Post-intervention, respondents found the most value in the updated academic programme (76.9%), and strengthened links with acute teams (76.9%), followed by emergency grab bag familiarisation sessions (61.5%), the BMJ app (61.5%), and ward-based simulation sessions (46.2%).

Conclusion: Improved awareness of resources, physical health updates, and closer working relationships with acute medics and nurses can improve resident doctors' confidence in managing physical health emergencies in inpatient settings.

This initiative has the potential to improve provider satisfaction and patient outcomes. The next steps include expanding interventions to the final part of the borough in the next trainee changeover and establishing a new 6-month Physical Health Representative resident doctor role to sustain momentum through continuous improvement and support the development of trainee leadership skills in this vital improvement area.

Improving Access to Clozapine Monitoring for Inpatient Services

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Aims: The inpatient wards at St George's Hospital, Stafford, have a system of sending clozapine monitoring bloods (full blood count) to the local general hospital for processing.

This system is inefficient and has a significant time cost to staff. It leads to delays in getting results, both from the lab and from the clozapine monitoring service (CPMS), which can impact patient care in a number of ways.

The aim of this QI was to find out whether use of the on-site Pochi machine reduced the time it takes to get results from CPMS and simplifies the process for the wards. This machine is specifically designed for these samples and is already used by other teams.

Methods: QI methodology was used which highlighted a number of non value-added activities, waste and poor sustainability from the usual process.

The need for access to the Pochi machine from inpatient wards was clearly established and agreements made with the local service to use machine.

The two processes were compared by process maps and monitoring the time between blood being taken to a result from CPMS being inputted into the patient notes.

Results: Over a 4-week period the acute inpatient wards sent 24 blood samples to the local general hospital.

2 of these results were graded 'amber' by CPMS meaning increased frequency of blood monitoring is needed. 1 of the 24 bloods sent in this period led to a delay in a patient's discharge while awaiting results and 1 was sent off by a taxi to avoid delay.

Through the observation forms, the time from blood being taken to a result entered on the patient's notes went from an average of 27 hours to 39 minutes.

The process was significantly simplified with substantial reductions in waste.

Conclusion: This QI has evidenced that widening access of the existing Pochi machine to all acute wards has led to a significant improvement in the time taken to obtain results from CPMS, which will benefit patients and staff.

It allows abnormal results to be acted on much quicker, improving patient safety.

It has also evidenced a reduction in non value-added activities and waste with improved environmental and financial sustainability.

Creative Solutions: An Art-Based Intervention to Address Burnout in CAMHS

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Aims: Workplace stress and burnout are common within healthcare. The NHS Staff Survey 2023 found that approximately one third of respondents were experiencing burnout and were considering leaving the organisation. Studies suggest this is significantly higher in Child and Adolescent Mental Health Services (CAMHS). The negative impact of burnout on staff wellbeing, retainment, and patient care is well-recognised. Arts-based interventions have been shown to improve work-related stress and promote empathy and resilience. We set up a regular reflective art group for staff at an adolescent mental health team to see if this would reduce stress and improve wellbeing and job satisfaction.

Methods: We set up a monthly recurrent one-hour group, attended by the whole multidisciplinary team at the Service for Adolescents and their Families in Enfield (SAFE) and facilitated by team members with experience of art therapy. Group attendees were encouraged to express themselves in visual artwork freely, without specific instructions.

We anonymously surveyed attendees at baseline and at two- and four-months following implementation of the group to measure general and workplace-specific wellbeing, stress and burnout, job satisfaction, and staff attitudes to the intervention. We collected both quantitative and qualitative data.

Results: Out of a team of 19 members, 10 on average attended each session over 5 months. All disciplines and seniority levels were represented.

We collected 12 responses in March 2024 before implementing the group, 7 responses in May 2024 and 6 responses in July 2024 (2 and 4 months after implementation respectively).

The group was rated 5 out of 5 stars unanimously and described as a "space to connect with colleagues, reflect, and calm stress and emotional impact of work".

Overall, there was an improvement in team wellbeing, job satisfaction and confidence from March to July, despite an increase in perceived stress and a decrease in general mental wellbeing. The findings can be better understood within the wider context of the service at the time, namely worsening staff shortages and extreme workload pressures.

Conclusion: The art group was very well received by colleagues and appeared to boost morale during a particularly difficult period for the