

**Aims.** To achieve 100% of digital handover records being completed by doctors at end of shifts in Holywell Hospital, Northern Ireland.

**Methods.** Transition to completion of digital handover record began in 2019. This was initially audited during 2020-2021 with slowly worsening results. After this, audit data were no longer recorded.

Since becoming trainee representative in February 2022, I investigated, along with my colleagues, reasons as to why this was not being completed nor being achieved. Reasons established included unaware of necessity, chronic culture of not being completed, a lack of access to shared drive and outside locums covering shifts as well as a higher percentage of doctors who were on shorter 4 month rotations. Literature review around junior doctor handovers in other sites was also completed and analysed.

A Plan Do Study Act (PDSA) cycle was subsequently established taking these factors into account from August 2022 to January 2023 with a focus on information sharing, training at specific junior doctor changeover points, liaising with administration to ensure adequate access to handover and regular audit and feedback amongst junior doctors.

**Results.** From a new baseline of 5.36% of digital handovers being completed in February 2022 there has initially been a gradual increase noted at April 2022 to (35.00%) remaining relatively static into August 2022 (25.81%). Some of this related to doctors not having requisite access to shared folder.

However, percentage completed increased substantially after August 2022 with better administrative support and from September 2022 (70.00%) to December 2022 (88.71%) and into January 2023 (91.94%) handovers were completed.

**Conclusion.** Through a combination of better information sharing amongst junior doctors, signposting to digital handover, improvement of early access to requisite folder and specific teaching regarding handover at induction at all changeovers, stressing importance of completion from clinical governance perspective, there has been a genuine sea-change amongst junior medical staff that has included taking better ownership of the process and shared responsibility for it being completed.

This record-keeping improvement has been stark and maintained for a prolonged period, particularly from September 2022 and is now averaging over 90% being completed. There remains some issues regarding access if shift being covered by an outside locum doctor and this would be next targeted area with the goal of achieving 100% record of digital handover occurring.

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## NHS Ayrshire and Arran Sustainability and Well-being Committee - Assessing and Improving Trainee Well-being

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**Aims.** To promote the Royal College's core principles of sustainable psychiatry, Junior Doctors at Ayrshire Central Hospital formed the Sustainability and Well-being Committee. The principle aim through 2022, following the COVID-19 pandemic, was to maximise junior well-being - knowing a sustainable workforce is one that feels supported and fulfilled by work and working conditions.

**Methods.** Through meetings with junior doctors, qualitative information on factors impacting well-being in the work place was gathered, and three targets for improvement were identified.

The following domains and interventions were implemented:

1. Improve working environment: The doctor's office was sized for 2 staff maximum - despite staffing levels consistently in excess of 20 junior doctors. Additionally, there was no natural light. We obtained a new significantly larger office space, with natural light.
2. Comfort break area - Doctors identified that having an area with comfort seating to take breaks and socialise away from patients and visitors would be beneficial. We obtained a seating area and a coffee machine, maintained by the junior doctors.
3. Access technology - Absence of desktops and IT issues with older laptops was impairing productivity and morale. We obtained 4 new desktop computers, and personal laptops for core trainees.

A digital questionnaire was used to collect quantitative data retrospectively, from doctors currently working in the department, or who had done so in the last 6 months.

Likert scales were used to assess pre and post-intervention levels of well-being, and ranking intervention impact on this. Doctors also identified future areas of intervention going forward into 2023.

**Results.** A total of 16 responses were obtained, and 100% of these agreed that feeling supported and good working conditions was important to maintaining wellness and productivity. Pre-intervention average wellness was rated 5.2 (with 1 being extremely poor, and 10 being extremely good), this increased to 8.1 post-intervention. Improved working environment had the most significant impact on well-being.

Respondents identified environmental sustainability as target for improvement in 2023, potentially through improved recycling, reducing meat consumption and car sharing. Further well-being interventions e.g., walks, promotion of Balint group and social events were also suggested.

**Conclusion.** Interventions from the trainee-led Sustainability and Well-being Committee through 2022 improved working environment and subjective well-being. This demonstrates that junior staff can successfully initiate and lead projects to promote and improve sustainability in psychiatry. Results indicate that junior staff are willing to actively participate in interventions to improve well-being, and environmental sustainability in 2023.

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## Development of a Multi-Disciplinary Team Memory Clinic Checklist: A Quality Improvement Project

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**Aims.** Although "to err is human", human error in medical practice can be costly for both patients and the healthcare organisation. Different preventive methods have been developed and one of the approaches is the use of checklist. The conceptualisation of this quality improvement project (QIP) came about after a near-miss prescribing error occurred in the memory clinic. Therefore, the Memory Clinic Multi-disciplinary Team (MDT) Checklist has been created to make the documentation process of diagnosis,