Conclusion. HACP practice mostly improved from October 2019 to July 2020. This may have been due to increased awareness of HACP Standards, following the presentation of initial data to inpatient teams.

A much larger influence, however, was likely to be the COVID-19 pandemic and associated efforts to improve HACP practice throughout the Health Board.

Evaluation of staff knowledge; attitudes and experience of breastfeeding on a mother and baby unit

Patrick Britto[1]*, Chidi Nwosu[2], Kate Seagar[2] and Sarah Reed[2]

[1]King's college london and [2]Kent and Medway NHS and Social Care Partnership Trust

*Corresponding author.

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Aims. To evaluate the knowledge and experience of breastfeeding of staff working on a Mother and Baby Unit (MBU).

To assess the level of breastfeeding education of Staff on the MBU.

To identify any area of concern around breastfeeding on the MBU.

Method. A fourteen question questionnaire was designed with assistance of the medical team, midwife, and health visitor on the unit. The questionnaire was comprised of questions requiring "yes/no" and free text responses alongside Likert scales. The questionnaire focused on staff experience on breastfeeding, education levels and whether they felt Mothers were sufficiently supported. This questionnaire was distributed to all staff groups within the team to ascertain the level of expertise. 29 questionnaires were returned from a staff team of 31.

Result. Staff on this unit is made up of Multi-disciplinary professionals. Most respondents were Nursery Nurses (15%). 79% of staff had a lived experience of breastfeeding. Only 5 out of 29 respondents have had any breastfeeding training which was mainly in-house training, and these were the Health Visitor; Midwife and Nursery nurses. Of the respondents, 21% felt mothers who choose breastfeeding as their preferred mode of infant feeding were not adequately supported on the MBU. Seven percent were unsure and 72% felt women were adequately supported. 54% of staff were not aware of breastfeeding initiatives. 63% were able to list contraindications including names of psychotropic medications as well as personal choice and past medical history. The median rating in relation to confidence in skills on Likert scale of 1-10 was 5.

Conclusion. 23 out of 29 professionals felt that Training would increase their confidence and skills in breast feeding support for women admitted to the unit. There is clear indication from the Staff Members that mothers on the MBU who choose breastfeeding as their preferred mode of infant feeding require further support. There is lack of confidence in staff's breastfeeding support in the MBU. An evaluation of patient's own experience of breastfeeding support they receive from staff is being undertaken alongside this, but data will be analysed later.

Clozapine initiation in the Belfast Health and Social Care Trust (BHSCT)

Rebecca Cairns* and Stephen Guy

Belfast Health and Social Care Trust

*Corresponding author.

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Aims. The aim of this project is to improve the quality of documentation and recording of the assessment and monitoring of patients commencing clozapine in BHSCT.

Background. Clozapine is an effective treatment for patients with schizophrenia who have not responded to at least two other antipsychotics. Due to clozapine's significant side effect profile patients must be carefully assessed prior to treatment initiation with close monitoring of their physical observations and reported side effects during initiation.

The BHSCT Clozapine Pathway currently uses a Clozapine Assessment Integrated Care Pathway (ICP) common to inpatient and outpatient clozapine titrations and a Clozapine Titration ICP which varies slightly between inpatient and outpatient titrations.

Method. The Clozapine ICPs of patients commenced on clozapine in BHSCT in a 9 month period commencing January 2019 were reviewed. Handwritten clinical records were used to collect data on rates of completion of all aspects of the pathway.

These results were used to identify areas of the pathway that were being poorly completed and the "Method for Improvement Model" used to trial changes to the pathway using Plan-Do-Study-Act (PDSA) cycles.

Result. 20 patients in BHSCT were commenced on clozapine in the 9 month period. 1 Clozapine Initiation Pathway could not be located; therefore data were collected on 19 patients. 2 patients were initiated in the community and 17 patients initiated as inpatients.

The results showed that sections of the Clozapine Assessment ICP were poorly completed; for example only 27% of the "Patient Baseline Preparation Checklist" were complete, with 60% partially complete and 13% completely blank.

In the inpatient clozapine titration ICP the physical observations record was complete in only 20% of patients and the side effects monitoring record complete in only 13% of patients. Conversely the physical observations and side effects monitoring records were complete in 100% (n = 2) of patients.

Conclusion. BHSCT Clozapine Pathways were being poorly completed, with outpatient pathways being completed better than inpatient pathways. Analysis of the data shows that repetition of information in various parts of the pathway leads to gaps in documentation.

Parts of the pathway that were poorly completed have been redesigned and the impact of these changes assessed using the PDSA cycle method. It is hoped that this along with education of staff will lead to an improvement in the assessment and monitoring of patients being commenced on clozapine.

On-call handover '– if it isn't documented then it didn't happen'

Hannah Campling* and Dominic Aubrey-Jones

Barnet, Enfield and Haringey Mental Health Trust

*Corresponding author.

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Aims. 1. To standardise the doctor handovers for on-call duties

2. To ensure there is documented evidence of handover taking place at the end of each shift

Background. Since the introduction of the European working time directive the amount of hours that doctors are allowed to work has been reduced, resulting in increased handovers between teams. The National Patient Safety Committee and General Medical Council have recognised that this means we need to ensure handovers are as safe and robust as possible to ensure that patient safety is not compromised. A recent serious investigation report carried out at Chase Farm Hospital, London identified a lack of formalised handover between doctors as a contributing factor leading to patient harm. One of the recommendations of

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