health, Neonatal, Adult, Child Social services, CMHTS, Police, Criminal Justice and primary care.

Simple entry criteria: 1. Substance Dependence 2. Positive pregnancy test with referral taken from any service. Patients receive comprehensive initial assessment covering addictions, mental health, social circumstances, obstetric history and physical health evaluation including foetal US scanning. Led by a team of psychiatrist, midwife, obstetrician and substance worker.

Evaluation identifies risks from mental, physical health, safeguarding, support needs and formulates an initial engagement and management plan. Referral into all necessary organisations. A staggered follow up plan per every trimester agreed.

Commencement or planned reduction of Opiate Substitution Therapy (OST), medication rationalisation, nutritional advice, enhanced antenatal monitoring. The regular follow-up via fortnightly midwife, drugs worker review. Monthly medial review in the clinic.

The support from perinatal psychiatry teams, CMHTS, Social services, Criminal Justice safeguarding teams is roped in when needed. Child protection, safeguarding issues are addressed. Clear multi-directional communication is maintained at all times. A safe delivery plan along good neonatal management ensured with appropriate outcomes for mother & baby are achieved.

Results. Since 2019, this initiated 16 patients with various complexities. 12 women left hospital with their baby in their care. 1 left the area during the pregnancy. 2 babies were removed into care. 1 had a miscarriage, 1 had a false positive test. All women received contraceptive advice, one got tubectomy and many on long-term contraception. No significant mental health relapses or admissions. All managed to stabilize or reduce their opiates issues.

Conclusion. This One Stop Clinic has effectively addressed the complex needs of perinatal addiction patients. Centralised provision of care, duplication avoided, clear communication was a welcome relief for patients. Clinic has won a quality award.

Staying Too Long – A Review of Delayed Discharges From Paediatric Wards

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Aims. Since 2020, there has been an increase in children with mental health presentations ending up on general paediatric wards. Hospitals are identified as a place of safety for young people in crisis, though admission to a paediatric ward is not without risk for the child and staff involved in their care. Stays are often prolonged and classed as delayed discharges. This evaluation looks at 22 admissions to general paediatric wards within an acute health trust in Greater Manchester.

Methods. Local CAMHS teams identified 22 patients with a mental health presentation who had been admitted to paediatric wards and had delayed discharges between September 2021 and December 2023. Their electronic notes were analysed to identify number of bed days and CAMHS contacts, legal status, and discharge destination. Incident reports of each admission were analysed, and categorised into 'Restraint/Rapid Tranquilisation', 'Assault on staff' 'Self harm' 'Abscondence' and 'Other'.

Results. Of the 22 cases analyses, total bed days were 1469. The average number of bed days was 66.7. 6 admissions were over 100 days with the longest being 186 days. The majority (19) of the presenting complaints were categorised as 'self-harm' and /or 'suicidal ideation'. The average number of core CAMHS contacts was 23 per admission, with an average of 9 consultant contacts, 5 Junior doctor out of hour contacts, and 32 meetings (e.g. discharge meeting, strategy meeting) requiring CAMHS attendance. 11 admissions involved assault on staff, with the highest number of assaults 48 during a single admission. 18 of the admissions required additional staffing (clinical support worker, security). Three patients required police to be called to the ward due to assault on staff. 9 of the patients were discharged to a social care placement, 8 were discharged home. The remaining were discharged to inpatient unit, day unit or to a family member.

Conclusion. Mental health admissions to paediatric wards are associated with a high level of CAMHS contacts provided by Tier 3 staff, which creates a previously unseen burden on the service. Admissions can be prolonged. Patients are cared for in an environment which is not designed to meet their needs. This is demonstrated by high level of patients absconding from the ward and increased restrictive measures such as restraint and 1:1 observation. Admissions are also associated with high levels or assault on staff. Further work is needed to evaluate the economic impact of additional staffing on paediatric wards, as well as the impact on paediatric nursing and security staff.

Assessing Physical Health Risk in People With Intellectual Disability Using the Decision Support Tool for Physical Health [DST-PH]

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Aims. Accurately and comprehensively assessing physical health risk for people with intellectual disability (ID) is paramount in improving health outcomes, reducing the need for acute hospital admissions and preventing mortality. We aimed to compare the existing approach to assessing physical health risk with the use of a novel standardised risk stratification tool, the Decision Support Tool for Physical Health [DST-PH]. We hypothesise that DST-PH will be useful in improving and streamlining the assessment of physical health risk factors in people with ID.

People with ID are more likely to have poorer physical health outcomes and are at increased risk of premature and preventable death. Annual data from LeDeR (Learning from lives and deaths – People with a learning disability and autistic people) consistently underlines the need for developing strategies that reduce the risk of people with ID developing conditions associated with high causes of morbidity and mortality.

The DST-PH is an online tool that helps clinicians to identify people with ID who are at increased risk of early and preventable death. The tool captures key patient data about underlying health issues and risk factors that can contribute to poor health outcomes. Patients are then stratified according to their overall

level of risk using a 'RAG' (red, green, amber) system. This allows targeted intervention and monitoring for those patients in need.
Methods. All patient-facing staff in the Wandsworth Learning Disability Service were surveyed about their confidence levels in assessing physical health risk factors independently. We then asked each member of staff to assess physical health risk and assign a RAG rating for 2 randomly selected patients using their usual methods (clinical judgement). We then assessed the same patients using the DST-PH tool. Results were then compared to determine the degree of correlation between clinicians' existing risk assessment methods and the risk ratings assigned using the DST-PH.
Results. Survey results showed that staff would welcome the introduction of a risk stratification tool. Comparison of risk assessment data showed a significant correlation between clinicians' assessment and the results from the tool.
Conclusion. Results evidenced the drive for ID clinicians to be observant of the physical health care needs of their patients. Introduction of the DST-PH may help to streamline the risk assessment process and increase confidence levels of clinicians.

A Survey of Referrals to Psychiatric Intensive Care Unit (PICU): Patient Characteristics and Outcome

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Aims. The project aims to evaluate the referrals from North Kent for admission to our PICU from April to November 2021.

Hypothesis:
There are very few surveys of PICU referrals. We expect more referrals for younger men with psychotic illnesses and comorbid diagnoses; to be for aggressive behaviours; and most will be admitted to acute wards with ongoing support from the PICU liaison team.
Background. Our PICU services in the trust include one 12-bedded male PICU, 5 contracted female PICU beds and the PICU liaison service. PICU liaison team 'gatekeep' the PICU beds for patients meeting the admission criteria and supporting the other referrals' admissions to non-PICU acute beds by working closely with the staff and patients on these wards.
Methods. Data was collected for all referrals for PICU admission made to one of the three PICU Liaison practitioners in North Kent from April to November 2021, recording the demographics, clinical information and outcomes.
Results. There were 126 referrals in this time period, of which 68% were males. 38% were aged 18–30 and 25% were 31–40 years old.

43% of referrals were from inpatient acute wards, 21% from community, 21% from other settings and 7% from Places of Safety. 75% of the referrals were detained under the Mental Health Act.

The primary diagnosis was Schizophrenia in 25%, Bipolar Affective Disorder in 25%, Schizoaffective Disorder in 13%, Personality Disorders and Substance misuse related disorders were 7% each. 32% of the referrals had a comorbid diagnosis; 43% of which was substance use related, 23% had personality disorder and 34% had other conditions including neurodevelopmental disorders.

42% had previous admissions to PICU and 52% had forensic history.

Reason for referral was aggression in 76%; 10% did not have any indications for PICU and 18% was for current or recent prison stay.

30% of the referrals were admitted to PICU and 58% were either admitted to or remained on the acute wards with support from PICU Liaison Team. While 5% were diverted to the forensic pathway, 7% remained in the community.
Conclusion. In conclusion, the data shows patients referred for PICU admission were more likely to be young men with aggressive behaviour and a primary psychotic illness, using illicit substances. Most referrals came from the inpatient wards as is to be expected. They were also more likely to have previous PICU admissions and a significant forensic history.

A Service Evaluation and Improvement Project: Reducing Delays in Transfer of Patients From Psychiatric Intensive Care Unit (PICU) to Prison After Completion of Treatment

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Aims. The project aims to reduce the delays in transferring prisoners back to prison after they have completed the treatment of their mental health disorder in our male PICU.

Hypothesis:
When prisoners are admitted to our PICU for treatment of their mental health condition, there is a delay in transfer to prison after completion of their treatment due to lack of clear protocol between the services. We expect this project to significantly reduce these delays by agreeing treatment goals and exit pathways prior to admission.
Background. Our 12 bed male PICU accepts admissions from prison for patients meeting our admission criteria. With increased number of admissions from prison since 2020, we were experiencing delays in transferring the patients back to prison after completing their hospital treatment.
Methods. Data was collected for all admissions from prison services to the male PICU ward since June 2020 to April 2023. We introduced a PICU-Prison Transfer Agreement form in October 2021 which had to be signed by the mental health team and the governor of the prison before the admission. The form asked for details of any pending court appearances, solicitors' details, release date, list of staff to be invited for CPA and agreement to accept the patient back to their prison after completion of treatment.
Results. There were 44 referrals in this time period of which 24 were admitted to PICU. Prior to introducing the PICU-Prison Transfer Agreement, there was an average of 22.5 days (range 19–30 days) delay in patients being transferred to prison after being deemed ready for transfer. After the intervention, the

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