Post-intervention, respondents found the most value in the updated academic programme (76.9%), and strengthened links with acute teams (76.9%), followed by emergency grab bag familiarisation sessions (61.5%), the BMJ app (61.5%), and ward-based simulation sessions (46.2%).

Conclusion: Improved awareness of resources, physical health updates, and closer working relationships with acute medics and nurses can improve resident doctors' confidence in managing physical health emergencies in inpatient settings.

This initiative has the potential to improve provider satisfaction and patient outcomes. The next steps include expanding interventions to the final part of the borough in the next trainee changeover and establishing a new 6-month Physical Health Representative resident doctor role to sustain momentum through continuous improvement and support the development of trainee leadership skills in this vital improvement area.

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 Access to Clozapine Monitoring for Inpatient Services

Dr Aneal Sidhu and Miss Hollie Jones

Midlands Partnership NHS Foundation Trust, Stafford, United Kingdom

doi: 10.1192/bjo.2025.10443

Aims: The inpatient wards at St George's Hospital, Stafford, have a system of sending clozapine monitoring bloods (full blood count) to the local general hospital for processing.

This system is inefficient and has a significant time cost to staff. It leads to delays in getting results, both from the lab and from the clozapine monitoring service (CPMS), which can impact patient care in a number of ways.

The aim of this QI was to find out whether use of the on-site Pochi machine reduced the time it takes to get results from CPMS and simplifies the process for the wards. This machine is specifically designed for these samples and is already used by other teams.

Methods: QI methodology was used which highlighted a number of non value-added activities, waste and poor sustainability from the usual process.

The need for access to the Pochi machine from inpatient wards was clearly established and agreements made with the local service to use machine.

The two processes were compared by process maps and monitoring the time between blood being taken to a result from CPMS being inputted into the patient notes.

Results: Over a 4-week period the acute inpatient wards sent 24 blood samples to the local general hospital.

2 of these results were graded 'amber' by CPMS meaning increased frequency of blood monitoring is needed. 1 of the 24 bloods sent in this period led to a delay in a patient's discharge while awaiting results and 1 was sent off by a taxi to avoid delay.

Through the observation forms, the time from blood being taken to a result entered on the patient's notes went from an average of 27 hours to 39 minutes.

The process was significantly simplified with substantial reductions in waste.

Conclusion: This QI has evidenced that widening access of the existing Pochi machine to all acute wards has led to a significant improvement in the time taken to obtain results from CPMS, which will benefit patients and staff.

It allows abnormal results to be acted on much quicker, improving patient safety.

It has also evidenced a reduction in non value-added activities and waste with improved environmental and financial sustainability.

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.

Creative Solutions: An Art-Based Intervention to Address Burnout in CAMHS

Dr Amelia Smith and Dr Erica Pietrogrande

North London NHS Foundation Trust, London, United Kingdom

doi: 10.1192/bjo.2025.10444

Aims: Workplace stress and burnout are common within healthcare. The NHS Staff Survey 2023 found that approximately one third of respondents were experiencing burnout and were considering leaving the organisation. Studies suggest this is significantly higher in Child and Adolescent Mental Health Services (CAMHS). The negative impact of burnout on staff wellbeing, retainment, and patient care is well-recognised. Arts-based interventions have been shown to improve work-related stress and promote empathy and resilience. We set up a regular reflective art group for staff at an adolescent mental health team to see if this would reduce stress and improve wellbeing and job satisfaction.

Methods: We set up a monthly recurrent one-hour group, attended by the whole multidisciplinary team at the Service for Adolescents and their Families in Enfield (SAFE) and facilitated by team members with experience of art therapy. Group attendees were encouraged to express themselves in visual artwork freely, without specific instructions.

We anonymously surveyed attendees at baseline and at two- and four-months following implementation of the group to measure general and workplace-specific wellbeing, stress and burnout, job satisfaction, and staff attitudes to the intervention. We collected both quantitative and qualitative data.

Results: Out of a team of 19 members, 10 on average attended each session over 5 months. All disciplines and seniority levels were represented.

We collected 12 responses in March 2024 before implementing the group, 7 responses in May 2024 and 6 responses in July 2024 (2 and 4 months after implementation respectively).

The group was rated 5 out of 5 stars unanimously and described as a "space to connect with colleagues, reflect, and calm stress and emotional impact of work".

Overall, there was an improvement in team wellbeing, job satisfaction and confidence from March to July, despite an increase in perceived stress and a decrease in general mental wellbeing. The findings can be better understood within the wider context of the service at the time, namely worsening staff shortages and extreme workload pressures.

Conclusion: The art group was very well received by colleagues and appeared to boost morale during a particularly difficult period for the

team. However, this alone was not sufficient to reduce the stress derived from trying to meet clinical demands with inadequate staffing levels.

Interventions improving job satisfaction, like this project, could play an important role in fighting workforce erosion if combined with long-term commitment to a sustainable workforce on an institutional level.

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.

Assessing Confidence in Antidepressant Prescribing Amongst the Foundation Year Cohort

Dr Abigail Spiteri and Dr Gareth Smith

NELFT, London, United Kingdom

doi: 10.1192/bjo.2025.10445

Aims: The aim of this quality improvement project was to assess, and improve the confidence in antidepressant prescribing and management of common side effects amongst the Foundation Year (FY) trainees.

Methods: PDSA cycles involving a questionnaire sent out to 25 FY doctors in psychiatric jobs.

Results: A survey was sent out to the FY cohort currently doing a psychiatry job placement to assess their baseline confidence in antidepressant prescribing, which highlighted a lack of confidence. With regards to management of depression and anxiety, 25% felt unconfident, 50% felt neutral, and 25% felt somewhat confident. With regards to prescribing antidepressants, 75% felt neutral, and 25% felt somewhat confident. When it came to managing side effects of antidepressants, 25% felt very unconfident, 50% felt somewhat unconfident, and 25% felt somewhat confident.

A flowchart detailing indications for antidepressant prescribing and basic principles on swapping and titrating doses was distributed to help improve confidence. The group was reassessed with the same questionnaire to accurately identify any improvement.

When re-assessed, there was still a lack of confidence with regards to the management of side effects, with 63% feeling somewhat unconfident, 13% feeling neutral, and 25% feeling somewhat confident.

A presentation was prepared and delivered at the weekly teaching, which detailed the use of common antidepressants, their side effects, and the management of complications including serotonin syndrome.

The cohort was again re-assessed, showing an overall improvement in confidence in all aspects, with 80% feeling somewhat confident in management of depression and anxiety, and 100% feeling somewhat confident in prescribing antidepressants and management of side effects.

Conclusion: Positive outcomes included an overall improvement in confidence in prescribing antidepressants. Additionally, some participants found that the gaps in their knowledge were greatly reduced through these two cycles of information sharing.

Potential improvements to the study include using a larger cohort sampling outside of the FYs in psychiatry rotations to get a broader idea of the general FY cohort confidence. Furthermore, some participants still feel they have gaps in their knowledge, which could be addressed through more teaching sessions tackling individual cases in the future.

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.

Re-Audit of Preadmission Handover Meeting on a Medium Secure Rehabilitation Ward

Dr Neeti Sud, Dr Yousra Ghandour, Dr Melissa Harris and Dr Thomas Cranshaw

Cumbria Tyne and Wear NHS Foundation Trust, Morpeth, United Kingdom

doi: 10.1192/bjo.2025.10446

Aims: Patients are admitted to our medium secure rehabilitation ward from high secure hospitals or other medium secure wards from within and outside our trust. We have a waiting list. There is extensive documentation and updates shared prior to any transfer over months. For patients within our trust, we share the same electronic records system. The legal status of most patients requires mandatory information sharing prior to any transfer for example via Ministry of Justice applications.

We examined our process of preadmission handover meetings for all five admissions in 2023–2024. We identified a lack of structured approach to preparing for the preadmission meeting. We concluded that a structured checklist may help. At the time of the re-audit in January 2025, we had two vacant beds and therefore two planned admissions from our waiting list were imminent in the coming weeks.

Methods: We used the following broad national, forensic and trust standards. NICE NG53: "1.2.7 During admission planning, record a full history or update that covers the person's cognitive, physical and mental health needs, includes details of their current medication, identifies the services involved in their care." Trust Policy: "Lead professional should make contact with service that covers the area the service user is to move to/from and arrange a formal hand over." QNFMHS: "When patients are transferred between services there is a handover which ensures that the new team have an up to date care plan and risk assessment."

We re-audited our service using a preadmission checklist based on last year's audit to review what information has already been handed over and what needs to be specifically requested prior to admission. We then compared the preadmission meeting minutes of the last five admissions of 2023–2024 with the first two admissions of 2025 to reflect on our learning.

Results: There was no difference in terms of overall information sought by our team both pre- and post-audit. Updates were needed regarding physical and mental health and third party safeguarding information in the meeting.

Conclusion: Going through the preadmission list in preparation for the formal transfer meeting in a structured manner ensured any