Teams available to all junior doctors joining the Trust. Key quality improvement tools, including driver diagrams, questionnaires, measures checklist and Plan-Do-Study-Act (PDSA) cycles, were employed to evaluate and refine the implemented changes.
Results: Survey responses demonstrated significant improvements in preparedness for psychiatry rotations and comprehension of roles and responsibilities post-intervention. Specifically, there was a two-fold increase in the proportion of trainees reporting preparedness for their rotation, from 33% pre-change to 66% post-change. Similarly, those who reported understanding their roles and responsibilities increased from 35% to 65%. Notwithstanding these improvements, persistent challenges include the inability to fundamentally alter the overarching three-day trust-wide induction and difficulties in assessing the sustained impact of changes due to high turnover among trainees.
Conclusion: This project addressed key deficiencies in the induction programme for junior doctors in the Trust, demonstrating that targeted, trainee-led changes can significantly improve preparedness for their psychiatry rotation. Future efforts would focus on embedding sustainable improvements and exploring further restructuring of the broader trust-wide induction programme to address systemic issues.

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.

Cross-Cover Chaos to Calm: A Smarter Protocol for Efficient Patient Care

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Aims: To ensure fair workload distribution and faster patient care, SWLSTG follows a cross-cover policy, grouping wards into clusters based on proximity. Each ward has designated cross-cover doctors responsible for daytime medical advice and patient reviews in absence of the ward doctors.

A duty-doctor covers all the wards, handling emergencies, urgent reviews, and mandatory tasks if no cross-cover doctor is available. Duty-doctors carry the duty phone which is a dedicated mobile phone for urgent but non-life-threatening situations. However, in practice, ward staff often bypass the protocol and contact the duty-doctor directly, leading to:

Increased workload for a single doctor.

Delays in patient care due to unnecessary escalations.

Interruptions in emergency response.

This project aims to reinforce adherence to the cross-cover protocol, ensuring appropriate ward doctors are contacted first before escalating to the duty-doctor, reducing unnecessary workload and improving efficiency of patient care.
Methods: Pre-Intervention Data Collection: Distribute feedback forms to trainees to assess the frequency and impact of unnecessary duty-doctor calls.

New System Implementation: Set up an automatic voicemail on the duty phone using the Teams, reminding callers to contact their cross-cover doctor first (operating 9 am–5 pm on weekdays, except bank holidays). The Teams system also allows call tracking by displaying missed call numbers, unlike the previous system, which only showed "unknown number".

Educational Intervention: Develop a leaflet and ward posters outlining the correct protocol, emphasising contacting cross-covering doctors first unless in a medical emergency.

Implementation: Circulate materials to nursing staff and ward teams, reinforcing adherence through staff meetings.

Collaboration with Ward Managers: Engage ward managers to reinforce adherence and ensure staff compliance.

Post-Intervention Evaluation: Conduct a follow-up survey to measure changes in behaviour and impact on patient care.
Results: The expected **Results:**

Faster response times for non-emergency reviews as cross-cover doctors are located closer to wards and responsible for fewer patients.

Improve efficiency of patient care by providing continuity.

Increase awareness among ward staff regarding the importance of cross-covering doctors.

Greater clarity and adherence to the protocol among staff.

Reduction in unnecessary escalation to duty-doctors.
Conclusion: Implementing a structured approach to protocol adherence improves workload distribution, reduces unnecessary escalations, and enhances efficiency of patient care. An automated voice message serves as a constant reminder, reinforcing the correct escalation process. However, Teams system carries potential downtime risk, so the old duty phone number will remain as a backup. Future steps include ongoing reinforcement, monitoring reliability, and periodic re-evaluation to sustain improvements.

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A Practical Alternative? KardiaMobile to Improve Uptake of ECGs on Psychiatric Wards

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Aims: ECGs on psychiatric wards are crucial for detecting cardiac side effects of psychotropics and identifying patients with underlying cardiac conditions. However, there can be variable patient uptake of standard 12-lead ECGs, which can lead to delays in initiating treatment and poor quality of physical health monitoring. KardiaMobile is a portable ECG device which can offer an alternative when 12-lead ECGs have been declined by patients, and was therefore explored as a way to improve ECG uptake. The aim was to reduce delays in ECG completion for patients admitted to inpatient settings and to explore the views of patients and staff around their experience of the device.
Methods: From September to October 2023, baseline data was collected retrospectively from one general adult psychiatric ward (A) and one psychiatric intensive care unit (B). This included the dates of patients' admissions and the dates admission ECGs were completed. KardiaMobile devices were then introduced to wards as an alternative and in-person training sessions were delivered. Data was collected post-implementation of the devices from September 2024 to January 2025, recording use of KardiaMobile ECGs and dates of completion. Questionnaires were also used to collect patient and staff feedback.