Results. Following years of campaigning the need for services was recognised in both the Bamford Review (2012) and RQIA Perinatal Review (2017). A commitment for funding for specialist teams, across all five health and social care trusts, was outlined in the Mental Health Action Plan in May 2020. Funding was finally approved in January 2021.

Significant work has gone into training to ensure there is a workforce ready to deliver services with focus on upskilling all professionals who deliver care to mums during the perinatal period. A competency framework has been developed to compliment this.

It is important to recognise the support and commitment of many members of the college Perinatal Faculty throughout this journey.

Conclusion. Community perinatal mental health services are at an exciting juncture in NI. Each of the trusts have made a commitment to the development of services under the co-ordination of the Public Health Agency. Several have progressed to recruitment of key staff with the aspiration for services to go live before the end of the year. There will be an overarching, integrated approach, co-ordinated by the new Regional Perinatal Network.

As newly recruited consultants we look forward to working in partnership to address this long-standing health inequality and improve the outcome for women and their babies in NI.

Establishing a Diagnostic Autism Assessment Clinic in a Primary Healthcare Setting to Reduce Waiting Times, Increase Efficiencies and to Improve the Patient Journey and Clinical Outcomes

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Aims. To establish a multidisciplinary diagnostic autism assessment clinic in primary healthcare so as to reduce lengthening waiting lists for specialist hospital based services, to increase efficiencies and improve the patient journey and clinical outcome. Timely diagnosis and early access to community based early intervention services optimizes outcomes.

Methods. Waiting time for specialist hospital based services were increasing in number. Analysis of the data revealed that 42.9% of all referrals were autism related and 75.5% of these referrals were for autism assessments in under six-year-olds. Bottlenecks were found in the current system. In collaboration with primary healthcare colleagues, a new pathway was developed with paediatricians, social workers and primary healthcare physicians completing a comprehensive initial assessment including conducting a Childhood Autism Rating Scale (CARS). Each of the three hospital based child psychiatrists then ran a diagnostic autism clinic in the primary healthcare setting once a month (so three clinics in total) to review the initial assessment, meet the child and family/carers and then to confirm the diagnosis and write a medical report for community based services as appropriate. Follow-up care remained in primary healthcare unless there was diagnostic uncertainty, significant behavioural difficulties or comorbidities requiring medication. The project timeline started with one and gradually increased to four diagnostic assessments in each clinic, that is, twelve per month.

Results. 57 diagnostic assessments were completed in first eight month period. Waiting times for diagnostic assessments in under six-year-olds were reduced from two to four months to only one to two weeks. Medical reports were issued within five working days. Under six-year-olds and their parents no longer had to attend busy, less child friendly hospital settings but rather were able to attend a purpose build early intervention centre within the primary healthcare setting.

Conclusion. In conclusion, this is an example of a successful quality improvement project embracing the efficiencies of integrated models of care between primary, secondary and tertiary services. Critical success factors included strong leadership support, compelling rationale and purpose, clear clinical pathways and clear roles and responsibilities. It was presented as part of the hospital wide quality meetings in November 2021.

Implementing a Physical Health Clinic on an Acute Adult Inpatient Psychiatric Ward

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Aims. Acute Inpatient Psychiatric Wards present the challenge of a high turnover of patients who have multiple physical health comorbidities that both contribute to patients' overall morbidity and may exacerbate any mental illness. Furthermore, there are a number of physical health parameters which must be checked and monitored in the initiation of psychiatric treatments. It is therefore important that patients receive physical examination, blood tests and Electrocardiograms (ECGs). The busy environment of inpatient units and the acute presentation of patients, who often decline interventions, lack capacity or cannot communicate their physical health problems, mean these assessments are often missed when offered in an ad hoc fashion. This Quality Improvement Project looked at implementing a Physical Health Clinic to look at whether this structured environment would provide better coverage of these physical health assessments.

Methods. The number of physical examinations, blood tests and ECGs both offered but declined and successfully obtained was measured on an Inpatient Ward with 20 patients and 2 junior doctors over 2 weeks with assessments being offered in an ad hoc fashion. Following this, a structured clinic run by a doctor and nurse with three 20 minute appointments three times a week was implemented and the same data collected over 2 weeks. A paired T-test was used to evaluate the results.

Results. There was a statistically significant increase in the number of successfully obtained physical examinations, bloods tests and ECGs when the Physical Health Clinic was implemented (Mean difference = 7.33, Two tailed P value = 0.0480,95% confidence interval 0.16–14.50, t = 4.4, df = 2, standard error of difference = 1.667). However, there was no difference between the number of bloods, examinations and ECGs offered but declined (Mean difference = 4.83, Two tailed P value = 0.2495, 95% confidence interval −3.92–8.58, t = 1.6059, df = 2, standard error of difference = 1.453).

Conclusion. The clinic led to a statistically significant increase in the number of examinations, blood tests and ECGs successfully obtained. The reasons for this are hypothesized that having a structured clinic prepares the patient to have a physical assessment and ensures their availability, provides motivation for staff and increases the efficiency of assessments with appropriate teamwork between doctors and nurses. Issues with the Clinic are limited availability of junior doctor and nursing staff and emergencies disrupting the functioning of the clinic.

Implementing the clinic on a wider scale is required to assess its effectiveness.

Admission Clerking- Inpatient Adult Psychiatric Unit - a Quality Improvement Project

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Aims. To improve the clerking proforma and physical healthcare for General Adult Psychiatric inpatients in Heddfan Psychiatric Unit, Wrexham by 100% within 18 months period with a long term goal of continuous improvement.
Methods. We started the project with a baseline audit which showed the incompleteness of vital data when clerking a patient in adult psychiatric inpatient unit. This was compared with various standards from Core competencies for a trainee in Psychiatry, NICE guidelines and Local trust policy from our own trust BCUHB for physical health monitoring and Department of Health Guideline for VTE.

With the findings obtained, we went ahead to create a proforma encompassing all the details.

The use of various Quality improvement tools such as Fishbone diagram, Drivers diagram and PDSA cycles gave as overwhelming results
Results. The baseline audit, repeat audits and PDSA cycles have shown tremendous and overwhelming results in terms of completion of the proforma. This has resulted in mandatory details being inputted sufficiently in the patient's notes.

Many of the important details such as medication details, allergy status, legal and forensic status, mental state examination, risk assessment, VTE assessment, investigation details and documentation have shown to have improved during this 1 year
Conclusion. This QIP has been patient centred as this is the main goal. Following the PDSA cycle, we have identified that it has been efficient and effective. It has been safe and also reduced the chances of patient neglect. The structure of the proforma used does not discriminate or show any inequalities and is timesaving too.

The SWOT analysis has been completed, which has shown that the teamwork and support from the Consultants and other stakeholders have been a major strength. There are a few weaknesses such as unavailability of ECG machine, missing documentation of investigations despite completing them but however with timely education to the junior doctors, we are hoping for improvement further. This QIP has opened up doors for various opportunities, such as including nursing and pharmacy admission forms into this proforma. Though there are few threats in achieving 100% success, we are hoping for the best

An Evaluation of Higher Trainee Views on Clinical Posts in West, North and East Yorkshire Psychiatry Trainee Scheme

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Aims. Gathering honest feedback is challenging as trainees are often reluctant to do so due to the perceived impact on their reputation, future careers, and professional relationships. A lack of constructive feedback severely impacts future trainees and can prevent necessary improvements. There is considerable variation over collection of feedback. The aim of the project was to allow higher trainees and newly appointed consultants within two years of completing training, provide feedback on previous training posts in a confidential manner. The information obtained would be used to improve trainee experience, support a change in culture around feedback and highlight posts in need of input from Training Programme. Directors (TPDs).
Methods. Anonymised questionnaires were sent to higher trainees and newly appointed consultants using a survey monkey link left open for a month. Reminders were sent via Medical Education, text messages, chats, and informal conversations. There were three basic open questions asked with free-text boxes. The questions were: What things were good about this post? What things could be improved? Would you recommend this post to a colleague? The data collected were in quantitative and qualitative formats.
Results. We received 22 responses of 46 higher trainee posts within the scheme. The general themes from the project were that trainees wanted more focus on training rather than service provision, more independent working while still having good clinical support/supervision; based on their level of experience, better support to meet non-clinical Intended Learning Outcomes (ILOs) and ensuring a good balance of being busy while not finding it overwhelming. Trainees in community settings suggested allocation of selected cases focused on training experience, the opportunity to manage complex situations with supervision, being able to shadow and have joint reviews with consultants. The themes highlighted in the inpatient settings included having protected time to develop non-clinical ILOs, assuming greater leadership of clinical meetings, and having the opportunity to manage a patient from admission to discharge. A total of 4 posts were not recommended for reasons outlined above.
Conclusion. Clearly there is a balance to be made between appropriate levels of independence and supervision. The vast majority of training posts reviewed have got the balance about right, however there are still some posts that require improvements. Careful consideration by both trainers and trainees needs to be given to various aspects of training, to achieve required ILOs, as not everyone fits the mould. This highlights the importance of creating individualised frameworks for trainee support and supervision.

Improving the Training Experience of International Medical Graduates (Imgs): A Survey of Psychiatry Trainees in the Yorkshire & Humber Deanery (West/East/North)

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