introducing the weekly ACP slot, 41% slots were filled. 48% of dementia patients had an ACP by discharge. 50% patients with an estimated <12-month prognosis had an ACP by discharge.

By January 2025, 100% prognostic coding was communicated to the GP.

Conclusion: The weekly timeslot increased the number of ACPs. Improved identification of patients resulted in approximately half of dementia patients, and half of patients with a prognosis of months, having an ACP by discharge. Challenges included embedding ACP meetings into routine practice. Recommendations:

Gather feedback from patients and carers – case studies suggested ACP discussions were well received by carers and positively impacted patient care.

Continue the regular weekly ACP slot.

Provide more staff training.

Audit outputs of ACP discussions.

QIP: Enhancing Staff Awareness of Anti-Ligature Room Allocation in the Clinical Decision Unit

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Aims: Ogura Ward is a psychiatric inpatient Clinical Decision Unit (CDU) which contains 20 rooms for male patients with acute psychiatric illnesses. These patients are frequently at high risk of self-harm. In a bid to minimise the risk of self-harm, Ogura ward contains two anti-ligature rooms designed to keep patients safe. Correct allocation of patients to these rooms is crucial for patient safety. However, gaps in staff awareness regarding the locations of these rooms and the patients assigned to them were identified, emphasising the need for targeted interventions.

This Quality Improvement Project (QIP) aims to improve staff awareness of the anti-ligature room locations and the patients assigned to each room. The project aims to achieve an 80% improvement in staff awareness over two months.

Methods: A Quality Improvement Project (QIP) was implemented using a Plan-Do-Study-Act (PDSA) cycle over two months. Initial staff consultations and surveys highlighted gaps in awareness, forming the basis for intervention design. Two interventions were introduced one week apart:

A daily updated poster displayed in the nursing station, identifying the anti-ligature rooms and patients allocated to these.

Structured reminders during multidisciplinary team (MDT) meetings.

After each intervention, a re-survey was conducted to evaluate its effectiveness before the next intervention.

Results: The first intervention (poster) resulted in 75% of staff correctly identifying the room locations and 65% identifying the patient allocations up from 23.53% and 41.17% respectively. The second intervention (MDT reminders) further improved awareness, with 88.2% of staff accurately identifying allocations. Staff communication ratings also improved, with 94.11% rating MDT communication as excellent or good, up from 35.29%. Despite

progress, out-of-hours patient admissions posed challenges to maintaining up-to-date awareness. These findings emphasised the need for sustainable real-time solutions. Other challenges included ensuring consistency and sustainability of interventions.

Conclusion: This QIP successfully enhanced staff awareness and communication regarding anti-ligature room allocations, contributing to improved patient safety practices. The project is currently in its third cycle, focusing on integrating room allocation information into the RIO electronic system to enable real-time accessibility and sustain improvements. Future work will involve completing this integration as well as expanding the project to other wards within the Trust to assess the broader impact and applicability of these interventions.

Development of a Mental Health Strategy in an Acute Trust – A New Role for Psychiatrists

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Aims: The aim was to develop a strategy for mental health and learning disabilities in an acute and community trust in North Cumbria, in response to the CQC report "Assessment of mental health services in acute trusts programme" published in 2020. The strategy also needed to align with the trust vision, values and objectives while developing a clear but simple overview of what is required to improve mental health services within the trust for people with a wide range of mental health difficulties and learning disabilities. We also describe novel and innovative roles for psychiatrists as a new area of professional practice.

Methods: The trust appointed strategic and clinical leads, both consultant psychiatrists supported by a senior manager. We reviewed the latest government documents, NHS guidelines and college reports in relation to mental health priorities within an acute trust, reviewed the mental health service delivery requirements as set out by the CQC both nationally and by analysing the local CQC report. Existing services within the trust and partner organisations such as social care, other NHS trusts, primary care and the ICB were consulted.

Results: The strategy was developed and focused on 5 tactical arms:

Culture, kindness, inclusion and understanding.

Shared patients, partnership and policy.

NCIC innovations.

Integrated governance.

Organisation of roles.

Each arm has a concise description of what needs to be done to achieve our strategic aims with a set of key performance indicators to evaluate the trust's performance in achieving the CQC requirements. The strategy has been underpinned by developing an oversight group to understand the strengths and areas needing improvement, thus informing the appropriate development of services and resource allocation. The strategy has been approved by the board within a year of appointing the team that were recruited to implement it.

Conclusion: We propose there is a professional leadership space that psychiatrists have not yet moved to occupy outside of mental health trusts. However, psychiatrists are in fact extremely well placed to