were reviewed, gaps identified and then solutions to improve standards were proposed. Out of 41 patients admitted to the local inpatient unit with psychosis in perinatal period between January 2022 and October 2024, 11 patients were selected as they met the criteria of diagnosis of perinatal psychosis. Data was collected and reviewed from electronic records and patients' notes.

Data was assessed, whether the key elements for patients presenting with psychosis were documented in admission history, the management plans and the extent of involvement of perinatal team throughout different stages of their care.

Results: It was found that 90% of patients (10/11) were clerked on admission. In 63% patients (7/11) reasons of admission were documented, and 54.5% (6/11) having documentation about parity.

81.8% (9 of 11) had perinatal team involvement during admission, 45.45% (5 of 11) had discharge follow up with perinatal team, while 27.27 % (3 of 11) were discharged to other teams. Only 9% (1/11) were asked about perinatal family history, 81% (9/11) were not asked about perinatal family history while 1 patient had missing clerking documentation.

Conclusion: There were notable gaps picked up in clerking history especially perinatal family history, gestational age and parity, which are critical points in history taking in patients presenting with psychosis in perinatal period. While there is consistent involvement of perinatal team during admission, there seems to be lack of consistency in post-discharge engagement.

The data suggested more standardised clerking, and discharge planning process to ensure all element of care are covered. By implementing the proposed, we anticipate a positive impact on patient outcome, more cohesive multidisciplinary care and improved patient follow up leading to better quality care.

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Improving Trainee Engagement in Trainee Council Meetings at Birmingham and Solihull Mental Health Foundation Trust

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Aims: Trainee Council Meetings (TCMs) offer a dedicated time and place for trainees working in the Trust to highlight issues and raise concerns relating to their rotations.

Trainee engagement in these meetings has historically been variable. This project was developed with the aim of improving trainee engagement with TCMs. It is part of a larger 'Raising Concerns' Quality Improvement Project within the Trust.

Increase attendance at Trainee Council Meetings (TCMs) by Foundation, GP and Core Psychiatry Trainees.

Improve structure and organisation of Trainee Council Meetings.

Improve trainee access to records of meeting minutes.

Methods: Retrospective TCM attendance data was collected in Summer 2023. The only data available were numbers of attendees, not trainee grade. The following issues were identified:

TCMs sometimes took place in person and sometimes took place online (via Microsoft Teams). Attendance tended to be poorer for in-person meetings than those online.

There was no clear leadership structure within the Trainee Council.

There was lack of clarity over which representatives were responsible for planning and facilitating TCMs. This led to an unfair and unequal distribution of TCM workload.

The following change ideas were implemented from the respective dates:

July 2023 – It was agreed that TCMs would always take place online.

August 2023 – Development of two leadership roles within the Trainee Council: 'Trainee Representative and Induction Co-ordinators' and 'SHO Inclusion Co-ordinators'. Planning and facilitation of TCMs was agreed as a responsibility to be shared amongst these representatives.

Development of a Meeting Proforma (see Appendix), clarifying actions to be taken by council leads before, during and after TCMs.

Attendance data were collected prospectively between September 2023 and March 2024. Data included numbers of trainees attending and trainee grade.

Results: Trainee attendances before change ideas:

December 2022 – 20

March 2023 – 9

June 2023 – 22

Trainee attendances after change ideas:

September 2023 – 38

November 2024 – 34

March 2024 – 36

Conclusion: Attendance data show that there has been an improvement in numbers of trainees attending Trainee Council Meetings following implementation of change ideas.

Attendance of trainees by grade was unknown prior to June 2023. The majority of attendees between September 2023 and March 2024 were Core Psychiatry trainees. Attendance by Foundation and GP trainees is low.

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Promoting Wellbeing and Resilience Amongst Resident Doctors

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Aims: To develop and promote wellbeing amongst Resident doctors and embed this into the Core Trainee Committee (CTC).

Methods: This Quality improvement project was part of a response to Trainees' wellbeing developed after noting the dissatisfaction of trainees with wellbeing in the 2024 GMC National training survey. It reported that over a fifth (21%) of trainees measured to be at high risk of burnout and over half (52%) described their work as emotionally exhausting to a very high or high degree.

Dr Sungum (wellbeing lead), devised the pathway using an internally generated traffic light system of the wellbeing department in the Trust and Deanery. Following this, some Core trainees trained as wellbeing activists to support their peers and created and distributed a wellbeing pathway and poster to that effect. We organised activities to improve wellbeing including monthly trainee socials and wellbeing lunch drop-ins. We created a Survey about wellbeing distributed amongst all Psychiatry trainees in the health board.

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