

Nature Connection to Improve Staff Wellbeing at a Hampshire and Isle of Wight Healthcare NHS Foundation Trust Site in the New Forest National Park

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Aims: Tatchbury Mount is a large hospital site at the edge of the New Forest National Park (NFNP), home to four secure inpatient units, community teams, an 80-bed nursing home and management offices. It has an abundance of wooded areas and nature. The site is part of the NHS Forest scheme which aims to support the NHS in becoming more sustainable and to reach net zero carbon by 2040. Despite the natural attributes of the site the grounds are underused by staff and patients with the only sensory trail on the site overgrown and neglected.

The aims of our project are threefold: to firstly regenerate the sensory trail, encouraging staff to use their one-day allowance of volunteer leave alongside volunteers from the New Forest National Park Authority (hosting our fellowship). Secondly, to communicate to staff through the wellbeing team and champions network as well as engagement with clinical teams on site the benefits of spending time in nature and to increase awareness of the sensory trail. Finally, to better understand the barriers for NHS staff accessing nature at the site.

Methods: We have liaised with key stakeholders in regeneration of the sensory trail including Hampshire County Council Public health wellbeing team, estates department, NFNPA volunteers and the trust wellbeing team. Two days have been agreed to regenerate the site with advertising created as well as communications through the wellbeing champion network. We will continue to gather insights from staff and have prepared a questionnaire to be completed by NHS staff to evaluate the impact of volunteering on wellbeing.

Results: Through this project we have made links with the Wellbeing team for Hampshire and IoW trust and Hampshire County Council PH wellbeing team. We have identified that staff including the trust wellbeing team are currently not aware of the sensory trail and by using the COM-B model of behaviour change we have identified that the barriers to access nature are multifactorial and link with each other. These include time/workload, staff shortages, culture not to take a break, knowledge that the trails exist and physical health/injuries.

Conclusion: There is great opportunity for NHS sites across the country to be used by staff to connect with nature and in turn enhance wellbeing.

The involvement of the trust Wellbeing team, wellbeing champions and management is vital to ensure that the embedded culture surrounding taking breaks and focusing on wellbeing is recommended and supported.

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.

Compliance of Venous Thromboembolism (VTE) Assessment in Older Adult Inpatient Unit

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Aims: Venous Thromboembolism (VTE) is a preventable condition that significantly contributes to morbidity and mortality in hospitalized patients. In psychiatric inpatient settings, VTE incidence ranges from 2–12%, with a rate of 1.5 per 1000 admissions within the first three months of hospitalization. The National Institute for Health and Care Excellence (NICE) guidelines recommend that all mental health inpatients, including those on psychiatric wards, should undergo a VTE risk assessment upon admission. The aim of this project was to assess compliance with these guidelines in the Older Adult Ward at East-Mid Surrey (The Meadows).

Methods: The initial phase involved auditing the records of all inpatients at The Meadows to assess the rate of completed VTE risk assessments. Feedback was then collected from junior doctors, who are primarily responsible for performing the assessments during patient clerking. The feedback indicated that the main barrier to completing the VTE assessments was difficulty accessing the risk assessment tool on the electronic medical records system, SystemOne. To address this, several interventions were introduced:

Posters with flowcharts on how to access the tool and an admission checklist were placed in the doctors' office.

Emails were sent to all junior doctors to remind them of the importance of completing the VTE assessment.

An announcement was made at the Local Academic Programme to emphasize the need for compliance with the guidelines.

Collaboration with IT led to making the VTE tool more easily accessible on SystemOne, reducing the number of clicks required.

A re-audit of patient records was conducted after these interventions.

Results: Initial Audit: Out of 23 admitted patients, only 4 had completed their VTE risk assessments.

Feedback from junior doctors:

90% were aware of the NICE guidelines, and 70% could find them in the Induction Package.

100% found the assessment relevant to their practice, but 70% struggled to access the tool on SystemOne due to excessive clicks.

80% of doctors reported completing the assessment in under 5 minutes.

Post-Intervention Re-audit: Of the 19 admitted patients, 17 had completed their VTE assessments, indicating a marked improvement in compliance.

Conclusion: The initial audit highlighted a gap in compliance with VTE risk assessments due to accessibility issues with the electronic tool. The implemented interventions, including enhancing tool access, raising awareness, and providing reminders, resulted in a significant improvement in assessment completion. These steps should be continued to ensure better patient safety and adherence to NICE guidelines.

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