

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 programme-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