted by the university's marketing team and made available to the public. At the 6-month mark, the e-guide had been accessed by 3228 individuals throughout the UK.
Conclusion. The e-guide has since been disseminated by support services for young people, places of employment and eduction institutions. The national impact of the e-guide is evidenced from the number of people accessing the resource exceeding 3000. With the long-term effects of the pandemic taking hold, it remains crucial to support the wellbeing of the general public through such initiatives that are administered remotely

A quality improvement project to improve the number of section 136 GP discharge summaries from the place of safety

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Aims. A Quality Improvement project with the aim to increase the number of patients discharged with a GP discharge summary from the Chase Farm Place of Safety over a 12 month time period by 50%.
Background. An initial audit was conducted at Chase Farm Place of Safety (POS) to see if patients held under Section 136 of the Mental Health Act (S136) and then discharged home had a GP discharge letter completed and sent. The audit revealed that 0.02% of patients who were under S136 and discharged home did have a discharge letter sent to the GP.

As a result of the initial audit, key stakeholders were contacted, and involved in the intervention design and implementation. The intervention was introduced and all doctors working in the trust were emailed the new protocol
Method. We implemented the following intervention:

If a patient was registered at a GP Practice then the nursing staff in the POS copied the entry of the discharging doctor from the electronic progress notes and pasted this in to the S136 discharge template on the electronic progress notes and this was emailed to the GP.

We informed Doctors to be aware that their entry would go out to the GP and should contain the following: Impression, Outcome/ Plan, Specific Risk /Safeguarding concerns and specific management plans.
Result. In the initial audit the notes of all patients discharged from the POS under S136 were reviewed over a 3 month period between November and January 2018. We found that 2 out of 89 patients (0.02%) had a completed GP summary which was emailed to the GP Practice.

After the intervention was introduced the notes were audited between July and September 2019. We found 33 out of 60 patients (55%) had a completed GP summary which was emailed to the GP Practice.
Conclusion. There was an improvement of 54.8% in the number of discharge summaries. Further consideration needs to be given to improving this percentage and understanding what remaining barriers there are.

A quality improvement project to improve handover in the integrated assessment liaison team

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