to seven days beforehand as well. DNA rates for November were analysed to assess the impact of intervention one and December for intervention two. Patient characteristics were also examined monthly to identify any trends among those who DNA. The analysis comprised 109 patients (69 for pre-intervention, 27 for intervention one, and 13 for intervention two).

Results. Pre-intervention DNA rates were 13.4%, 17.5%, and 13.5%, respectively. The incidence of DNA increased to 19.9% after intervention one. However, this was lower than November 2022. The rate for intervention two was 11.6%, lower than that of December 2022. Being White, having a mood disorder and having mental health disorders which fell under more than one category were prominent among those who DNA.

Conclusion. Increasing the frequency of text message reminders of appointments had a significant impact on reducing DNA rates, highlighting a potential intervention which can be implemented in CMH to tackle the issue of DNAs.

Empowering Psychiatric Trainees: Enhancing Portfolio Competence Through the Café of Royal College of Psychiatrists (CoRP) Quality Improvement Project

Dr Jiann Lin Loo[1]*, Dr Praveen Kumar[2], Dr Kok Keong Leong[3], Dr Justina Akinlua[4] and Dr Sioned Griffiths[5]

[1]Betsi Cadwaladr University Health Board, Wrexham, United Kingdom; [2]New Craig's Psychiatric Hospital, Inverness, United Kingdom; [3]Aneurin Bevan University Health Board, Blaenau Gwent, United Kingdom; [4]Betsi Cadwaladr University Health Board, Llanfairfechan, United Kingdom and [5]Betsi cadwaladr University Health Board, Bangor, United Kingdom
*Presenting author.

Aims. The Quality Improvement Project (QIP) for the Café of Royal College of Psychiatrists (RCPsych) Portfolio (CoRP) was initiated to address the challenges faced by UK postgraduate psychiatric trainees in utilizing the RCPsych Portfolio effectively. The primary objective of this project is to enhance trainees' confidence and competence in using the portfolio. Additionally, CoRP aims to establish a robust, sustainable ecosystem of peer coaching and mentorship to support continuous learning and development among trainees.

Methods. The CoRP employs a unique, multi-faceted approach, leveraging a scalable coaching and mentoring model. Firstly, the program focuses on increasing its visibility among trainee groups through targeted communication and marketing efforts. Secondly, CoRP provides on-demand sessions to cater to the varied schedules and job plans of trainees, offering flexibility and accessibility. The sessions offer a mix of coaching, mentorship, and guidance, tailored to the specific needs and learning styles of each trainee. Furthermore, the project fosters an environment where trainees can learn from peers and experienced professionals, enhancing the learning experience and promoting a culture of collaborative learning.

Results. The implementation of the CoRP has led to significant improvements in trainees' confidence in using the RCPsych Portfolio. This outcome is evidenced by the data collected from pre- and post-session surveys, which show a marked increase in trainees' self-reported confidence levels. The project has successfully conducted a series of sessions that focus on various aspects of portfolio management and learning. These sessions have been well-received, with positive feedback from participants indicating that the program meets its intended objectives. However, the project acknowledges the need for long-term data to understand its impact on the Annual Review of Competency Progression (ARCP) outcomes and to assess its sustainability over time.

Conclusion. The CoRP has demonstrated immediate, positive effects in enhancing the skills of psychiatric trainees in using the portfolio. Its strengths lie in the scalability of the model and the incorporation of coaching and mentorship principles, which have proven effective in addressing the needs of trainees. However, the project recognizes that further evaluation is needed to establish a clear correlation between improved portfolio skills and ARCP outcomes. To this end, future plans include the continuous expansion and repetition of the program every six months to accommodate new trainees. Additionally, ongoing evaluation will be conducted to measure the program's long-term effectiveness and sustainability. This will ensure that CoRP continues to evolve and adapt to the changing needs of psychiatric trainees, ultimately contributing to their professional development and success in their field.

Learning Disabilities: Reducing CTPLD West Psychiatry Clinic DNAs by 20% by Offering a More Person-Centred Service

Dr Kerenza MacDaid[1]*, Dr Labib Hussain[2] and Dr Sarah Maber[3]

[1]Surrey and Borders Partnership NHS Trust, Guildford, United Kingdom; [2]Surrey and Border Partnership NHS Trust, Guildford, United Kingdom and [3]Surrey and Borders Partnership NHS Trust, Chertsey, United Kingdom
*Presenting author.

Aims. To explore reasons why patients under the learning disability community psychiatry team were not attending their appointments.

To explore patient preferences for type of appointments offered (F2F, telephone or video) aiming to improve access and attendance, whilst promoting reasonable adjustments for patients with learning disabilities.

To improve efficiency in terms of number of patients seen and reduce wasted clinical and admin time in relation to DNA appointments, by reducing the 'did not attend' (DNA) rates by 20%.

Methods. With the support of the QI team using methodology including fishbone diagrams and PDSA cycles, electronic data on the number of DNA psychiatry appointments were collated from January 2022 onwards and recorded monthly.

Each DNA appointment was coded with a reason given for non-attendance. The data was then reviewed and analysed to identify any common themes around non-attendance.

A questionnaire was initially trialled with a small sample of patients who had not attended to explore reasons for non-attendance and preference regarding appointment type. The questionnaire was then sent to all CTPLDW patients who had missed

appointments. An easy-read version was also sent to promote accessibility amongst the patient group. The data was collated and reviewed.

Results. Most common reasons for patients not attending their psychiatry outpatient clinic appointments under the CTPLDW team were identified:

2022: 35 patients DNA – 28.6% citing communication/correspondence issues.

2023: 30 patients DNA – 33.3% citing communication/correspondence issues.

Additional reasons for non-attendance included issues with residential homes, sickness and transport.

Conclusion. An anecdotally high number of DNAs were noted by CTPLDW. The data collected thus far has helped us to define and understand the issues. The main factors identified revolve around communication and correspondence of appointment times.

The next step in our quality improvement project is to trial text reminders for patients and carers to assist in remembering appointments, to assess whether this change idea helps to decrease the number of DNAs.

Future change ideas include development of resources to support attendance (e.g. adjusted appointment letters with QR codes for access/maps, reminder letters in easy-read format and video tours).

CTPLDW would like to offer a more personalised approach with a service that promotes reasonable adjustments and reduces barriers to access, thereby reducing the number of DNA appointments.

Benefits & Barriers: Improving Medical Handover in a Psychiatric Hospital

Dr Nina MacKenzie[1]*, Dr Callum Cruickshank[2],
Dr Ewan Mahony[2], Dr Jessica Parker[2] and Dr Robyn Canham[2]

[1]NHS Education Scotland, Edinburgh, United Kingdom and
[2]NHS Lothian, Edinburgh, United Kingdom
*Presenting author.

Aims.

Background: Handover aims to achieve the efficient communication of clinical information when responsibility for patients is transferred. The Royal Edinburgh Hospital (REH), a specialist hospital serving the Lothians, has repeatedly received "red flags" (ranked in the bottom 2% of benchmarked areas) on the handover section of the Scottish training survey (STS) and GMC national training survey of doctors in training (DiT).

Aims:
- Survey DiT to understand their experience of handover.
- Introduce a new structured handover process.
- Re-audit parameters after intervention.

Methods. Data from REH DiT were extracted from an anonymised handover survey, disseminated to all psychiatry DiT in Scotland in January 2023. Multiple choice and free-text questions covered handover timings, format, structure, and attendance. The survey was repeated after intervention. In addition, data from the STS were analysed. The intervention consisted of altering shift times to include protected time for handover, introducing a dedicated room, training in the use of an electronic system to record

tasks, involvement of senior doctors, and dissemination of the new changes to procedure.

Results. A total of 12 survey responses (25% response rate) pre-intervention (25% FY2s, 17% GPSTs, 58% core trainees) and 14 post-intervention (14% FY2s, 14% GPSTs, 71% core trainees) were analysed. The proportion of respondents reporting that handover always happened at times of shift change increased from 7% to 93% post-intervention. The proportion of those reporting that there was protected time for handover rose from 0% to 50%, and the use of a predetermined structure/format increased from 0% to 43%. After intervention, 86% of DiT felt adequately supported during handover (compared with 17% pre-intervention) and 93% of respondents felt handover 'allowed for the efficient and effective transfer of information to protect patient safety' (33% pre-intervention). Prior to the process change, 83% of DiT felt there was no clear senior leadership at handover; this fell to 21%. Post-intervention the use of WhatsApp/texts to hand over information fell by 100%. The new system was welcomed by trainees, but teething problems were identified.

Conclusion. The new process led to improvements in the frequency, consistency, format, recording, and senior support of handover. Issues with the use of video call software and electronic medical records systems have been identified, and work is ongoing to address these in an iterative quality improvement process. Good clinical handover benefits patients (fewer mistakes and increased safety, better continuity of care, improved satisfaction) and clinicians (improved communication skills, increased accountability, feel more informed, improved job satisfaction).

Fitness to Drive Policy in Inpatient Setting: Findings of QI Project

Dr Sajid Mahmood*, Dr Heba Radwan, Dr Omotilewa Omotoso, Dr Waqqas Khokhar and Dr Nosheen Shams

Leicestershire Partnership NHS Trust, Leicester, United Kingdom
*Presenting author.

Aims.

Background:
Nature and degree of mental illness can impair abilities of patients to drive safely which puts their own safety and safety of others at risk. There is also an ongoing concern of patients not being properly informed on their duty to inform the DVLA and potentially to stop driving for an extended period.

Aims:
1. To assess if risk assessment of patients in term of driving status was completed at time of admission, during their stay on ward, and if any advice regarding fitness to drive was given at time of discharge.
2. To improve patients being asked about driving status on admission to 100% of patients.
3. To improve rates of service users being informed of the DVLA guidance following a mental health illness to 100% of patients.

Methods. It is a Quality Improvement (QI) project. Baseline information on current practices were assessed against local fitness to drive policy of Leicestershire Partnership NHS Trust in