Beyond the Screen, Back to Basics: Reviving In-Person Handover in Inpatient Psychiatry

Dr Anjali Jha, Dr Alice Hyde, Dr Alexandra Marsden, Dr Joy Arthur and Dr Catherine Ollerhead

Avon and Wiltshire Mental Health Partnership NHS Trust, Bristol, United Kingdom

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Aims: The need for a clear, consistent handover process was identified amongst resident doctors covering Avon and Wiltshire Mental Health Partnership (AWP) Bristol inpatient sites, including at Callington Road Hospital (CRH).

Previously, the overnight doctor handed over to the daytime ward doctors using a variety of methods. This included email, face-to-face, or by ward phone. Face-to-face handovers were infrequent as it was impractical to visit 7 wards individually to hand over. Daytime doctors were difficult to reach by phone, due to concurrent morning MDT handovers.

Email was a widely used handover method. However, there was risk of delay in receiving and acting on information, with patient safety implications. Our aim was to make the inpatient handover system safer and more fit-for-purpose.

Methods: Our scoping questionnaire (December 2024–March 2025) found that most responders favoured face-to-face when giving (10 of 16) and receiving (11 of 16) handover. Only 25% agreed the existing system was fit-for-purpose and 19% agreed it was safe.

Based on this information, a weekday in-person handover was introduced at CRH from 9.00–9.15am.

We received backing from the Head of Bristol Inpatients, the Bristol, North Somerset and South Gloucestershire Medical Inpatient Lead, and CRH consultants to initiate a 2-month pilot.

The pilot was advertised amongst resident doctors and launched in May 2025. Feedback was gathered via online questionnaire and handover attendance monitored using a logbook.

Results: 82% attendance was achieved at the in-person handover during the 2-monthpilot (May–July 2025).

The 10 questionnaire responses during the pilot showed 80% agreed the new system was fit-for-purpose and 100% agreed it was safe.

Positive feedback included that there was a reduced chance of miscommunication, clarification was easier, and tasks were less likely to be missed. Night doctors found the new handover quicker, less stressful, and felt tasks were more likely to be actioned. Finally, resident doctors found the in-person handover more sociable. Suggestions for improvementincluded encouraging increased attendance, making locums aware of the new handover, and including the other 2 inpatient sites covered overnight in the handover process.

Conclusion: Overall, the in-person handover pilot was successfully implemented, with overall good attendance and positive feedback regarding its safety, efficacy, and social aspect. It has been incorporated into the locum induction and induction for resident doctors working at CRH for future rotations. We also plan to extend this project to the other 2 Bristol inpatient sites to create a streamlined handover system to positively impact patient safety.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improving the Experience of Doctors in Higher Psychiatry Training

Dr Magdalena Jimenez Cornejo, Dr Sarah Tai and Dr Lubna Anwar

North London Foundation Trust, London, United Kingdom

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Aims:

1. To improve General Adult/Older Adult Higher training experience across North London Foundation Trust at 80% at 1 year.
2. To increase Higher trainee engagement with rotation evaluation survey to 80% at 1 year.

Methods: We ran an initial survey amongst NLFT higher trainees, exploring their level of wellbeing in their current posts in 2024. Areas of improvement were identified and mappedusing a fish-bone diagram. During 2025, we held a series of iterative meetings, including with directors of medical education, training programme-directors, higher trainees and reps to agree on concrete actions for improvement. We ran a second survey in 2025 to re-audit.

Results: We achieved over a 80% satisfaction with the current SpR posts, however, re-audit survey was answered by fewer respondents than expected.

Conclusion: An iterative process involving meetings with different stakeholders (trainees, clinical supervisors, training programme directors, etc.), openly discussing areas for improvement, and implementing small changes can improve trainee wellbeing. However, increasing participation in surveys remains a challenge.

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Engagement of Primary Care Service Providers with Early Intervention Team in Psychosis

Dr Cherian John and Dr Nismen Lathif

Merseycare NHS Foundation Trust, Prescot, United Kingdom

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Aims: This quality improvement project explored the impact of targeted outreach teaching sessions delivered by the Early Intervention in Psychosis (EIP) Team in Warrington in addressing barriers between primary and secondary care, particularly around communication, culture, and clinical processes. A pre-and post-presentation survey was conducted to assesschanges in awareness of EIP pathways, co-working arrangements, criteria for amber-initiated medications, and mandatory antipsychotic monitoring. Results demonstrated a marked increase in familiarity across all domains.

Methods: This was an initiative informed by the Academy of Medical Royal Colleges' findings that cultural and structural barriers between primary and secondary care such as differing professional cultures and communication challenges can hinder effective joint working. The Early Intervention in Psychosis (EIP) Team in Warrington and Halton delivered an interactive teaching session to