

Aims. The Royal College of Psychiatrists (RCPsych) Leadership and Management Fellowship Scheme (LMFS) is aimed at accelerating a fellows' leadership and management development using a combination of structured leadership development programmes and a local apprenticeship model. It is open to all higher trainees, utilising special interest time over 12 months. In most establishments, certain groups are more prone to prejudice; whether due to age, gender, ethnic origin, sexual orientation, religion, career progression or disability. Leeds and York Partnership Foundation Trust (LYPFT) values diversity and strives to foster growth within a multicultural workforce and patient group. Equity accepts the difference between persons and ensures everyone reaches full potential, using individualised support. The aim was to create a culturally aware, inclusive and dynamic workforce. This project set out to achieve its objectives through four pillars. **Methods.** Pillar 1-Initiating the local Medical Workforce Race Equality Standards (MWRES) LYPFT action plan: Appointment of the MWRES lead through advertisement and interviews. Pillar 2-Raising awareness on patient, carer and community involvement through a transcultural workshop: A virtual workshop anchored by four professionals and three patients, with lived experience was held, after which survey results were analysed. Pillar 3-Supporting International Medical Graduates (IMGs): Supporting IMGs through raising awareness on challenges and completing the regional handbook. Pillar 4-Interdisciplinary Undergraduate Education: Raising awareness on diversity and inclusion through undergraduate interdisciplinary education.

Results. Pillar 1: An MWRES lead was appointed after interviews and is now in office. Pillar 2: Results of survey questions from the workshop around awareness of barriers minority groups experience, available transcultural resources, transcultural issues, local protocols and resources, and likelihood to intervene against discrimination; showed an improvement of 41.2%; with average pre-workshop scores of 55% and average post-workshop scores of 96.2%. Pillar 3: The Health Education England, Yorkshire & Humber IMG handbook has been completed and results from the survey included. Pillar 4: Students reported an improvement in their learning following the session. The weighted improvement on equity and transcultural issues for the pre and post teaching intervention improved from 5.391 to 7.126.

Conclusion. Overall, the aims of the four pillars of the project were successful achieved, with positive feedback received. LMFS encourages trainees to develop their leadership and management skills through local mentoring structures and should be encouraged. This is a clarion call to all professionals to adopt a culturally informed approach in all aspects of their practice; related to the workforce and patient care.

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.

Improvement of Ward Referral Quality to the Mental Health Liaison Service (MHLS), Antrim Area Hospital, Northern Ireland

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Aims. To achieve 90% of ward referrals to MHLS having adequate information provided on online referral system. To improve ward staff knowledge and confidence through education in order to empower them with ability to make appropriate and timely referrals.

Methods. Quality Improvement Project established at start of 2022 after discussion with MHLS with regards to referrals. MHLS acts at interface with acute medical wards and there were operational issues identified that could be improved. Driver diagram used to map these, to establish where intervention could be most effective. Lack of detailed referral often requires phone-call to the ward to seek further information, delaying patients' assessment.

Criteria to be included on referral defined as: reason for referral, reason for admission, investigations performed, past psychiatric history, medications prescribed, and substance use history.

Two Plan Do Study Act (PDSA) cycles were established, the first in February 2022 that involved targeted lunchtime teaching of F1 doctors who are new to making referrals and may lack confidence.

Second PDSA cycle was established from December 2022 to January 2023 and focused on nursing staff as it was predominantly this cohort referring. A poster campaign on good practice and preferred information to be included in referrals was established on acute wards and discussed at nursing safety briefs. Data were then reanalysed.

We subsequently acquired data regarding wards which made the highest number of referrals and were able to specifically target the top ten as a third intervention. Further data collected end of January 2023.

Results. Reason for referral inclusion improved (95.07% to 96.43%). Reason for admission to hospital similarly (92.56% to 100%). Past Psychiatric History inclusion improved (14.88% to 27.91%). There was an improvement in inclusion of prescribed medication (16.53% to 42.86%). Relevant investigations being included improved (9.92% to 17.86%) and substance abuse history improved (16.53% to 42.86%).

Overall number of referrals from same time period the previous year reduced from 349 to 307 post-interventions.

Conclusion. Whilst some clear improvements have been noted, there are still significant barriers towards the relevant referral content being included.

However, from speaking to ward staff there is evidence that thinking has improved in terms of appropriateness of referral, supported by reduction in referral numbers. This is possibly an impact of visual poster prompts, teaching and face to face discussion with staff.

Further work to help sustain improvement could include questionnaires distributed to wards, input at medical changeovers and prompting document circulated via email to all Trust staff.

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Improvement of Junior Doctor Handover in Holywell Hospital, Northern Ireland

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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,