tutorial session provided, with data collected for all 18 patients and staff awareness assessed through questionnaires.
Results: Bowel monitoring and documentation significantly improved throughout the course of three audit cycles. In the first cycle, total number of days for all 17 patients that bowel movement was recorded was just 5 in 2 weeks and only 2 bowel charts uploaded onto the system. In the second cycle of 18 patients, 173 days recorded and 16 charts uploaded. In the third cycle of 18 patients, 151 days recorded with an average Norgine score of 7.056 and all charts uploaded. Thus, frequency of monitoring increased by 66.55% in the second cycle but then decreased by 8.73% in the third cycle although continuing to show improvement from the first.
Conclusion: This project aimed to improve bowel assessment in an inpatient mental health ward for patients on antipsychotics. Using the MFI framework, the data shows significant improvements in bowel monitoring and documentation over three cycles. Consistent uploading of bowel charts onto RIO and Norgine score assessments reflect a commitment to high standards in patient care. Improved bowel monitoring can reduce constipation, prevent complications and save costs through reduced laxative use and shorter hospital stays. This scientific approach underscores the importance of diligent monitoring in enhancing patient outcomes.

Barriers to Lead Psychiatric Clinical Supervision – A Cross-Sectional Survey

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Aims: The Royal College of Psychiatrists (RCPsych) recommends that psychiatric trainees receive one hour of 1:1 supervision per week, with clinical supervisors allocated 0.25 PA (programmed activity) protected time per trainee weekly. The GMC National Training Survey 2023 found that 86% of trainees reported positive feedback on clinical supervision, though the survey was not psychiatry specific. Locally, the Resident Doctors Forum raised concerns about some trainees not receiving the recommended supervision time, prompting the introduction of a new supervision form.

Aims were to identify and assess barriers to providing regular supervision to support the professional development of psychiatrists in training within Nottinghamshire Healthcare NHS Foundation Trust.
Methods: A questionnaire was developed based on the "Enablers and Barriers to Effective Clinical Supervision in the Workplace: A Rapid Evidence Review" to identify barriers to effective clinical supervision. It was emailed to all lead clinical supervisors in Adult Mental Health, with a two-week response deadline. The feedback was analysed using a mixed methods approach, combining quantitative and qualitative analysis.
Results: The survey received a 30% response rate (21 out of 70 eligible trainers), with a distribution reflecting the grades of resident doctors in the trust: 34% supervising HST, 34% supervising CT, 19% supervising FY, and 13% supervising GPVTS.

Key findings include: 67% of trainers felt their clinical workload allowed sufficient time for supervision, but 81% sometimes had to cancel due to clinical commitments. Trainers with sufficient time for supervision typically had protected time formally agreed in their job plans (85%).

80% of trainers faced cancellations due to trainee unavailability (e.g., shift work, staff shortages), and 10% felt supervision was hindered by inadequate resources, such as lack of private spaces.

Awareness of the RCPsych supervision guidance was low (33%), and 50% were not familiar with or did not use the local supervision form. Opinions on the form were divided: half found it helpful, while the other half saw it as additional workload.

Major barriers to effective supervision included intense clinical workload, time pressure, staff shortages, managing multiple trainees, and trainee unavailability due to on-call or leave commitments.
Conclusion: Suggested actions to address these barriers include:

Distributing the RCPsych guidance and Supervision Form to all trainers.

Encouraging supervisors to schedule supervision mid-week to avoid conflicts with on-call shifts.

Supervisors should discuss protected time in their job plans with clinical directors and work with medical education to find private workspaces for supervision.

A Quality Improvement Project to Address Inequalities in Access to Admission to a Mother and Baby Unit in Kent Across a 3-Year Period

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Aims: Rosewood Mother and Baby Unit (MBU) provides inpatient psychiatric care to women with severe mental illness in Kent, Surrey & Sussex (KSS) in UK. Analysis of admission data to the MBU in 2022 highlighted inequalities in the admissions process. A quality improvement project was undertaken to improve equity of access for women irrespective of their ethnicity, location or age.
Methods: We collated data on admissions to Rosewood MBU, including demographics, origin of referrals, diagnosis, length of stay, parity, Mental Health Act status, previous MBU admissions and safeguarding concerns. In the 2024 cohort, additionally, we looked at suspected or confirmed neurodevelopmental disorders such as ASD or ADHD and deprivation decile to establish the socio-economic status of admitted patients.

The project group undertook consultations with referrers, inpatient/community teams and other stakeholders to understand barriers to referrals from various counties, for women of black and ethnic minority backgrounds and under-18s. We implemented measures such as improving ethnicity recording, building partnerships with community groups to raise awareness and build trust, offering appropriate training for staff working with young and ethnically diverse mothers, providing easy access to information about referrals pathway and role of MBU to referrers and families.
Results: In 2022, the duration of admission was less than 2 months for 64% of patients, which increased to 77% in 2023 and 70% in 2024. Psychotic illness was the most common diagnosis for patients admitted in 2022 and 2024, while anxiety-related illness was most common in 2023.

In 2022, 10% of admitted patients were of black, Asian or mixed backgrounds, which increased to 33% in 2023 and 36% in 2024. In 2023 and 2024, there were 2 referrals and 1 admission of women under the age of 18, compared with no referrals in 2022.

In 2024, mean age of mothers admitted was 30.6 years with a range between 19 and 40 years. 18% of patients had suspected or confirmed diagnosis of Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder. In the same year, 39% of admissions had lower socio-economic status with deprivation decile between 1–4.

Conclusion: Overall, this project demonstrates a positive trend with improved access for under-18s and women of black, ethnic minority and mixed ethnic population groups across the 3-year span. Further work is needed to improve access for women living in more deprived areas and to recognise and support women with neurodevelopmental disorders in the perinatal period.

Likelihood of Resident Doctors Raising Concerns Within an Acute Mental Health Trust

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Aims: Raising concerns is a vital component of optimising patient safety and improving training experiences. However, resident doctors within an acute mental health trust have expressed difficulties in raising such concerns. A quality improvement (QI) project was initiated to improve the self-reported likelihood of resident doctors raising patient safety and training concerns. We developed a pulse survey to capture this data and identify barriers to raising concerns, to thus inform and evaluate change ideas.

Methods: Over 17 months, a monthly pulse survey was distributed to all resident doctors within Birmingham and Solihull Mental Health Foundation Trust to ascertain their likelihood of raising both training and patient safety concerns using a Likert scale. Respondents were also asked to indicate the effectiveness of existing support systems for raising concerns. A free text box was available for respondents to detail other barriers or concerns. Demographic information was also collected and analysed. Data on the self-reported likelihood of raising concerns were plotted on run charts, with analysis in relation to the implementation of change ideas, to identify their effectiveness. Data on perceived barriers was utilised to inform change ideas.

Results: The mean survey response rate was 6.9 (range 1–21.4). Neither the likelihood of resident doctors raising concerns about patient.safety or training showed significant improvement, as evidenced by run charts. Barriers to raising concerns included the exception reporting system and feeling that no effective action would be taken. Residents were less likely to raise a concern if the severity was perceived as low. Over time the perception of the trust intranet as a supportive tool in raising concerns increased.

Conclusion: Although no significant changes were identified in resident doctors' likelihood of raising concerns, the pulse survey provided valuable insight into what barriers still exist in our Trust for residents wanting to raise concerns. The feedback provided informed multiple change ideas that were implemented including modifications to the representative structure, improvements to the resident doctor meeting intranet page, and adaptations to the incident reporting system. Recommendations have also been made for future QI projects. The frequently changing workforce and low response rates meant quantitative data on the self-reported likelihood of raising concerns was limited. However, evaluation of specific change ideas showed a positive impact. Increased motivation of resident doctors to engage in QI projects was another noticeable achievement.

Comprehensive Physical Assessment in an Older Adult Inpatient Psychiatric Ward – A Pilot Project

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Aims: To improve the assessment and management of physical health comorbidities for patients admitted to Crocus Ward, Springfield University Hospital.

Methods: The Old Age PHA template was devised using the guidance from the RCPsych report 'Caring for the whole person and incorporated elements of the 'Comprehensive Geriatric Assessment Tool' used in primary care and the Old Persons Adult Liaison (OPAL) team at St George's Hospital, London.

In performing the assessment, clinicians gather information from multiple sources: patient interviews, collateral histories, and reviews of GP and hospital records, and recent investigations.

The following information was obtained: Past Medical History, smoking, alcohol, substance use, vision, hearing, oral health, bladder and bowel function, pain and falls assessment, physical examination, investigation results, risk calculator scores, Baseline 4AT score, Medication/Polypharmacy Review, STOPP/START tool, Anticholinergic burden (ACB) calculator result.

Using the collected information, clinicians develop tailored care plans and recommendations to address identified physical health concerns.

Results: From May 2024, all new admissions underwent a Comprehensive Physical Assessment, with the report, including care plans and recommendations, uploaded to their electronic records.

Conclusion: The comprehensive physical assessment has significantly improved patient care by enabling early identification of physical health issues and potential risks. It facilitates personalised care plans and serves as a valuable reference for the multidisciplinary team. This approach addresses immediate health concerns and contributes to better long-term outcomes. The project underscores the importance of integrating physical and mental health care in older adult psychiatric settings.