after watching the video. They were asked to rate their confidence on different aspects of on-call tasks on a Likert scale from 1–5.

Results: 50% of core and foundation trainees (5/10) responded. Trainees demonstrated an increase in mean confidence scores (on a scale of 1–5) in a few areas. There was a +0.6 in managing agitated patients, +0.6 points increase in confidence of when and how to request section 17 leave, +0.4 increase in confidence on how to complete section 5(2) paperwork. Confidence increased by +0.2 on knowledge of how to access the on-call room. Areas that showed no improvement in confidence where how to handover during shift changes; how carry out a seclusion review, where to locate the on-call pager or how to contact seniors when on call. Trainees demonstrated high confidence in these areas showing that these areas are well covered in other parts of induction into a new rotation.

Conclusion: A peer-led video intervention that offers trust-specific advice can be a small cost-effective way to boost trainee confidence in carrying out on-call tasks. Benefits can beincreased by embedding the video into the official Barnsley trainee's induction programme to ensure that every new cohort of new trainees have access to it. It is also recommended that the trust include the video in the trust intranet to allow trainees to have access to it any time they need a refresher.

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Collaborative Admission Pathway for Service Users with Complex Emotional Needs

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Aims: This project aimed to develop and implement a structured inpatient admission support leaflet for individuals with Emotionally Unstable Personality Disorder (EUPD) and complex emotional needs (CEN), in line with NICE guidance (Borderline Personality Disorder: Recognition and Management, recommendation 1.4.1.3).

The leaflet outlines expectations, support processes, and a seven-day admission framework, integrating collaborative care planning, communication strategies, sensory needs, and a colour-coded Mood Intensity Meter.

The objectives were to improve clarity of inpatient processes, enhance engagement and emotional communication, promote collaborative risk and discharge planning, and support safe, time-limited admissions within a trauma-informed, person-centred model of care.

Methods: We piloted this intervention on Polaris Ward at Silverwood Hospital. Within the inpatient population we identified those with a diagnosis of EUPD with CEN and measured the average number of days from admission to discharge; patient wellbeing as reported through nursing staff reports and weekly ward reviews; and to what extent patients worked collaboratively with the clinical team. This data was collected between August 2025 to end January 2026. The CEN brochure was written based on NICE guidelines and trust policies and was presented at the community meeting to obtain feedback from service users with EUPD. This was distributed amongst new admissions fitting the patient population from February 2026 and the same parameters re-audited from February 2026 to August 2026.

Results: Introduction of the CEN brochure and structured collaborative discussions was associated with improvements in several key areas. Nursing reports and ward reviews highlighted notable increases in patient engagement, with more patients actively participating in goal setting and ward round discussions. Patients demonstrated improved emotional regulation and wellbeing, reflected in more stable ward presentations and fewer episodes requiring unplanned staff intervention. Collaborative care planning improved as patients more consistently understood the purpose and expected duration of their admission, facilitating clearer shared expectations. While length of stay showed positive reductions, the greater impact appeared in the quality of collaboration and patient experience, suggesting that the intervention enhanced both the therapeutic relationship and the efficiency of care planning.

Conclusion: This intervention suggests that providing structured, accessible information tailored to patients with EUPD and CEN early in their admission can improve collaborativeworking, patient understanding and reduce the length of admission. This intervention was piloted in one inpatient working age ward, and should be trialled in further wards.

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Pilot: The Holistic Concern Score. a Simple, Prescriptive and Predictive Scale for Reducing Delayed Discharge and Improving Health Outcomes

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Aims: Delayed discharges arise from multiple factors and are linked with poor health outcomes, increased systemic pressures and a higher financial burden. To tackle these problems, a simple screening system (The Holistic Concern Score, HCS) was developed to identify the nature and degree of case complexity, signpost discharge barriers and enable early parallel working between allied health services.

Methods: The scale was developed using pooled data over the longest-admitted patients to determine reasons for protracted stays. The two major phases of the project involved the development of the score, and subsequently a combined retrospective application to a case sample to review its efficacy and learning.

Ten factors were identified and placed into a novel scale with factors identified as either *natural* (for example treatment resistance, lack of capacity) or *systemic* (accommodation delays, funding problems). A preliminary complexity thresholdwas calculated to determine cut-off points for identifying cases for early escalation to senior management.

The same thirty cases were re-analysed approximately 3 months later to assess efficacy of the score in predicting admission duration.

Results: The scale shows moderate strength in predicting length of inpatient stay and characterises discrete clusters of compounding issues signifying the need for assertive multidisciplinary management. The use of this scale at admission has led to improved holistic management of cases and provided clear therapeutic benefits, with the potential to reduce delayed discharge, improve health outcomes and relieve systemic and financial pressures.

Conclusion: Further work will be needed to refine the scale but it presents promise within any inpatient service pathway as a directive, prescriptive and effective approach to case management on multiple levels.

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