Quality Improvement Project: RCPsych Portfolio Training for Psychiatry Trainees at East London NHS Foundation Trust

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Aims: A questionnaire distributed to psychiatry trainees at the East London NHS Foundation Trust ascertained that, as of July 2024, trainees had not received formal training on navigating the Portfolio Online system. Additionally, there was no easily accessible document outlining key information for understanding the portfolio and the Annual Review of Competency Progression (ARCP) requirements.

This project aimed to enhance trainees' understanding of the RCPsych Portfolio, improving their ability to navigate it efficiently. By addressing common challenges and providing clear guidance, the goal was to streamline the portfolio experience, enabling trainees to document their competencies and progress confidently.

Methods: An initial survey was conducted among trainees at the East London NHS Foundation Trust to assess their current training on portfolio navigation and ARCP requirements. Key findings included:

94.1% of participants had not received formal training on the RCPsych Portfolio.

64.7% were unclear about the contents of the Portfolio, despite available resources on the RCPsych website.

70.5% were unaware of all ARCP requirements.

100% of trainees felt that formal training on RCPsych Portfolio would be beneficial.

Based on these results, the following interventions were implemented:

Trainee Portfolio Handbook: A concise, user-friendly handbook was created, offering step-by-step instructions on key portfolio components and ARCP requirements for easy reference.

Formal Training Sessions: Structured, interactive sessions were organised to introduce trainees to the Portfolio and to clarify the ARCP expectations. These sessions are now incorporated into the local induction programme to ensure standardised training for all incoming trainees.

Results: Following the introduction of formal teaching and handbook distribution, feedback included:

100% of participants found the teaching sessions "extremely useful" and reported improved navigation of the portfolio.

100% respondents found the handbook very effective in improving their understanding of the portfolio.

86% found the handbook "extremely useful" in clarifying ARCP expectations.

The explanation of Placement-Specific Personal Development Plans was rated as particularly helpful.

Regular training sessions on RCPsych Portfolio are now being provided to all new psychiatry trainees at East London NHS Foundation Trust.

Conclusion: This Quality Improvement Project successfully enhanced the accessibility of resources and improved trainee comprehension of the RCPsych Portfolio and ARCP requirements. The positive feedback highlights the effectiveness of the handbook and training sessions. Additionally, the handbook has been submitted to the Royal College for review and potential inclusion in their official resources.

Patient Initiated Follow Up for Intellectual Disability Psychiatry Services (Cardiff West): Development of a Quality Improvement Study with Consideration of Patient Reported Experience Measures (PREMs)

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Aims: The rising caseloads in Swansea Bay University Health Board (SBUHB), with some sector consultants managing over 200 patients, exceed the Royal College of Psychiatrists' recommended caseload of 100. Patients transitioning into Intellectual Disability Services are increasingly complex and therefore need more intensive support which has compounded the issue. This Quality Improvement (QI) project aimed to:

Assess outcomes for patients on Patient Initiated Follow Up (PIFU) within Cardiff West Psychiatry sector of Swansea Bay University Health Board.

Use Patient Reported Experience Measures (PREMs) to evaluate patient and carer satisfaction with the PIFU system.

Methods: The Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle were utilised. Planning phase involved stakeholder analysis and process mapping to create a driver diagram identifying problems in the current system. A survey of carers for patients placed on PIFU in 2021–2023 assessed satisfaction with communication and service delivery.

Results: In 2021–2022, 9 patients were placed on PIFU; 5 were discharged, and 4 requested a review within 12 months. In 2023, 4 patients were placed on PIFU, with 1 returning for an urgent review. Carer satisfaction was high, with 50% reporting being "very satisfied" and 50% "satisfied". Regarding communication, 75% of carers felt they understood the PIFU process "very well" and 25% felt they understood it "well". One carer was unaware that their relative had been placed on PIFU despite generally positive feedback about communication.

Conclusion: PIFU has shown potential in reducing caseloads while maintaining high levels of carer satisfaction. The system allowed for appropriate emergency reviews when needed. Some carers expressed a preference for face-to-face follow-up rather than complete discharge. Two barriers were identified. The first, consultant reluctance to discharge due to concerns about vulnerable patients deteriorating without reliable monitoring. The second was administrative staff challenges with IT systems used to track and manage follow-up, in the main due to a lack of awareness of training. Future PDSA cycles will focus on increasing training for both administrative

staff and clinicians on the benefits and implementation of PIFU, as well as enhancing carer and patient advocacy.

Supporting People with Intellectual Disability and Their Carers to Understand the Risk of Constipation with Clozapine Therapy Utilising a Brief Educational Tool. A Quality Improvement Project

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Aims: People with Intellectual Disabilities (PwID) have, on average, a life expectancy 20 years less than that of the general population. The Learning Disabilities Mortality Review found that in 23% of deaths among PwID, constipation was a long-term health problem. In the past year, Swansea Bay University Health Board's (SBUHB) Mental Health and Learning Disability Delivery Unit reported four incidents of constipation among PwID living in the community, with one fatality.

Patients prescribed clozapine are more vulnerable to constipation due to side effects. This Quality Improvement (QI) project aimed to assess the current knowledge about constipation among PwID prescribed clozapine, along with their carers, and to use a brief educational tool to address knowledge gaps.

Methods: Stakeholder analysis, fishbone diagram, and process mapping were undertaken to create a driver diagram and identify change ideas. Education was chosen as the primary driver for this project, with a focus on assessing understanding, and providing patient and carer education. The project targeted all PwID prescribed clozapine within three geographical areas: Cardiff, Swansea, and Rhondda Cynon Taf. An initial knowledge survey was administered to both patients and carers, followed by a face-to-face educational session using an Easyread leaflet. Knowledge was reassessed one week later.

Results: Seven educational sessions were held, with patients and their primary carers participating. The knowledge survey revealed that all patients understood the basic concept of constipation, but fewer understood its health risks (30%) and the recommended frequency of bowel movements (14%). Knowledge improved and was retained one week after the education session, with 60% understanding the health risks and 71% knowing the recommended frequency of bowel movements. Carers demonstrated improved knowledge, particularly in using the Bristol Stool Chart. All carers recognized the increased risk of constipation among PwID and its potential fatal consequences.

Conclusion: This project demonstrated that targeted, brief educational interventions can effectively improve the knowledge of PwID and their carers regarding the risks of constipation associated with clozapine therapy. The results emphasise the importance of accessible information and suggest that continuing education is necessary for both PwID and carers. It also highlighted the importance of a stable and educated carer workforce, with appropriate training at induction. The future aim of the project team is to develop an online educational programme for carers about constipation, and how to seek timely and effective support.

Improving Service User Satisfaction of the Therapeutic Activities Provided in a Psychiatry Intensive Care Unit

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Aims: Psychiatry intensive care units (PICU) are therapeutic environments that care for people with the most severe mental health conditions often characterized by heightened agitation, aggression, or self-harm behaviours. It is also one of the most restrictive units. Royal College of Psychiatrists standards for psychiatric intensive care units has given emphasis on the provision of therapeutic activities. We identified the scope to improve the choice, availability and accessibility of activities provided in PICU.
Aim: of the quality improvement project is to improve the service user satisfaction of therapeutic activities provided in the PICU from 60% to at least 80% in a duration of 6 months.
Methods: The principles of Quality improvement were followed. Did a process mapping, change ideas was collected from the whole team including service users, a driver diagram was created, changes were introduced, and impact was measured through Plan Do Study Act (PDSA) cycles.

Data was collected from service users on a scale of 1 to 5 on a daily basis in community meetings. Balance and process measures data was extracted from the records. The data was plotted as a run chart.
Results: The primary outcome measure used was service user satisfaction. Balance measures used included risk incidents (absconsion, physical and non physical assaults, self harm and sexual offences). The process measures included occupied bed days and volume of admissions or transfers.

Service user satisfaction score improved from 3 at base line to 4.2 out of 5, soon after the launch of the project. Median of rate of risk incidents reduced from 12 to 4. There was no difference in the process measures over the project period.

Change ideas tested included improving the communication between service users and staff, improving the communication between multidisciplinary staff members, improving the interests and enthusiasm of team, maintaining the enthusiasm in the therapeutic activities for both staff and service users, improving the understanding among staff of the therapeutic activities of interest in the service users and ensuring to maintain the material resources.
Conclusion: The project fostered a multidisciplinary approach, involving collaboration among psychiatrists, nurses, social workers, occupational therapists, service users and other allied health professionals. There was an inertia to initiate therapeutic activities in the ward, the project has helped to break this and the stereotypies about who needs to take initiatives on providing therapeutic activities.