months) undergone an ACE-III examination, split equally between the geographic East and West of the region (as covered by different consultant psychiatrists).

Independent reviewers reviewed each ACE-III against the 2017 scoring guide. Any ambiguous cases were decided by consensus. Certain aspects of the ACE-III cannot be objectively verified retrospectively and require contemporaneous observation, therefore these questions were excluded from the analysis.

Results: 45 of the 50 patients had a valid ACE-III available for review. Only 44% (20/45) assessments had no identifiable marking errors.

As hypothesised, the highest failure rates occurred in the visuospatial domains, with incorrect marking in the "copying a cube" in 20% (9/45) and "clock drawing" in 18% (8/45).

Moderate failure rates were observed within the language section with "sentence writing", being inaccurately marked in 9% (4/45) and the visuospatial task of the "infinity diagram", with issues in 7% (3/45).

Several of the attention, memory and fluency-specific tasks saw a mistake in at least one patient.

The mistakes were generally evenly spread across patients with no single ACE-III examination accounting for a disproportionate number of errors.

Conclusion: Uniformity in application and marking of the ACE-III requires revision with the team in order to achieve consistency. Even marginal inaccuracies in scoring could result in an under- or over-estimation of cognitive ability and influence clinicians' interpretation and subsequent diagnosis.

In the teaching session, the team reflected on the results and their experiences, and collectively decided on further improvement measures:

1) in-house simulation ACE-III completion with a volunteer administrator, the team lead as patient, and remaining team observing,

2) to include a bi-annual team re-training with the ACE-III training video as a refresher, and

3) for re-evaluation in approximately six months' time to monitor improvement.

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.

Improving Physical Health Monitoring on a Working-Age General Adult Inpatient Ward: A Quality Improvement Project

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Aims: Individuals with severe mental illness (SMI) face a significantly reduced life expectancy, primarily due to preventable physical health conditions. This project aimed to enhance the timeliness and comprehensiveness of physical health checks for inpatients in an acute psychiatric ward. An initial audit cycle identified gaps, prompting targeted interventions, with subsequent re-audit assessing their impact.

Methods: The first audit cycle (March 2023) reviewed adherence to physical health assessments, including physical examinations, observations, height and weight measurements, ECGs, blood tests, and cardiometabolic checklist completion. Interventions implemented included daily reviews in the Multi-Disciplinary Team (MDT), integration into daily job lists, and master list documentation. These measures reduced delays in completing assessments.

The second cycle (November 2023) involved 35 inpatients over four months. Interventions included the introduction of a whiteboard for task tracking, post-MDT reviews, staff reminders, and induction sessions emphasising physical health monitoring. Colour coding was introduced to enhance task visibility and efficiency. Specific patient needs, such as those with heart failure and left bundle branch block (LBBB) or end-stage renal disease (ESRD) requiring dialysis, were incorporated into tailored care plans.

Results: The second cycle demonstrated that, overall, there were visible improvements in clinical practice. The whiteboard intervention significantly improved the timeliness and completion rates of physical health checks. Key findings included:

Physical examinations: Success rates increased from 93% to 100%.

BMI measurements: Reduced delays and increased completions.

Physical observations: Maintained at 100% completion.

Challenges included gender-based refusals for ECGs and reluctance from patients with eating disorders to undergo BMI measurements. These findings highlight the importance of personalised approaches to monitoring and addressing barriers to compliance.

Conclusion: Implementing a whiteboard for tracking physical health checks demonstrated substantial improvements in timeliness and completion rates through simple, cost-effective interventions. Despite challenges, this project underscores the potential of structured systems to enhance physical healthcare for patients with SMI. Scaling and expanding these strategies hospital-wide may contribute to addressing health disparities and improving outcomes for this vulnerable population.

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Impact of Dose Titration Using the Seizure Quality Rating (SQR) Scale on Electroconvulsive Therapy (ECT) Outcomes: A Quality Improvement Project

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Aims: This Quality Improvement Project (QIP) aimed to assess the impact of incorporating the Seizure Quality Rating (SQR) scale into ECT dose titration practices. The objective was to optimize treatment by improving seizure quality assessment and reducing cognitive side effects associated with higher electric doses, ultimately enhancing patient outcomes.

Methods: The QIP was conducted at the ECT clinic of Surrey & Borders Partnership NHS Foundation Trust. The SQR scale evaluated seizure quality using parameters such as EEG and visual seizure duration, mid-ictal amplitude, interhemispheric coherence, postictal suppression, and peak heart rate. Patients were categorized into two groups:

Pre-SQR (Standard Group): Treated between May 1, 2023, and October 30, 2023, with dose titration based on seizure duration.