Disability service to have an MDT coordinated approach by July 2022. This followed concerns about disjointed care and long waits for therapeutic support when being referred between different MDT branches within the service having a negative impact on patient care.

**Methods.** An MDT project team was formed and weekly meetings were arranged. A driver diagram was created. Our primary outcome measure was determined: percentage of referred patients per week that had MDT coordinated assessments, with data being collected manually from electronic progress notes and MDT meeting minutes. Number of referrals per week was recorded as a process measure. Baseline data were added to the Life QI web platform upon collection, allowing generation of run charts for outcome and process measures. The time-frame over which referrals were recorded was changed from weekly to fortnightly, to help differentiate graphically between zero values resulting from the absence of MDT coordination and those resulting from no referrals being received on a given week. Attempts were made to obtain service user input via easy-read questionnaires and subsequent discussion in a service user participation group. A weekly Positive Behavioural Support meeting was set up and a Positive Behavioural Support database was established, and the combination of these changes simplified data collection and gave a focus to MDT working and collaboration for these service users. Data were recorded from 28/06/2021 to 03/07/2022 initially and subsequently extended to 06/11/2022 as part of a further PDSA cycle.

**Results.** A shift in proportion of service users referred with behaviour that challenges who had MDT involvement at the point of allocation was observed, to above the mean value of 0.5, commencing 07/02/2022, this shift was sustained until the project's endpoint. In terms of our process measure, the median number of new behaviour that challenges referrals per fortnightly period to psychiatry and psychology was one. This ranged from 0-4 referrals per fortnightly period, but no sustained change in this value was observed over the course of the project.

**Conclusion.** Implementing a new behaviour that challenges database and weekly meeting to focus on MDT coordinated working in those newly referred with behaviour that challenges has been successful in leading to a measurable and sustained improvement in the proportion of those service users receiving timely MDT coordinated care.



## Audit of Seclusion Practice in an Inpatient Adult Intellectual Disability (ID) Psychiatry Unit

Dr Praveen Kumar*, Dr Catriona Graves and Dr Sheena Jones

New Craig's Psychiatric Hospital, Inverness, United Kingdom
*Corresponding author.

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**Aims.** To investigate if current practice regarding the use of seclusion in an adult ID assessment and treatment unit was in keeping with the newly developed NHS Highland Seclusion Policy.

**Methods.** Case notes were reviewed for all patients who had had a period of seclusion between 20 September and October 2022.

Data were collected regarding the following:

- Administration of seclusion (date; time started; medication used prior; reason for administration & duration);
- 15 min interval monitoring (record of patient's mental & physical state including presentation, behaviour, conscious levels, respirations & appearance)
- Review at 2 and 4 hours (including plans on how to end seclusion)
- Documented Datix submitted and Monitoring of improvements.

**Results.** Thematic analysis showed that the most common reason for the use of seclusion was due to increasing agitation and aggression.

Data collection showed that the following information was missing from case records:

- Use of anxiolytic before seclusion;
- Under the 15 minute interval recording - respiration rate & appearance was missed most of the times;
- Review at 2 hours: Plans to end seclusion was often missed; Review at 4 hours: on most occasions the duty consultant was not informed. They could give valuable insight and plans on stopping seclusion if it has prolonged more than 4 hours.
- Datix was not sent every time seclusion commenced and this is needed as it would further provide to better identify and manage patients needing it.

**Conclusion.** Seclusion places people at risk. It is vital to ensure that there is robust monitoring of the patient's mental and physical state to reduce the risks associated with seclusion and, in particular, when medication which may lead to respiratory depression has been used. Seclusion should be used for the shortest time possible - explicit consideration of when and how to end seclusion provides an opportunity to limit the length of this highly restrictive intervention and minimise the impact on the person.

The results of the audit were shared with the staff team via the Seclusion Policy Short Life Working Group and will allow subsequent drafts of the service protocol to reflect good clinical practice. Results were also shared via the internal teaching programme and at the Clinical Governance forum. An additional session will also be provided during the induction plan for new trainees. Finally, a reaudit will be done to assess changes in seclusion practice.



## An Evaluation of Core Trainees' Views on Clinical Rotations in the West Yorkshire Psychiatry Training Scheme

Dr Rose Laud*, Dr Terrence Isaacs, Dr Christiana Elisha-Aboh and Dr David Leung

Leeds and York NHS Partnership Foundation Trust, Leeds, United Kingdom
*Corresponding author.

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**Aims.** Gathering honest feedback on experiences of clinical rotations is vital to allow improvement of training. However, our current local systems lack anonymity, which may lead to reduced confidence in providing honest views. Aim: To provide trainees with a method of giving honest and protected feedback to improve future training posts.

**Methods.** A Survey Monkey feedback form which was sent to core trainees across West Yorkshire in July 2022. This allowed feedback