

**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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