

Results. About a quarter of the core trainees (n = 21) participated in the survey. Majority (47.6%) of the respondents had Black or Black British ethnic origin and 11 (52.4%) were in their second year of training. Although 13 (61.9%) had a non-UK primary medical qualification, majority had some months of UK experience before commencement of training (median = 1.4 years). Twenty (95%) of the respondents identified mentoring as an unmet need and they highlighted the areas of need.

Conclusion. This survey showed a high level of acceptance of the mentoring scheme among the trainees. Their expectations and suggestions helped further the design of the mentoring scheme which is currently ongoing.

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DNACPR: Utilising Poster Interventions to Improve Compliance With Scottish Government Guidance

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Aims.

- Study current practices in Old Age Psychiatry (OAP) wards regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation.
- Create an intervention to improve compliance with Scottish Government guidance.

Hypothesis:

- An intervention could improve likely inconsistencies in current DNACPR practices.

Background:

DNACPR forms are a contentious issue in the media, impacting patients and families' views. The Scottish Government's 'Cardiopulmonary resuscitation decisions – integrated adult policy: guidance' from 2016 seeks to prevent inappropriate attempts at CPR and subsequent distress to patients and families. It makes various recommendations for clinicians when making these decisions and completing DNACPR forms.

Methods. This was a two-cycle retrospective audit utilising physical and electronic notes for all patients across two OAP wards at the Vale of Leven Hospital, Alexandria. Data were collected on demographics, presence and adequacy of DNACPR forms based on Scottish Government guidance. Between the first (12/09/22) and second (25/11/22) cycle, a poster to aid DNACPR decisions and documentation was created and displayed in the ward office.

Results. There were a total of 13 patients in cycle 1 and 14 patients in cycle 2. The number of patients with forms increased from 3 to 8 between cycles (including all those with organic diagnoses in cycle 2). Between cycle 1 and 2, there were improvements in the proportion of forms: completed at admission (66.7% to 87.5%, respectively), correctly filed (66.7% to 100%), with review timeframes specified (0% to 62.5%) and consultant signatures (33.3% to 100%). The mean age of patients with DNACPR forms was higher than those without forms in both cycles (86.7 and 85.7 in cycle 1 respectively versus 77.9 and 77.7 in cycle 2). The mean number of comorbidities did not vary significantly between those with and without forms or between cycles.

Conclusion. The project revealed various shortcomings in DNACPR practices across both wards. The creation of a poster

intervention helped to improve DNACPR practices and compliance with Scottish Government guidance. Despite this, notable areas for improvement still remain. Incorporating these new practices into hospital policy alongside more audit cycles could aid further progress in outstanding areas for improvement.

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Improving Communication at an In-Patient Female Forensic Intellectual Disability Unit – Delamere Ward

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Aims. To improve communication in a Female Forensic Intellectual Disability ward.

Methods. Delamere ward is a medium secure Intellectual Disability female forensic ward in Merseycare NHS Foundation Trust. Admitted patients have varying levels of need and complexities. A Multidisciplinary Team (MDT) comprising of Medical, Nursing, Support workers, Psychology, Occupational therapists and Speech and Language therapists, among others, works with patients in this ward. The MDT meets regularly in various patient meetings with decisions taken communicated to patients and staff through existing means. Communication was noted to be ineffective, leading to patient frequent challenging behaviours and patient dissatisfaction.

The Quality Improvement project was registered with the local Trust Quality Improvement Department at the outset. Staff views on ward communication effectiveness were gathered using entrance and exit questionnaires. 12 and 9 staff members responded to the entrance and exit questionnaires respectively.

The project was conducted over a period of 12 weeks and was divided into Service user and Staff led initiatives. Service user initiatives focused on strengthening existing community meetings, use of ward health promotion boards, MDT walk arounds and utilisation of ward areas. Staff initiatives included introduction of daily morning handover meetings, strengthening of existing staff meetings, listening sessions with staff, and use of reflective sessions. Daily handover meetings were open to the whole ward team and attended per staff availability. Ward dynamics encompassing the previous day were discussed and documented. Qualitative staff views transcribed and compared pre and post project.

Results. Implementation of the quality improvement project eased tension between the MDT and the wider team, helped foster more shared decision making, increased team participation, bridged the gap between fortnightly held ward rounds, created a platform for prompt information sharing, encouraged bidirectional flow of information and helped therapists plan their sessions accordingly.

Conclusion. Effective ward communication was beneficial to staff and patients alike, leading to better implementation of care plans, increased staff confidence and teamwork, and service user satisfaction.

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