Results: 12 Psychiatry trainees were surveyed. 75% of respondents were aware of the wellbeing pathway we had created and found it useful and informative. 0% of respondents had used any resources from the wellbeing pathway. 83.3% of respondents found the trainee Socials beneficial to their wellbeing. They also gave feedback on how the wellbeing service can be improved for trainees. Below are some of their responses:

"When I started training there was no wellbeing talk. This initiative is fantastic. Keep up with the socials. Fundamentally, if the trainees felt more valued and cared for, wellbeing would certainly improve and reduce burnout."

"For more trainees to know who to contact if struggling. But otherwise, good advertisement of resources. And socials have been a good way to meet more of my colleagues."

"Having a dedicated time for informal discussion between colleagues as part of rotation transition – perhaps as part of the last Tuesday teaching session for 1 hour might be useful."

Conclusion: Most Psychiatry trainees are aware of the wellbeing service but have not used it. Most respondents were keen on having more social activities as a way to improve their wellbeing. This Quality improvement project largely met its aim with room for further improvement.

Wellbeing is now embedded in governance as part of the CTC and is actively discussed with compassion in formal and non-formal settings.

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Improving the Diagnostic Information Recorded in the Electronic Case Records in a Mental Health Service: A Quality Improvement Project

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Aims: Up-to-date and accurate diagnostic information is essential for many reasons including effective clinical management; however, this may not be the case for psychiatric patients seen across different healthcare settings. It was intended to explore the documentation of both psychiatric and physical diagnoses within the electronic case records (ECR), and their quality based on the character of International Classification of Diseases coding; and to update the information where appropriate.

Methods: Records of 114 consecutive patients attending outpatient clinics were studied. An initial audit of psychiatric and physical diagnoses was conducted; followed by updating these where additional information was available.

Results: The sample consisted of 65 (57.0%) female and 49 (43.0%) male patients, with a mean age of 41.3±13.6 and 37.4±12.9 years. The period in psychiatric services was less than one year in 20 (17.5%); between one and five years in 57 (50.0%) and more than five years in 37 (32.5%) patients. Comorbidity of psychiatric diagnoses was present in 39.5%; similarly, 51.8% had associated physical diagnoses, with 29.8% having more than one physical diagnosis.

Before the intervention, only 35 (30.7%) patients had psychiatric diagnoses available in the designated place in ECR, although diagnoses were available in 97.4% of cases elsewhere in the case record. In 83 (72.8%) patients additional psychiatric diagnoses could be entered. Pre- and post-project, the mean number of psychiatric diagnoses changed from 0.7±1.4 to 1.0±1.3 ($p<0.001$), and that for physical diagnoses were 0.3±0.9 and 1.1 ± 1.4 ($p<0.001$). The number of characters of ICD diagnoses also changed, such as three (1.8% v 4.4%), four (28.9% v 86.8%) and five (0.0% v 8.8%) respectively ($p<0.01$).

Initially, 15 (13.2%) patients had physical diagnoses; however, it was updated in 43 (37.7%) patients. In 28 (24.6%) patients physical diagnoses were taken from the GP records; the total number of diagnoses entered in this process was 55, with a mean of 0.5±1.1 per patient.

There was no difference between genders in the documentation of psychiatric or physical diagnoses initially; however, following updating, the mean number of psychiatric diagnoses for males (2.1 ± 1.6) was significantly more than for females (1.6±0.9; $p<0.05$).

Conclusion: A focused effort to review and document psychiatric and physical diagnoses appropriately can improve the quality of ECR and support patient care. This is especially relevant for patients being seen in different settings of primary and secondary care centres.

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Advance Care Planning on a Specialist Dementia Unit

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Aims: Advance care planning is a process of person-centred discussion between individuals and their care providers about future care preferences. Advance care planning discussions are relevant for those wishing to plan for their future care or those at increased risk of losing mental capacity, such as dementia patients or individuals with life-limiting illnesses. Aims were:

Improve advance care planning discussions on a specialist dementia unit.

Improve identifying patients who would benefit from an Advance Care Plan (ACP).

Offer all patients an initial ACP discussion.

Ensure patients with an estimated prognosis of <12 months have an ACP in place by discharge.

Improve ACP communication to acute hospitals and GPs.

Methods: Patient data was collected weekly from May 2024 until January 2025. 67 patients in total.

The Universal Care Plan (UCP) was chosen as a framework to document ACPs. The UCP is an NHS service that enables patients in London to have their care and support wishes digitally shared with healthcare professionals across the capital.

The Gold Standards Framework Proactive Identification Guidance was used to identify patients at risk of physical deterioration and prioritisation for ACPs. Prognostic coding and prioritisation for ACPs was reviewed daily with the MDT.

Staff underwent training on ACPs. More accessible ACP information was provided on the unit. The process of booking ACP discussions was refined, introducing a weekly ACP meeting slot (starting 23/07/24).

Results: Number of patients on the unit with an ACP increased between May 2024 and January 2025, from a low of 0% on 03/06/24 to a high of 53% on 12/12/24. Initial ACP discussions offered increased from 27% (20/05/24) to 93% (28/01/25). After

introducing the weekly ACP slot, 41% slots were filled. 48% of dementia patients had an ACP by discharge. 50% patients with an estimated <12-month prognosis had an ACP by discharge.

By January 2025, 100% prognostic coding was communicated to the GP.

Conclusion: The weekly timeslot increased the number of ACPs. Improved identification of patients resulted in approximately half of dementia patients, and half of patients with a prognosis of months, having an ACP by discharge. Challenges included embedding ACP meetings into routine practice. Recommendations:

Gather feedback from patients and carers – case studies suggested ACP discussions were well received by carers and positively impacted patient care.

Continue the regular weekly ACP slot.

Provide more staff training.

Audit outputs of ACP discussions.

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QIP: Enhancing Staff Awareness of Anti-Ligature Room Allocation in the Clinical Decision Unit

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Aims: Ogura Ward is a psychiatric inpatient Clinical Decision Unit (CDU) which contains 20 rooms for male patients with acute psychiatric illnesses. These patients are frequently at high risk of self-harm. In a bid to minimise the risk of self-harm, Ogura ward contains two anti-ligature rooms designed to keep patients safe. Correct allocation of patients to these rooms is crucial for patient safety. However, gaps in staff awareness regarding the locations of these rooms and the patients assigned to them were identified, emphasising the need for targeted interventions.

This Quality Improvement Project (QIP) aims to improve staff awareness of the anti-ligature room locations and the patients assigned to each room. The project aims to achieve an 80% improvement in staff awareness over two months.

Methods: A Quality Improvement Project (QIP) was implemented using a Plan-Do-Study-Act (PDSA) cycle over two months. Initial staff consultations and surveys highlighted gaps in awareness, forming the basis for intervention design. Two interventions were introduced one week apart:

A daily updated poster displayed in the nursing station, identifying the anti-ligature rooms and patients allocated to these.

Structured reminders during multidisciplinary team (MDT) meetings.

After each intervention, a re-survey was conducted to evaluate its effectiveness before the next intervention.

Results: The first intervention (poster) resulted in 75% of staff correctly identifying the room locations and 65% identifying the patient allocations up from 23.53% and 41.17% respectively. The second intervention (MDT reminders) further improved awareness, with 88.2% of staff accurately identifying allocations. Staff communication ratings also improved, with 94.11% rating MDT communication as excellent or good, up from 35.29%. Despite progress, out-of-hours patient admissions posed challenges to maintaining up-to-date awareness. These findings emphasised the need for sustainable real-time solutions. Other challenges included ensuring consistency and sustainability of interventions.

Conclusion: This QIP successfully enhanced staff awareness and communication regarding anti-ligature room allocations, contributing to improved patient safety practices. The project is currently in its third cycle, focusing on integrating room allocation information into the RIO electronic system to enable real-time accessibility and sustain improvements. Future work will involve completing this integration as well as expanding the project to other wards within the Trust to assess the broader impact and applicability of these interventions.

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Development of a Mental Health Strategy in an Acute Trust – A New Role for Psychiatrists

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Aims: The aim was to develop a strategy for mental health and learning disabilities in an acute and community trust in North Cumbria, in response to the CQC report "Assessment of mental health services in acute trusts programme" published in 2020. The strategy also needed to align with the trust vision, values and objectives while developing a clear but simple overview of what is required to improve mental health services within the trust for people with a wide range of mental health difficulties and learning disabilities. We also describe novel and innovative roles for psychiatrists as a new area of professional practice.

Methods: The trust appointed strategic and clinical leads, both consultant psychiatrists supported by a senior manager. We reviewed the latest government documents, NHS guidelines and college reports in relation to mental health priorities within an acute trust, reviewed the mental health service delivery requirements as set out by the CQC both nationally and by analysing the local CQC report. Existing services within the trust and partner organisations such as social care, other NHS trusts, primary care and the ICB were consulted.

Results: The strategy was developed and focused on 5 tactical arms:

Culture, kindness, inclusion and understanding.

Shared patients, partnership and policy.

NCIC innovations.

Integrated governance.

Organisation of roles.

Each arm has a concise description of what needs to be done to achieve our strategic aims with a set of key performance indicators to evaluate the trust's performance in achieving the CQC requirements. The strategy has been underpinned by developing an oversight group to understand the strengths and areas needing improvement, thus informing the appropriate development of services and resource allocation. The strategy has been approved by the board within a year of appointing the team that were recruited to implement it.

Conclusion: We propose there is a professional leadership space that psychiatrists have not yet moved to occupy outside of mental health trusts. However, psychiatrists are in fact extremely well placed to

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