Introduction of a Fit for Purpose Induction Booklet to Improve Junior Doctor's/Trainee's Experience of Local Induction Programme

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Aims: The term 'Black Wednesday' has been used to describe the August national changeover day for nearly 50,000 junior doctors in the NHS, a day when a new cohort of inexperienced doctors start work. Junior trainees have reported a 7–14% reduced satisfaction compared with higher specialist trainees.

Doctors need to be supported in the workplace to provide safe and high-quality patient care. Induction as a minimum should introduce trainees to organisational policies, procedures and arrangements for clinical governance, orientation, and support. Although there is an existing induction system, having a written structured manual will assist the trainees to get through this process more easily. This project aimed to develop an Induction handbook containing all necessary information and links for trainees in Psychiatry at SBUHB to improve trainees' overall satisfaction of the induction programme.

Methods: Data was collected through baseline pre-QI questionnaire which was analysed by a Pareto chart. Following that the induction handbook was circulated to the trainees and a post-QI questionnaire was completed and final data was analysed and compared against the pre-QI results

The project had one PDSA cycle. During which we approached different mental health services directorates within SBUHB as well as community and inpatient consultants for their input. Policies search was carried out on the health board intranet and SharePoint drive.

Results: The post-QI questionnaire receiving 15/18 respondents showed: 60% respondents rated very satisfied, 26.7% satisfied while 13.3% rated neutral; 60% respondents strongly agreed and 26.7% agreed that the handbook will help in safe delivery of patient care while 13.3% rated neutral.

Conclusion: The Post-QI survey has successfully confirmed that the updated and improved induction handbook has helped to improve the trainee's satisfaction and overall experience by having a more comprehensive induction; as it has all the necessary information required to guide them through different systems and processes. Ultimately, finding it very helpful to get the required training to deliver the safe and effective patient care needed at their new placements.

Quality Improvement Project to Improve the Resident Doctors' Out-of-Hours Clinical Handover System at Nottinghamshire Healthcare NHS Foundation Trust (NHFT)

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Aims: An effective and safe clinical handover system is at the heart of safe healthcare delivery, ensuring continuity of care between clinical teams. Handovers are completed face-to-face or verbally and recorded within the NHFT's SharePoint handover system, the standard agreed upon within the Trust. This project aimed to improve the usability, access, and safety of a preexisting SharePoint handover system.

Methods: A pre-implementation survey with 30 responses from the Resident doctors showed that 90% of respondents were aware of the handover system. Still, only 60% carried out face-to-face handovers regularly, while 40% relied on other methods. 35% viewed the SharePoint handover system positively, but 50% found it inefficient, suggesting improvements. Model for Improvement Quality Improvement Methodology was used to design and develop this change project; working alongside key stakeholders (Resident doctors, Medical Education unit, Quality Improvement team and Information Technology (IT) professionals), changes were made using a Plan-Do-Study-Act (PDSA) framework to improve awareness, access, usability and accuracy of the SharePoint handover system. Awareness improved through sessions in the Resident doctors' induction, emails and medical education newsletter. Working in collaboration with the IT team, the SharePoint system was securely moved to a safe server with changes made to the template and dropdown options to improve safety and accuracy. Automatic email reminders were set up to improve handover job completion and recording. A PowerBI dashboard was created to assess system use and the quality of the handover recording to ensure ongoing quality assurance and improvements.

Results: Six-week baseline data showed that the compliance rate of handovers was 80%, with 20% of handovers indicating neither face-to-face nor verbal communication. Only 20% (42 out of 209) of the jobs were marked complete, against standards of 100%.

After implementing change ideas, four-week data showed 100% compliance, indicating that all handovers were completed and recorded. Only 23.03% of the jobs were marked complete on the handover system, indicating an area for further improvement.

Conclusion: A Trustwide Standard Operating Procedure for Resident Doctor Handover is being developed, and further IT changes are planned to continuously monitor and improve the handover system. In this case, collaborative leadership, perseverance when encountering roadblocks, and a systematic data-driven improvement approach with iterative changes helped establish a safer, more usable, and accessible handover system.

Improving the Assessment and Management of Cardiovascular Risk in Adult Psychiatric Inpatients Using the QRISK3 Score – A Combined Quality Improvement and Pilot Study

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Aims: Individuals with severe mental illness have been recorded to have a life expectancy 10–20 years shorter than the general population, with part of this discrepancy being attributable to an increased risk of cardiovascular disease. The QRISK3 score is a validated tool for assessing an individual's 10-year risk of a myocardial infarction or stroke.

Our aim was to assess the practicality and impact of making calculation of the QRISK3 score routine practice for new admissions onto our general adult acute male inpatient ward, in order to improve detection of increased cardiovascular risk and offer atorvastatin as primary prevention if indicated.

Methods: Over the course of six months (August 2024–February 2025), we calculated the QRISK3 score for 50 inpatients on a general adult male acute ward. Patients who had a score of 10% or more were counselled on their increased risk of stroke or myocardial infarction, and were offered atorvastatin as primary prevention.

Results: At the start of data collection, only one of the 17 patients on the ward was on a statin and none of the patients had a documented QRISK3 score.

Of the 50 patients included, 10 of them had a QRISK3 score of 10% or more. Of those 10, two were already on a statin. Of the remaining eight, four agreed to start atorvastatin whilst the remaining four declined.

QRISK3 scores were included on the discharge summaries of all patients who they had been calculated for, with a request to the patient's GP to revisit the topic of primary prevention in the future for those patients who had declined a statin.

The average time to acquire the information required to calculate the score for a patient was 6 minutes and 24 seconds.

Conclusion: Calculating the QRISK3 score for psychiatric inpatients is a quick process that can feasibly be a part of a checklist for new psychiatric admissions and may increase the proportion of patients on appropriate treatment with a statin.

In the future, use of a semi-structured interview that includes both statin counselling and lifestyle advice can be implemented, and we will trial this for the second cycle to see if it has an impact on uptake of a statin. Future research could involve longitudinal follow-up of cardiovascular outcomes to assess the impact of primary prevention in this patient population.

Bridging the Gap – Physical Health Management by Mental Health Nurses in Pendleview: A Quality Improvement Project

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Aims: To reinforce nurses' initial physical health management knowledge on Darwen and Calder wards at Pendleview unit (LSCFT). This quality improvement project attempted to bridge the gap (of physical health knowledge) amongst nursing staff by providing a short teaching course of 3 topics to mental health nurses on Darwen and Calder ward at Pendleview mental health unit, Royal Blackburn Hospital.

Methods: The quality improvement project was conducted using the PDSA (plan, do, study, act) cycle methodology. The sample included 20 mental health nurses across Darwen and Calder wards in Pendleview unit. Three teaching sessions were delivered to nursing staff by doctors on both Darwen and Calder wards (6 in total) covering blood sugar monitoring, EWS and escalation and pain management. Quantitative and qualitative data was collected via pre- and post-teaching feedback forms, assessing nurses' confidence and knowledge in managing physical health conditions. Confidence and knowledge were both scored on Likert scales numbered from 1–5.

Results: 85% of nurses (17 of 20) stated they had not received training on the teaching topics before starting work Data across the three teaching sessions revealed the following;

Blood sugar monitoring (n=8): Mean confidence (1 – not at all confident, 5 – confident) increased from 2.75 95% CI [1.85, 3.65] to 4.75 95% CI [4.45, 5.05] out of 5. Mean knowledge (1 – very poor, 5 – extremely good) increased from 2.75 95% CI [2.292, 3.208] to 4.75 95% CI [4.45, 5.05] out of 5.

EWS and escalation (n=6): Mean confidence increased from 3.5 95% CI [2.493, 4.507] to 4.3 95% CI [3.704, 4.896] out of 5. Mean knowledge increased from 3.5 95% CI [3.1, 3.9] to 4.5 95% CI [4.1, 4.9] out of 5.

Pain management (n=6): Mean confidence increased from 4.33 95% CI [3.953, 4.707] to 4.83 95% CI [4.532, 5.128] out of 5. Mean knowledge increased from 3.5 95% CI [3.1, 3.9] to 4.67 95% CI [4.293, 5.047] out of 5.

Conclusion: Physical health management teaching to mental health nursing staff has shown to increase nurses' confidence and knowledge in physical health. Providing physical health management teaching trust wide can help to eliminate knowledge gaps among the nursing staff, irrespective of their prior knowledge. Flow charts, posters, and providing regular physical health teaching and training to nurses during induction and beyond can all aid to empower nursing staff. A further QI cycle could be explored, looking into new teaching content after determining any additional gaps in physical health knowledge of the nursing staff.

Psychosis in Neuro-Developmental Disorders: A Phenomenological Approach

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Aims: Psychotic illnesses are more common in people with intellectual disabilities with rates as high as three times what is found in the general population. Making a diagnosis of psychosis in intellectual disability is complicated by various reasons such as communication difficulties, comorbidities, cultural differences, diagnostic overshadowing, and atypical presentation. The presence of comorbid Autism can further complicate the diagnostic process.

The clinical approach in diagnosing psychosis in people with intellectual disabilities must be based on a phenomenological assessment that aims to clarify in the patient, objective reality (that may include the "normal alternate" reality of neurodivergence) and the "loss of reality contact" observed in psychosis, from one another.

Our aim in this article is to illustrate phenomenologically the atypical nature of psychotic symptoms in people with neuro-developmental disorders compared with the general population.

Methods: We analysed features of the mental state examinations of men admitted to the regional medium secure unit for men with neurodevelopmental disorders over the period of June 2021 and