for up to 6 rotations, meaning those finishing CT3 could retrospectively review all their placements. The data were analysed by the project leads, grouped into themes, and anonymised.
Results. We received responses for a total of 57 posts from 23 core trainees (total trainees July 2022 = 71), some of whom responded for multiple posts. Types of posts reviewed included: General Adult (40.4%), Older Adult (24.6%), Child and Adolescent Mental Health (8.8%), Forensics (7%), Learning Disability (5.3%) and Psychotherapy/Liaison (3.5%). 10.5% of responses did not specify the speciality.Overall, respondents strongly recommended 51.8% (n=29) and recommended 12.5% (n=7) of posts to other trainees. Respondents strongly did not recommend 5.3% (n=3) and did not recommend 1.8% (n=1) of posts to other trainees. Positive themes included having a range of experiences and a supportive team. Trainees valued having a range of cases with appropriate autonomy. They liked having a job that was busy enough to gain the required experience but not too busy to impede training and learning opportunities. An accessible and supportive supervisor who provided regular supervision with completion of work based placed assessments was also important.Negative themes included lack of regular supervision and heavy workload, which impacted a trainee's ability to attend teaching and participate in other aspects of professional development. Feedback for inpatient posts suggested that physical health obligations sometimes limited training opportunities.
Conclusion. Our results have shown that training needs are varied between trainees. It is therefore important that trainees have honest discussions with their supervisors about their needs and areas for development. Overall, trainees would recommend the majority (64.3%) of posts reviewed, however areas for improvement were highlighted. These may include extra training opportunities and increased physical health support. The main limitation of our evaluation was the low survey uptake (32.4%) in comparison to total trainee numbers. We hope that sharing our findings with both trainers and trainees will improve future responses.

Improving Education Around High-Risk Psychotropic Medication in Supported Living Facilities

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Aims. Of the medication-related incidents that have been reported in supported living placements, many involved high-risk psychotropic medications such as Clozapine, Lithium and Sodium Valproate. An evaluation of these incidents found problems with administration and inadequate monitoring. Consequently, a virtual education programme was commissioned to educate support staff in living placements in South West Hertfordshire which showed strong positive evidence that the training session improved learning and management surrounding psychotropic medication. This education programme has now been expanded to supported living facilities in the North of the trust to further ameliorate safe medication management and care provision within these placements. The aim of this teaching programme is to provide an educational platform to improve the knowledge and risks associated with Clozapine, Lithium and Sodium Valproate in an effort to reduce medication-related incidents within the placements.
Methods. Virtual training was developed and delivered for support staff across supported living facilities in the Northern directory of the trust. This teaching was collaboratively designed and delivered by a multidisciplinary team including pharmacists, doctors and nurses. The virtual nature of the session lent increased accessibility to staff members from various regions.
Results. 28 staff members from 6 support living facilities covering a resident population of over 65,000 people attended the 3-hour virtual education programme. Quantitative studies run on the pilot lecture in the high-risk psychotropic learning programme found strong evidence that this training leads to increased understanding of the administration, management and risk profiling of the aforementioned high-risk medication.
Conclusion. Education surrounding high-risk medication will reduce long-term incidences of medication-related adverse events. The expansion of this learning programme to the entirety of the Hertfordshire trust is a step further in improving patient care within local mental health services.

"The Only Way Is Up; Lets Do It!"- a Quality Improvement Project for Physical Health Improvement for Patients Diagnosed With Schizophrenia at a CMHT in Glasgow Using Smart Interventions

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Aims. Cardiovascular death is the leading cause of early mortality in patients with schizophrenia. We audited physical health monitoring (via Lester tool) of all patients diagnosed with schizophrenia over the past year. There were 163 patients, 60% were up-to-date on blood tests, but only 28% had an up-to-date ECG. We found poor documentation of lifestyle risk factors (smoking/alcohol/weight) and recording of interventions that were offered to modify these. We felt it was important to try a pro-active model of engagement and intervention in order to improve outcomes and empower patients in collaboration with GPs.
Methods. A subset of the cohort (35 patients) were invited along for an all-inclusive check up with a doctor at the psychiatry clinic (blood tests, discussion and advice regarding lifestyle risk factors and on-site ECG utilising the new Kardia 6L) lasting 30 minutes. Information was collated and then distributed via a letter to the GP, the consultant psychiatrist and the patient.
Results. Of the 35 patients invited to attend the physical health check-up, 18 (51%) attended. All patients then underwent physical health monitoring and discussion of how to improve their risk factors. The Kardia6L allowed for QTc monitoring to occur quickly and easily in the outpatient setting and was liked and accepted by patients. We found that most patients were overweight (88%) and were undertaking less than 30 minutes of exercise a day (50%). Half of the patients required active medical

intervention (statin, blood pressure or diabetes medication). The Kardia6L allowed us to attain 88% compliance with achieving up-to-date ECGs and provided instant results to the clinicians/patients.

Conclusion. In this first phase of the quality improvement project we were able to show that half of the patients were willing to attend for in person monitoring. Patient engagement was better as intervention was being delivered at their usual CMHT by their Psychiatrists. The model of a shared letter between patient, GP and psychiatry encouraged shared responsibility for carrying these issues forward. From participating in the project the psychiatry team plan to review patient's medication and develop a robust intervention plan regarding weight loss/exercise/diet from the CMHT in collaboration with GPs as there are clear issues affecting our patient's health long term. The Kardia6L proved to be a quick/easy way to monitor QTc safely in an outpatient setting and allowed us to provide this as one step process at CMHT without requiring referral to Cardiology while improving compliance with annual ECGs.

Clear Records: Exploring Patient and Staff Experience of Ward Rounds to Inform and Improve Ward Round Communication and Documentation

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Aims.

1. To improve ward round efficacy and efficiency.
2. To make ward rounds more patient informed and create an updated ward round patient "preparation sheet".
3. To improve collaboration and communication between the multidisciplinary team (MDT).
4. To review and modify ward round/Care Programme Approach (CPA) proformas.

Methods.

1. Quality Improvement training was delivered to the MDT.
2. An anonymous Likert scale survey was completed by the MDT (n=10), to gather views on ward round experience and documentation.
3. Patients: 2 interactive, breakout sessions (n=4) were facilitated to:
   - Explore their experience of ward rounds through discussion and Likert scale questionnaires (n=4).
   - Review the existing patient preparation sheet and coproduce a revised version.
4. MDT: 4 interactive, breakout sessions were facilitated with staff (n=10) to create a:
   - Process map of ward rounds.
   - Fish bone diagram of the challenges within ward rounds.
   - Reverse fish bone diagram, to consider solutions.
   - Revised ward round and nursing proformas.
5. A driver diagram was developed to generate change ideas.
6. A scoping exercise was completed, comparing ward round proformas within the rehab division, to consider areas of best practice.
7. A Plan Do Study Act (PDSA) cycle was initiated.

Results.

1. Patient discussion and questionnaire feedback re: ward round experience was positive. Patients felt "respected", "supported," "understood team roles" and "plans" within ward rounds.
2. Patients mostly agreed with the current format of the patient preparation sheet, however wanted a visual prompt, for their recovery areas. A diagram, "My recovery wheel", was designed, to include diet, hobbies, mood, exercise, substances etc.
3. Staff felt "respected", and "listened to" and "understood their roles" in the staff survey; MDT proformas and time keeping were highlighted as requiring improvement.
4. The fishbone diagram identified challenges within: staffing, procedural factors, time, resources/equipment, training and education, communication, proformas and patient engagement.
5. New, succinct, MDT ward round proformas were designed, with focus on rehab goals, in order to facilitate the patient journey and discharge pathway.
6. A ward round prompt sheet for the chair was created.

Conclusion.

1. Both MDT and patients feel largely positive re: ward round experience.
2. The improved patient preparation sheet is more patient centred, after being co-produced with patients.
3. The MDT highlighted multifactorial challenges pertaining to ward rounds running in an efficacious and efficient manner.
4. The next cycle of the project will focus on testing the new forms and change ideas.

Increasing the Efficiency Of Community Mental Health Team (CMHT) MDT Meetings in Birmingham & Solihull Mental Health NHS Foundation Trust (BSMFT)

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Aims. Multidisciplinary team (MDT) meetings provide a timely opportunity per week where a range of professionals involved in the service user's care come together to discuss patients and make an informed decisions as a team. With an increase in psychiatry community mental health team (CMHT) caseload (referrals in March 2021 were +5%), it is paramount we think of more efficient ways of running routine CMHT practises. Our aim was to identify the inefficiencies that surround the Aston & Nechelle's weekly MDT meetings & derive feasible modifications to make the protected team discussion time more efficient.

Methods. The PDSA (Plan-Do-Study-Act) cycle quality improvement methodology was used. A mixed qualitative & quantitative methodology was utilised. An observational study was carried