was high and some minor adjustments were asked for, mostly to include more sessions with more sub-speciality specific teaching.
**Conclusion:** Possible direction for the future would be to take the recommendations from qualitative feedback forward into the next cycle. All topics to continue into the next cycle with additional topics, if possible on subspecialities. Another would be to continue mapping learning objectives to GP curriculum to maintain relevance.

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## Improving Resident Doctors Confidence in Navigating Pay, Rota and ARCP Requirements When Transitioning to Less Than Full Time Training at South West London and St George's NHS Trust

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**Aims:** To increase the confidence of resident doctors in navigating pay, rota and ARCPrequirements, related to LTFT training following a targeted educational intervention at the August 2025 induction.
**Methods:** Around 25% of resident doctors in the UK now work LTFT (Less Than Full Time). However, many face issues with navigating training requirements, pay and rota arrangements.

A Quality Improvement (QI) approach was used to identify and address knowledge gaps among LTFT trainees.

A baseline questionnaire was first distributed to resident doctors at South West London and St George's NHS Trust between June and July 2025 to identify common challenges. In response to these findings, a comprehensive induction presentation was delivered in August 2025 covering essential topics such as pay (nodal points, hourly rates, and flexible training premia), rotas (pro-rata leave and on-call obligations), and ARCP requirements (pro-rata assessments and adjusted completion dates). To evaluate the intervention's impact, a post-induction questionnaire was subsequently administered to the August 2025 cohort of resident doctors at the Trust to measure improvements in trainee confidence levels.
**Results:** Prior to the introduction of the Less Than Full Time (LTFT) induction session (June–July 2025), resident doctors reported low baseline confidence across all three areas of LTFT training evaluated, with mean scores of 2.3/5, 2.3/5 and 2.2/5 for pay, ARCP requirements and rota domains respectively.

Following the implementation of the LTFT induction session (August 2025), confidence levels showed a marked improvement among respondents. Mean confidence in navigating pay issues, ARCP requirement and the rota rose to 4.29/5, 3.9/5, and 4.3/5, representing an 86%, 68% and 95% increase from baseline respectively.

Qualitative feedback from the post-induction cohort was overwhelmingly positive, with 100% of trainees describing the presentation as "very clear and informative".
**Conclusion:** Providing a dedicated LTFT session during induction significantly improves resident doctors' confidence in navigating the administrative hurdles of non-standard training. We are developing further guidance for resident doctors to be published on the Trust's intranet.

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## Reducing and Improving Patient Observations in a London Psychiatric Ward: A Quality Improvement Project

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**Aims:** Over an 18-month collaborative at CNWL, Thames Ward an acute mental health ward at St Charles Hospital in the Royal Borough of Kensington and Chelsea, aimed to reduce high-level observations by 50% and decrease the frequency of continuous observation. Baseline data showed 18 high-level observations per week and use of continuous observation every 2.5 days.
**Methods:** With support from an Improvement Coach and workshops, the team tested three PDSA-cycle changes: safety huddles including all staff in observation decisions, prioritising risk assessments over automatic observation for new admissions, and improving patientcommunication. Seven in-depth interviews by an Expert by Experience informed communication practices.
**Results:** The project achieved a 50% reduction in high-level observations (18 instances down to 9) sustained from January–September 2025. Continuous observation frequency decreased, with up to 43 days between episodes. Violence and aggression incidents did not increase, and bank staff costs fell to £0 in September 2025.
**Conclusion:** This work demonstrates that restrictive practices can be reduced without compromising safety, highlights the importance of challenging entrenched routines, and shows that Expert by Experience involvement is central to meaningful improvement.

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## Surviving Psychiatry On-Calls: A Peer-Led Video Intervention

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doi: 10.1192/bjo.2026.11371

**Aims:** A peer-led video intervention aimed at boosting trainee confidence in handling psychiatry on call tasks.

Assess what trainees are most worried about before starting out their psychiatry on-calls.

Assess baseline trainee confidence of handling on call tasks.

Design a targeted video intervention aimed at junior resident doctors (both core and foundation trainees) to boost confidence in handling their on-call requirement and assess its impact on trainee confidence.
**Methods:** We produced an eight-minute introductory tutorial video for core and foundation trainees for their first on calls at Kendray Hospital in Barnsley, to improve their confidence on handling on-call tasks. This video covered key areas of common tasks such as how to clerk a new patient, how to complete a section 5(2) form or a seclusion review. Kendray Hospital specific information such as where to find the on-call pager, and on-call rooms was also included. Microsoft video editing software (Clipchamp) was used for video editing. A survey was sent to assess trainee confidence before and

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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