drug use over recent days and is used as a basis to guide treatment. All patients should have a urine sample collected and tested on the same day as their initial appointment, however, we hypothesised that the switch to remote consultations would have reduced the number of urine tests conducted post-pandemic.

Methods. All the patients initially assessed by the substance misuse services for treatment of opiate addiction within the Sheffield Health and Social Care NHS Foundation Trust between 01/03/19 (1 year prior to the pandemic) and 01/03/21 (one year after the pandemic).

The resultant sample contained 1403 patients: 739 patients were referred to Sheffield substance misuse services prior to the start of the COVID-19 pandemic; 664 patients were referred to Sheffield substance misuse services during or after the start of the COVID-19 pandemic.

An algorithm was developed to allow interrogation of the electronic notes to record whether or not urine samples were taken and recorded in the relevant section of the patient's electronic record. This information was then transferred to an Excel spreadsheet.

Results. The proportion of patients who had a urine test on the same day as their initial appointment was significantly higher in the year prior to the pandemic (79.0%) than the subsequent year (35.8%).

Conclusion. 36% of the sample in the year subsequent to the pandemic had a urine test the day after their initial assessment, rather than on the same day. This delay in urine analysis can be attributed to the large number of initial appointments being conducted via telephone during the COVID-19 pandemic. This led to a delay in getting patients into clinic to give a urine sample. However, the remaining 64% of patients had no sample recorded in their notes in the appropriate proforma. Suggestions for improvement are to include a session on urinalysis as part of the weekly CPD to drive an improvement in this score back to pre-pandemic levels.

Improving Continuity of Care of Patients Transferred Between Medical and Psychiatry Wards During the COVID-19 Pandemic and the Increasing Demands on Core Trainees to Manage Medical CoMorbidity

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Aims. An existing transfer document at FVRH recognised that patients presenting to one specialty may require transfer to another depending on the changing needs of that patient. This document was not often used prior to the COVID-19 pandemic however demands for medical beds resulting in prompt return of patients to psychiatry highlighted the need to adhere to a safe transfer process. Unlike many psychiatry units where physically unwell patients are taken to ED, the MHU for Forth Valley is attached to the general hospital. This results in the view that physically unwell patients can be managed for longer before requiring transfer. Despite the proximity to the medical wards however, the unit is not equipped to manage physically deteriorating patients. This QI project aimed to improve communication between psychiatry and medical staff to improve patient safety.

Methods. Patients transferred during their admission between the MHU and medical or surgical wards in May 2020, or in Oct-Dec 2021 were identified from 5 psychiatry wards. Electronic and paper notes were checked for a transfer form for each stage of transfer. Medications prior to transfer, on return and changes during admission were cross checked on Hepma, ECS and care partner as well as within documentation from medicine/surgery.

Results. In May 2020, no patients admitted from medical wards had a transfer form completed, 62.5% transferred to medicine and 57.1% returned from medical wards had forms. 20% of transfers had medication errors Identified. After making the transfer form electronic and following hospital wide changes to the Trakcare and Hepma systems, 27.8% of patients admitted from medical wards had forms, 75.9% transferred to medicine and 72% of those returned from medicine had forms. There were no further medication errors identified. During the timeframes studied only 1 patient was transferred due to COVID-19 but 29 transfers were carried out for other acute physical issues.

Conclusion. Changing the documentation process to make it as easy as possible for psychiatry juniors to document treatment plans for transferred patients improved continuity of care and decreased medication errors. This also ensured that patients were medically fit to return to psychiatry wards. The range of physical comorbidities that psychiatry trainees were expected to manage extends beyond caring for patients who contract COVID -19.

Developing Inpatient Management Strategies for Behavioural and Psychological Symptoms of Dementia (DIMS-BPSD)

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Aims. This project details the development of a Quality Improvement Project aiming to review and improve the management of behavioural and psychological symptoms of dementia (BPSD) on an old age psychiatry ward. BPSD refers to a constellation of non-cognitive symptoms and signs which arise in people with dementia, including disturbed perception, thought content, mood or behaviour. Examples include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, and socially inappropriate behaviours. BPSD arise in 5/6 of people with dementia over the course of their illness and are associated with a deterioration in cognition and progression in dementia plus secondary harms such as falls and hospitalisation. Pyrland Two ward is a mixed gender specialised organic old age psychiatry inpatient unit serving the county of Somerset. Most patients have a diagnosis of dementia, are being cared for using either MHA or MCA legislation and exhibit one or more BPSD. There was no structured or formalised approach to the management of BPSD at inception.

Methods.

1. A point-in-time audit was conducted to produce baseline measurements of BPSD management on the ward, measured against NICE criteria.
2. Plan-Do-Study-Act (PDSA) methodology was employed to incorporate incremental quality improvement interventions such as a ward-round checklist and staff education.

Results.

- Baseline: (n = 14) 4/14 formally diagnosed with BPSD. 6/14 were prescribed antipsychotic medications, of which 1/6 fully met NICE standards. 2/14 had structured assessment tools used.
- Results following introduction of improvement methods: (n = 8) 8/8 formally diagnosed with BPSD. 7/8 were prescribed antipsychotic medications, of which 4/7 fully met NICE standards. 7/8 had structured assessment tools used.

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Conclusion. It was possible to see modest improvements in the ward-based management of BPSD using quality improvement methodology, including more favourable psychotropic prescribing. However, total patient numbers are small and further interventions, such as more PDSA cycles, may add value and encourage sustainability.

Timeliness and Quality of Response to Referrals Received by a Psychiatry Liaison Service for Older Adults During a Pandemic

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Aims. To improve timeliness of response and provide a committed plan to referrals received by the liaison service for older adults in Croydon University Hospital. Background: A quality improvement project in 2019 aimed to evaluate effectiveness of the liaison referral pathway. A questionnaire distributed to ward staff revealed some comments regarding 'non-committal advice' given by the liaison team.
Methods. Data were collected from 44 referrals received by the liaison team in June 2021. Variables included referral date, reason for referral, date of first assessment, plan documented in the notes, date and details of committed plan of action.

Multi-disciplinary team (MDT) discussion identified that more committed advice could be provided by the following, which were implemented at the start of September 2021.

1. Huddle at the start of each day to triage and allocate referrals to appropriate members of MDT.
   a. Prompt discussions with senior members of the team following assessment to discuss diagnosis and management.
   b. Team teaching sessions were organised once a week, in the form of case-based discussions and role play, to improve communication skills, confidence and history-taking.

Data were then collected from 48 referrals received in September and October 2021.
Results. Of the 44 patients in June, average time taken from point of referral to assessment was 1.27 days and to providing a concrete plan 1.80 days.

Of the 48 patients between end of September and October, average time to assessment was 1.31 days and to providing a concrete plan 1.88 days.

In June, 75% of patients were seen on same day or within one day and 50% had a concrete plan within one day.

In September/October, 65% of patients were seen on same day or within one day and 52% had a concrete plan within one day.
Conclusion. These results highlight that assessments by older adult liaison service require detailed collateral history, investigations and MDT discussions.

While 'obtain collateral history' may not seem as committed a plan as prescribing medication, it remains an important part of old age psychiatry.

Given the rapid turnover of patients and increased pressures during the pandemic, it is the responsibility of the liaison team to communicate effectively with the wards and offer a timeline for completion of plan.

Following above changes, another questionnaire has been sent to request feedback on effectiveness of the liaison team.

Improving Access and Confidence in Learning Lessons From Serious Incidents: A Quality Improvement Project Aimed at Junior Doctors

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Aims. Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) previously developed some methods of learning lessons following serious incidents. However, despite various systems available, frontline junior doctors were not regularly exposed to important learning opportunities. This potentially resulted in doctors not being aware of learning from serious incidents, and not feeling embedded within the organisation, with potential effects on their training experience. As we identified an unmet need within the Trust in learning lessons from serious incidents amongst junior doctors, we aimed to improve access and confidence in learning from serious incidents by starting a Quality Improvement project on this theme.
Methods. The current approach involved a comprehensive quarterly bulletin circulated by email to staff. An initial survey confirmed that this was not very effective in delivering learning lessons information to junior doctors.

Using a QI driver diagram, we identified potential areas for change. Selected change ideas were sequentially trialled including shortened email bulletins, supervision templates and remote learning lessons sessions. Initial PDSAs highlighted difficulties with communication via email, with many trainees failing to read/engage with this format.
Results. The use of remote interactive learning sessions yielded positive results, with improvement in the confidence in learning from Serious incidents. We therefore continued to refine this method to wider groups.

During the COVID-19 pandemic we experienced multiple setbacks and created a timeline to support team morale, maintain team energy, visualise progress and motivate the team. We therefore managed to persevere and strengthened the group by recruiting members to the team and complete the project.
Conclusion. The team have been able to create a sustainable, effective and interactive short teaching session which has shown to be effective in engaging trainees in this vital area and help us meet our aim. This format further has the potential to be refined and implemented locally and nationally.

Have You Seen the NEWS Today? - a QI Project

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Aims. The main focus of this QIP was to improve the documentation of NEWS (National early warning scores) and subsequent escalation as appropriate in an Old Age Psychiatric Ward setting.