help educate staff on the importance of VTE prophylaxis. The statistics were rechecked two months later for further improvement.
Results. At the start of the QI, it was found that the service was underperforming in reaching its target of 100% of the VTE prophylaxis data entry for all service users in older adult inpatient wards. After implementing the first PDSA cycle, the data increased to 84% compliance (October 2023 data). After implementing the second PDSA cycle, the data increased to 100% compliance (December 2023 data). The data showed both implementations had a significant impact on the data input and the target being reached. The new strategy has now been firmly placed into the team working pattern as a routine measurement and continues to be actively utilised.
Conclusion. In an older adult inpatient ward setting with service users who have co-morbidities, reduced mobility and risk of dehydration from self neglect, it is vital they are assessed appropriately for VTE risk factors and prescribed the appropriate prophylaxis. Once this was highlighted to the ward staff and an easy system of the PDSAs were implemented, the team are now able to actively input the data and provide optimal care for the service users.

Improving Women's Sexual and Reproductive Health in Acute Inpatient Psychiatric Services – A Quality Improvement Project

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Aims. Women with severe mental illness are at higher risk of sexually transmitted infections (STIs), unplanned pregnancies and poor engagement with cervical and breast screening. Despite current national guidance, these issues are poorly addressed during psychiatric admissions.

We aimed to improve the provision of women's sexual and reproductive healthcare on psychiatric wards using a quality improvement framework.
Methods. Female psychiatric inpatients aged over 18 were included. A baseline audit was performed in October 2022 on a female psychiatric ward, followed by six PDSA cycles from August 2022–January 2024 (n = 108).

We introduced women's health assessments (WHAs), offering counselling on: (1) contraception, (2) cervical and breast screening, and (3) STI screening. We arranged treatment and follow-up.

Changes were made at each PDSA cycle: ensuring provision of emergency contraception and STI swabs; establishing a protocol for referring to the sexual health clinic; creating dedicated clinic time to offer counselling; developing a poster and educational leaflet; and creating a proforma to record outcomes. The interventions were then extended to a neighbouring ward.

We reviewed electronic notes and recorded the percentage of patients offered counselling at baseline and after each cycle, later also recording the percentage of patients accepting interventions.

Results. At baseline, 12.5% of inpatients had been offered at least one of: contraceptive counselling, cervical and breast screening or STI screening. This improved to 87.7% offered a leaflet and 63.1% offered counselling by the final cycle. Of these patients, 48.8% accepted at least one intervention. On the neighbouring ward, offers of counselling increased from 28.6% to 63.6%.

Introduction of dedicated clinic time increased offers of interventions the most, to 94.1% (cycle 3). Compliance was lowest in cycle 4 (54.2% offered any intervention) which coincided with junior doctor changeover. Provision of an educational leaflet did not increase acceptance of interventions (cycle 5).

Introduction of WHAs led to detection and treatment of STIs in seven patients. Absent contraception was identified and started for a patient taking sodium valproate. Five patients were administered emergency contraception and two commenced long-term contraceptives. A case of female genital mutilation was identified, and a case of cervical neoplasia (CIN 3) was detected.
Conclusion. Provision of WHAs improved women's healthcare in inpatient psychiatric settings, with clinician contact being the most valuable resource in achieving this. There were several barriers, importantly clinician availability and awareness during junior doctor changeover. We will establish our interventions trust-wide, protocolising WHAs in the junior doctors' handbook, and collect patient feedback.

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Developing and Delivering a Regional Teaching Programme in Liaison Psychiatry: A Quality Improvement Project

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Aims. Several sites across the North London Mental Health Partnership (NLMHP) do not have a liaison-specific rolling teaching programme. Best practice standards set by the RCPsych Psychiatric Liaison Accreditation Network (PLAN) are therefore not being met.

The aims of this quality improvement project (QIP) were to: (1) ascertain the perceived need for liaison-specific teaching across NLMHP sites; (2) develop and deliver a teaching programme; and (3) assess attendance, clinician satisfaction and confidence before and after teaching sessions.
Methods. A pre-programme questionnaire on Microsoft Forms was sent to team members across NLMHP sites to assess whether respondents were receiving liaison-specific teaching, the perceived utility of the programme, and suggestions for development.

A cross-site monthly teaching programme was developed. Sessions were presented by liaison clinicians from a list of liaison-specific topics via Microsoft Teams.

A post-session questionnaire was sent to establish session satisfaction, confidence pre- and post-session, and further comments. Mean satisfaction scores were calculated. Percentage change in confidence score was calculated for each session and overall.

Themes were identified from the qualitative data and suggestions implemented.