errors, and controlled drug management. Follow-up audits conducted after the project's conclusion indicated that the reduced error rates were sustained over time, demonstrating the effectiveness of the interventions.

Conclusion: This QI project successfully reduced medication errors on West Ward through a multifaceted approach targeting multiple domains of medication safety. The combination of training, documentation improvements, process changes, and focused reviews. This project demonstrates that targeted QI initiatives can lead to significant and lasting improvements in medication safety within a busy mental health setting, ultimately benefiting patient care and safety. Further work will focus on exploring the factors contributing to sustained improvement and disseminating these findings to other wards and healthcare settings across the organisation.

Quality Improvement Project: Introducing Pharmacy Input Into Consultant Psychiatry Outpatient Clinics

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Aims: This Quality Improvement (QI) Project aimed to enhance the overall level of care received/experienced by patients within the Havering Older Adult Mental Health Team (HOAMHT) through combining the clinical expertise of a Consultant Psychiatrist with the pharmacological acumen of a Specialist Mental Health Pharmacist, within a joint mental health outpatient clinic. Key areas tackled included: medication adherence, faster optimization of psychotropic medications, management of polypharmacy, de-prescription of drugs of dependence, physical health monitoring, and expediting patient discharge from HOAMHT back to the GP.

Methods: Our QI project utilised Plan/Do/Study/Act (PDSA) cycles. The first PDSA cycle took place in 2023/2024 over 6 months. The second PDSA cycle took place in 2024/2025 over 6 months. The 1st PDSA Cycle used patient satisfaction outcome scoring, which was randomly collected from 15 patients that had been reviewed within the joint clinics. The results from the 1st PDSA cycle led to a second PDSA Cycle being undertaken, in which the establishment of a ten minute pharmacist's corner feature was implemented within the joint clinic, and further patient satisfaction data was collected. Based on this data, in 2025/26 a third PDSA cycle will take place over 6 months, where there will be joint clinics consisting of junior doctors and pharmacists. This will serve to develop and refine teaching opportunities for the specialist clinical pharmacists. Then, the 4th PDSA cycle will look to expand and include other community mental health teams within our Trust, in order to see if improvements are possible to be achieved at scale.

Results: PDSA Cycle 1: There was a 38% improvement in patient satisfaction scoring for joint clinics vs stand-alone consultant/junior doctor clinics.

PDSA Cycle 2: Patient satisfaction scores increased further with the introduction of stratification, where the pharmacist was given protected time within the clinic to tackle medication-related queries, which patients found invaluable.

Conclusion: In England, there is just one Consultant Psychiatrist for every 12,600 people. Hence, the demands on clinical services for treatment have become unsustainable. Consequently, a novel and agile approach is required when organising community mental health services, so that all available clinical knowledge and expertise is exploited and geared towards maintaining a high quality of clinical care for patients, despite the resource limitations that are present. This QI project serves to demonstrate the value of effective collaboration between professionals in the pursuit of clinical excellence.

Enhancing and Improving Resident Doctor Handover Practices at Black Country NHS Foundation Trust

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Aims: Effective handovers are essential for patient safety and continuity of care. Poor communication during shift transitions is a major contributor to medical errors and adverse events. Guidelines from the Royal College of Psychiatrists (RCPsych), British Medical Association (BMA), and National Institute for Health and Care Excellence (NICE) emphasise the need for structured, distraction-free handovers with clear documentation of key clinical information.

A review of handover practices at Hallam Street Hospital, Sandwell revealed reliance on informal unregulated communication channels, primarily WhatsApp, raising concerns about confidentiality, documentation consistency, and patient safety.

This Quality Improvement Project (QIP) aimed to evaluate existing handover practices to implement a more secure and structured system.

Methods: A baseline survey was completed by 21 out of 35 Resident doctors (Core Trainee Year 3 and below) participating in on-call and daily handover processes. The survey assessed satisfaction, confidentiality concerns, and patient safety risks associated with the existing WhatsApp-based handover system. Findings concluded:

62% were dissatisfied with the current WhatsApp-based handover process.

66.67% felt patient safety was compromised.

61.91% lacked confidence in receiving and reading handovers by the intended recipient.

Using the Plan-Do-Study-Act (PDSA) model, the intervention involved transitioning to a structured Microsoft Teams (MS Teams) handover platform, which was already successfully implemented at Bushey Fields Hospital, Dudley.

A standardised template was produced, including key information such as patient demographics, clinical status, outstanding tasks, and risk factors. Training sessions, user guides, and drop-in support were provided to facilitate the transition.

Results: Post-intervention data was collected via a follow-up survey after the implementation of MS Teams Handover channel. The results demonstrated a significant improvement in handover quality:

100% of respondents were either satisfied or very satisfied with the new system.

Confidence in patient confidentiality increased, with 100% of respondents being either very or extremely confident.

Concerns regarding patient safety decreased from 66.67% to 20%.

Confidence in handovers being received and read improved significantly.