



admission. Driving risk assessment during the stay was conducted in only 11.7% of cases. Advice on fitness to drive was given in 12.5% of cases. Notably, a quarter of driving patients did not receive such advice at discharge.

In the second cycle (October 2024), 85 patients were included. Driving risk assessment remained at 94%, similar to baseline. However, the proportion of driving patients increased to 20%. Driving risk assessment during the stay improved to 19%, a 7% increase. Advice on fitness to drive at discharge increased to 21.2%, an 8% increase. Surprisingly, the percentage of driving patients receiving advice decreased from 75% to 53%.

Conclusion: While there has been some improvement in compliance with the fitness to drive policy, significant gaps remain. To address this, it is crucial to enhance awareness among healthcare professionals regarding their role in driving risk assessment and patient advice. The educational training video will be made available on the uLearn training portal. It is recommended to incorporate this training into the induction process for new employees. Regular monitoring (biannually) of practices related to the fitness to drive policy is essential to further evaluate service delivery.

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Co-Production of Care Plans to Improve Safety on High-Dependency Rehabilitation Psychiatric Wards

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Aims: Care plans are the cornerstone of Rehabilitation Psychiatry. These were not being completed collaboratively with patients during monthly ward rounds, leading to impaired communication, lack of patient involvement in risk reduction strategies, and frustration. This contributed to volatility and increased risk incidents.

This Quality Improvement Project aimed to Co-produce Care Plans with staff and patients with primary outcomes relating to reducing risk incidents and secondary outcomes aiming to improve Staff and Patient engagement with Care Plans.

Methods: Baseline questionnaires (Likert scale and open-ended questions) were conducted with clinical staff and patients to assess care plan satisfaction. Feedback revealed concerns about care plan length (average of 40–60 pages), user-friendliness, appropriateness and engagement with patient/carer views not captured conspicuously.

This feedback was discussed with the Senior Management Team and care plan survey participants. A report with graphs was sent to Maple ward staff and stakeholders and later presented at the National Steering Rehabilitation Cygnnet group meeting.

A new care plan template was co-produced in two focused group meetings (8 paged). The ward round format was changed to being care plan-based, aligned with Cygnnet's rehabilitation standards. A multimedia screen was purchased to support collaborative care plan completion. The new care plan featured columns for verbatim patient views, relevant discipline feedback, goals, and evaluations. The rows included sections for Treatment (Psychology, Occupational Therapy, Nursing, Social Needs, and Medical), Safety (Risk Management Plan), Recovery (Discharge Planning), Physical Health, Well-being (Spiritual, Cultural, Protective Factors), and Monthly Patient Progress Feedback.

Results: Primary outcomes showed a substantial reduction in physical restraints (65.5%), rapid tranquillisations (90%), and

physical aggression (35%). However, verbal aggression incidents increased by 311%, though they did not escalate to restraints or tranquillisations, indicating improved ward safety.

The project led to a significant positive impact: 100% of patients now read their clear, concise care plans. Secondary outcomes showed an increase in patient satisfaction with care plans (57%), staff views on care plan effectiveness (60%), and a reduction in care plan length (62%).

Conclusion: Patients, carers, families, social workers, and advocates actively collaborated with multidisciplinary staff and Community Mental Health Teams to achieve shared goals and provide real-time feedback. To support co-production initiatives, infrastructure must be in place, and processes should be streamlined to ensure efficient embedding of quality improvement learning, including policy updates.

Given the successful outcomes of the pilot, the project is being considered for national rollout across Cygnnet Healthcare's rehabilitation wards.

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Improving Medical Student Psychiatric Inpatient Placement Experience Through Interprofessional Learning – A Medical Education Quality Improvement Project

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Aims: Medical students are known to be apprehensive about psychiatric inpatient placements. Anecdotally, they assimilate less well than other health profession students during shorter placements, and nurses and occupational therapists (OTs) may not understand their role in supervising and engaging with medical students. We applied the Model for Improvement to deliver a quality improvement (QI) project to enhance student self-rated experience on placement by exploring induction, participation in a community of practice, engagement with the broader multidisciplinary team (MDT) and consider student safety.

Methods: The project involved clinical ward staff from two inpatient wards, the Medical Education team, the QI team, medical students from GKT School of Medical Education and resident doctors. We applied the Model for Improvement using routinely collected end of placement data as a change measure for student experience, with an additional Sense of Belonging Survey. Interventions drew on the themes of improving communication, preparation, early assimilation and participation with the work of the wider team. These included early communication with the ward manager and ward administrator; provision of a guide and structured timetable; day one arrival for nursing handover at 7.30 am; week 1 prioritisation of working alongside nurses, nursing students, nursing assistants, OTs, physiotherapists and in therapeutic groups; and support from Foundation doctors.

Results: Analysis of End of Placement Survey Data showed an early sustained trend of improvement, most marked in the themes of:

The block was well organised and the team was prepared for my arrival.

Teachers were welcoming and were expecting me for timetabled sessions.

During this placement I had opportunities to learn with the multidisciplinary team.

Students participated in the OT and physio therapeutic programme in a way that had never happened before and felt positive about the experience. Nursing colleagues felt strongly medical students should understand their role in inpatient care and welcomed their involvement. Students qualitatively reported feeling more welcome by other professions, felt safer and that they got to know patients more rapidly.

Conclusion: Medical students welcome changes to placement planning to enhance their engagement and assimilation with the mental health ward MDT. Ward MDT members place importance on medical students understanding their role and contribution. With planning, student placements can enhance interprofessional learning. We suspect that better student integration enhances their safety on wards. Foundation doctors can lead placement planning and embed change sustainably. Quality Improvement methodology can be applied to enhance medical education.

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Improving Patients' Sleep in an Acute Mental Health Ward Using Non-Pharmacological Interventions

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Aims: Interruption of sleep-wake behavioural patterns and circadian rhythms has been associated with the development and worsening of a range of mental health disorders, including depression, bipolar disorder, and schizophrenia, and specific high-risk outcomes such as aggression and suicidality. In full knowledge of the above, we aimed to improve patients' self-reported sleep quality in an acute male ward, by 20% by the end of January 2025.

Methods: An initial survey was conducted for patients to rate their sleep quality on a Numeric Rating Scale (1–10, where 1 = a worst night sleep and 10 = a best night sleep). This survey included close-and open-ended questions for patients to identify perceived barriers to good sleep. Responses were collected over one week from all consenting patients on the ward (10/18 patients). Insights from the survey were used to design targeted interventions addressing the key contributors to poor sleep. These interventions included: a) Offering earplugs to patients; b) Posters with QR codes for a free white noise app to mask disruptive noises; c) Sleep hygiene education through leaflets, with practical tips to improve sleep. A following survey was conducted after two weeks to measure the results of our interventions.

Results: Initial survey results included: a) 6/10 median sleep rating reported by our patients, pre-intervention; b) 5/10 of our patients reported their sleep to be disturbed by noise on the ward; c) none of our patients reported sleep to be disturbed by the temperature or lighting of the room; d) 2/10 reported psychiatric symptoms such as auditory hallucinations to disturb their sleep. Results after interventions included: a) all of our patients stated that they received the sleep hygiene booklet, were counselled about the tips, and saw the posters around the ward; b) 11/16 included in the post-intervention survey reported that they found the tips useful; c) 10/16 had used the earplugs and 7/10 of these had found them helpful;

d) 1/16 downloaded and used the white noise app; e) 7/10 median sleep rating was reported post-intervention.

Conclusion: Non-pharmacological interventions such as earplugs and sleep hygiene education proved to be effective in improving patients' quality of sleep. The development of a standardized protocol that includes these sleep-friendly practices has been implemented on the ward. Methods' limitations such as baseline sleep medications and the complexity of contributing factors were taken into consideration.

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Improving Communication Pathways – A Technological Intervention

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Aims: To streamline the communication process for doctors by integrating essential contact numbers into the Accurix system, making information readily accessible and reducing time spent searching for contact details.

Methods: Pre-intervention survey among junior doctors; Integration of trust directory into Accurix; Post-intervention survey with analysis of results and feedback.

Results: Before: Ease of locating correct ward/unit numbers: 58.6% find it difficult (rating 1–2 out of 5).

34.5% neutral (rating 3 out of 5).

Only 6.9% find it easy (rating 4–5 out of 5).

Before: Current methods for finding phone numbers:

65.5% use Google.

62.1% use WhatsApp Group Chat/Word document.

51.7% use KFC Doctor Office.

After: Ease of locating correct ward/unit numbers:

Now, nearly 60% find it easy (rating 4–5 out of 5).

After: Current methods for finding phone numbers:

With 70% of people now using Accurix.

Conclusion: The implementation of our technological intervention has significantly transformed the way healthcare professionals communicate across different units, leading to improved patient care and efficiency. Prior to the introduction of the app, many clinicians faced considerable challenges when attempting to contact colleagues in other units. The reliance on outdated methods, such as word of mouth, personal contacts, or searching through Google, often resulted in delays, miscommunication, and frustration. These inefficiencies not only hindered the flow of information but also impacted patient care, as timely communication is critical.

The Accurix app, which serves as a comprehensive and up-to-date phone directory for multiple trusts, has addressed these issues head-on. Since its introduction, the majority of doctors across the trusts have adopted the app, with usage rates steadily increasing. Feedback from users has been overwhelmingly positive, with many reporting that the app has made it significantly easier to contact the right person at the right time. This streamlined communication has had a direct impact on patient care, as doctors can now quickly consult with professionals, arrange transfers, or coordinate care across units without unnecessary delays.

The reduced dependence on informal communication methods, such as word of mouth or searching for contact details online, has not only saved time but also improved the accuracy and reliability of