

and knowledge around managing withdrawal, pain and opioid substitution therapies was poor.

Conclusion. A new pathway is designed to identify PWUS and in their last year of life at key treatment points e.g., accident and emergency, ward-based care. The pathway will then streamline referrals to relevant specialist services depending on complexity of palliative/dependency need. Teaching resources and prescribing guidelines have been developed in collaboration with secondary care pain specialists.

Quality improvement supervision comparison between training and non training posts

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Aims. To explore the level of supervision between training and non-training posts at LSCFT.

Background.

- Supervision is defined as 'provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainees' experience of providing safe and appropriate patient care'.
- Along with the trainees, doctors working in non-training posts such as staff grade, specialty doctors, trust grade doctors (TJD) and MTI (Medical training initiative) doctors form an integral part of patient care in the NHS.

Method.

- A mixed method approach was adopted with both qualitative and quantitative data collected simultaneously in the form of an online questionnaire.
- An anonymous online questionnaire was sent to junior doctors currently in training and non-training posts at LSCFT in 2019 using Meridian software.

Result. 1- Quantitative Data: - Participants included were doctors in training post such as Foundation Doctors (5), Psychiatry Core Trainees (6), GP STs (2) and doctors in non-training post such as TJD (4), Specialty Doctors (2) and MTI doctors (4). Based on the Meridian score, 84% of doctors were satisfied with the supervision. It was found that 72% of doctors received weekly supervisions, 10% monthly (1 TJD, 1 Foundation trainee) and 16% bi-monthly (1 MTI, 1 SAS, 2 CTs). The data suggested that there was no difference in the frequency of supervisions between training and non-training posts at LSCFT.

2- Qualitative Data: - The feedback was common as there was no major difference between training and non-training doctors.

- Positives – WPBAs, discussion on reflections, management of complex cases and medication, personal issues affecting work.
- Negatives – Limited discussion on QI, Audit, Research and Psychotherapy.

- More specific help, need more support at times.

Conclusion.

1. To prepare a checklist of contents to be discussed during supervision.
2. To prepare a timeline chart of supervision.

3. Preparing a 'menu' of QI projects that junior doctors can sign up to at the start of each post.

4. To formulate training packages available to support junior doctors with QI/Audits.

Developing a dashboard for use in a forensic and intensive care psychiatric unit: a quality improvement project

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Aims. Dashboards provide a visual summary of relevant data to track performance against key indicators over time. They are used in healthcare to monitor the quality of patient care and to identify potential quality improvement projects. There is little published evidence of them being used in mental health services, especially in forensic psychiatric care.

This project aims to design a dashboard for use in a forensic and intensive psychiatric care unit, by specifying measures and ideal features it would include.

To develop a model for a quality dashboard for use

To decide which measures would be reported on the dashboard

To find reliable methods of assessing said measures

To explore staff preferences as to how the dashboard would display data, and how they would like the information to be disseminated

To use blank data to design a mock dashboard interface for feedback

Method. A literature search was conducted on healthcare dashboards and quality improvement projects taking place on low-secure psychiatric wards similar to the Blair unit. Potential outcome measures and methods of assessing them were researched. Staff thoughts on the dashboard, and which measures they would like to see included, were explored in interviews and using a survey

Result. Blank data were fed into excel to create example graphs for a mock dashboard. The results section details: measures to be included, such as staff turnover rate, absences, and patient satisfaction levels; how they can be assessed; and specific features of the dashboard, such as the capability to track trends in selected quality indicators over a period of time. Further development of this project out with the 4 week development timeframe will require cooperation from IT services and unit management staff.

Conclusion. Many staff suggestions, whilst valuable measures, were more suitable for use in a clinical or nursing dashboard, rather than a quality dashboard. COVID-19 factored into reasons why staff requested certain measures, and also meant that less staff were available to be contacted about the project. This project has limitations based on the four-week timeframe, but could be further developed by staff on the unit if desired.

Hyperprolactinaemia: audit of practice and new guidance

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