implement the post-ligature assessment tool, for assessing patients who have tied a ligature, into trust guidance. 3. To support the incorporation of simulated induction teaching on post-ligature assessment into the standard induction timetable delivered to all new trainees in the trust, in order to complete the audit cycle.
Methods.
Audit Cycle 1 - Patient data collection November 2020 - January 2021

Action - Locality teaching presenting findings of audit and post-ligature assessment tool developed as part of audit. Concurrent trial of incorporation of post-ligature assessment tool into trust-wide simulation teaching for new trainees.

Audit Cycle 2 - Patient data collection August - October 2021
Results.
Audit Cycle 1:
15 incidents
2 involving anchor point/drop
Medic informed in 4 incidents
0 documented in ABCDE format
0 NEWS monitoring
3 follow-up plans documented
3 complications reported
Audit Cycle 2:
10 incidents
0 involving anchor point/drop
Medic informed in 4 incidents
0 documented in ABCDE format
NEWS monitored in 6 incidents
4 follow-up plans documented
3 complications reported

Overall, slight improvement in documentation of NEWS monitoring and follow-up.
Conclusion. Documentation continues to be highly variable. This may be because the teaching done was not trust-wide, simulation session involved only on new doctors in August, some incidents involved locum doctors, and small reach of assessment tool.

We aim to introduce the post-ligature assessment tool as part of trust practice through liaison with the resus teaching team, as well as incorporating it permanently into trust-wide simulation induction teaching.

Audit Cycle on Medical Reviews of Seclusion in Medium and Low Secure Learning Disability Units

Dr Sruthi Easwaran Iyer* and Dr Abigail Williamson

Mersey Care NHS Foundation Trust, Liverpool, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.435

Aims. Seclusion is defined as "the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others". Patients in seclusion require reviews at the frequency set out in the Mersey Care NHS Foundation Trust policy, "The use of seclusion and long-term segregation" (SD28). This is based on the requirements set out in the Chapter 26 of the Mental Health Act 1983 Code of Practice (2015).This audit will look at whether medical reviews for secluded patients in the secure learning disability wards meet with the expectations set out in the Trust Policy. In doing so, the audit will establish whether medical reviews of seclusion meet and uphold the guiding principles of the Mental Health Act Code of Practice as highlighted in Chapter 26.110.
Methods. Retrospective audit that collected data from inpatients on secure learning disability wards in Mersey Care. After reviewing data, we actioned plans which involved educating colleagues working in secure services. This was re audited after three months. One month of seclusion reviews was audited in each cycle, which equated to 39 reviews in the first cycle and 100 reviews in the second.
Results. The re-audit data showed an improvement in most parameters.

Re-audit showed that 66% (34%) of the seclusion reviews had an initial medical review within the first hour. The on call consultant was informed in 60% (50%) of the situations and 4 hourly reviews took place in 66% (50%) of scenarios. All MDT reviews took place within 24 hours, Responsible Clinician was present in 100% (67%) of reviews.

34% (33%) of MDT reviews had only 2 MDT members.

There was 100% compliance with reviewing physical health in both audits. 100% (90%) of the reviews commented on mental health, 72% (20%) commented on medications used, 51% (39%) of reviews commented on level of observations and 89% (48%) included risk assessment. 95% (92%) of reviews assessed need for continuing seclusion. 84% (59%) of reviews commented on reducing restriction in seclusion.
Conclusion. This audit cycle has focused on the quality of medical reviews and not just the frequency. The improvement in practice will strengthen the safeguard provided by these reviews.

An Audit on Driving Advice After Hospitalization in a Mental Health Unit

Dr Mohammed Elsankary[1]*, Dr Israa Fawaz[2], Dr Farhan Shazad[1] and Dr Maged Elashmawy[1]

[1]Southern Health NHS Foundation Trust, Basingstoke, United Kingdom and [2]North Hampshire Hospital, Basingstoke, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.436

Aims. To ensure driving status is confirmed on admission (Target 100%) and to confirm driving advice is given to all patients deemed unfit to drive (Target 100%) and to ensure adequate documentation is made in online clinical notes with regards to discussions about driving
Methods. The first cycle of data involved collecting retrospective data from two acute adult psychiatric units and one old age mental health ward. The first cycle of data consisted of inpatients admitted over a two month period in 2020 (36). Data were collected from OpenRio progress notes, OpenRio ward round notes and patient discharge summaries. Following the implementation of interventions the second cycle of data were collected over a 2 month period in 2021. 51 patients met the inclusion criteria for this.
Results. Following our interventions, 47% (24) of patients had their driving status confirmed on/during admission compared to 42% (15) in the first cycle. 15 current drivers were identified in the second cycle.

Of the confirmed drivers, there was a 6% improvement of patients informed they were unfit to drive. A 22% increase in patients given DVLA driving advice was also noted. DVLA notifications increased by 18% following the interventions.