

in rates of incidents on the ward and during leave as a result of this new, less restrictive leave protocol.

Methods. Data were obtained from the records of incidents on Springbank ward from March 2019 to March 2021. These incidents were recorded by members of staff on the ward, and ranked according to the severity of harm that resulted from these incidents. The rankings from least severe to most severe recorded during the study were 'No harm', 'Low (Minimal Harm)', and 'Moderate (Short term harm)'. The number of incidents which occurred for the year before and the year after the policy change were compared. The comparison compared both the total amount of incidents and the sub-types of incidents.

Results. In the 365 days following the change in protocol, there was a 15.5% decrease in total incidents and a 51.0% decrease in incidents occurring off the ward compared to the 365 days before the change in protocol. Notably there was a 61% decrease in total (both on and off the ward) Moderate (Short term harm) incidents, the most harmful type of incident recorded, following the change in protocol.

Conclusion. The decrease in incidents following the change in protocol suggests that replacing the use of a formal risk assessment checklist with a holistic alternative improves patient safety.

Service Evaluation Exploring the Use of Standardised Assessment Tools to Assess Non-Cognitive Symptoms of Dementia

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Aims. Pain, depression, anxiety, and psychosis are common non-cognitive symptoms of dementia. They are often underdiagnosed and can cause significant distress and carer strain. Numerous standardised assessment tools (SATs) exist and are recommended for the assessment of non-cognitive symptoms of dementia. Anecdotal evidence suggests that SATs are used rarely and inconsistently. This study aims to explore which SATs to detect non-cognitive symptoms of dementia are recommended in local guidelines and used in practice across different organisations. Secondary aims were to identify barriers and facilitators to using these tools.

Methods. This service evaluation is cross-sectional in design. A questionnaire was developed and distributed to clinicians working with patients with advanced dementia in any setting, across four geographical locations (Leeds, Bradford, Hull, and Cambridge). Quantitative data were analysed descriptively, and qualitative data from free-text comments were interpreted using thematic analysis.

Results. 135 professionals from a range of backgrounds and clinical settings completed the survey. Respondents indicated that SATs for non-cognitive symptoms in dementia were rarely used or recommended. Respondents were unaware of the

existence of most SATs listed. 80% respondents felt that SATs were a useful adjunct to a structured clinical assessment. The most recommended tool was the Abbey Pain Scale, with 41 respondents indicating its recommendation by their Trust. Perceived facilitators to using SATs include education and training, reliable IT systems and accessibility. Barriers include lack of time and training.

Conclusion. Numerous SATs are available for use in dementia, but they are rarely recommended in local policy or used in practice. There appears to be a lack of consensus on which, if any, are superior diagnostic tools, and on how or when they should be applied.

Review of Remote Consultations in Learning Disability During COVID Pandemic

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Aims. The aim of this project was to assess the efficacy of remote consultations in patients with Learning Disability (LD). In Aneurin Bevan University Health Board, teleconsultation or "Attend Anywhere" (Video) platforms are the two types of remote consultation that is being offered.

Methods. A 9- point Questionnaire was used to assess the efficiency of the consultation. During consultation (Either telephone or attend anywhere), data were collected by the consultants by answering the questionnaire. 23 clinics organised between 04/06/2020 to 23/06/2020 for Service Users' (SU) follow-up.

The following key points were covered in the questionnaire:

1. Mode of consultation- telephone or attend anywhere
2. Presence of the SU
3. Introduction
4. Availability of information (patient notes/shared drives) prior to consultation
5. Time constraints
6. Information not covered due to lack of face-to-face consult
7. Technical difficulties
8. Expectations from SU
9. Feedback from SU

Results.

1. The most common mode of consultation was via telephone (70%), followed by Attend Anywhere (30%)
2. The majority of conversations were with SU's family or carers (70%); consultations with SU were only 30%. SU were unable to attend the consultation due to: Communication difficulty (26%), follow-ups provided by carer's/family's feedback (21.7%), SU away due to physical health reasons, or in day care (17.3%).
3. Introductions were done and sufficient information regarding the service users were available in all consultations.
4. Expectation of SU/carers/family was with regards to medication review (43%).
5. 52% of remote consultation were disrupted due to technical problems, for instance call drops and line disruptions, microphone issues and SU not being able to use attend anywhere because of its complexity.

Conclusion. It was demonstrated that remote consultation could possibly be most effective for medication reviews or regular follow-up appointments.

Some of the aspects that were not covered due to the shortcomings of remote consultations were:

- a. Difficulty in assessing body language and facial expressions
- b. Difficulty in assessing the level of function of SU
- c. Unable to monitor physical health parameters
- d. Difficulty in picking up non-verbal cues, and assess eye contact to ascertain mood component of presentation.

In summary it seems in the early stages of the pandemic, telephone consultation was the predominant form of remote consultation. Further work would be useful to obtain the views of people with LD, their carers and families as to which form of consultation would be their preference and whether remote consultation is acceptable for this patient group.

Optimising Treatment Delivery and Reducing Length of Stay in an Adult In-Patient Unit

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Aims. Lifetime prevalence of eating disorders worldwide is 8.4% (3.3–18.6%) for women and 2.2% (0.8–6.5%) for men and this prevalence has been increasing over time. Anorexia nervosa has become a greater burden on secondary care: Not only have admission rates increased, but so too have multiple admissions per person with Anorexia Nervosa. Conservative treatment approaches and long lengths of stay have both direct and indirect costs for patients, hinder access to the service for potential patients and reduce service cost effectiveness. Ramsay Clinic Hollywood is a voluntary, private ten bed adult eating disorder inpatient service in Perth, Western Australia (WA). It is the only inpatient eating disorder specialist service for people over the age of 16, in both the private and public sector in WA. Over the past eight years, our focus has been on optimizing treatment delivery to minimise time spent in hospital for individuals with anorexia. The aim of this study was to evaluate whether instituting a rapid refeeding protocol was effective in optimising treatment outcomes, such as rate of refeeding and reducing length of stay (LOS).

Methods. A retrospective review of data collected for all inpatients from 2013–2019 was conducted. The outcomes evaluated were length of stay and number of readmissions.

Results. Utilising a rapid refeeding protocol successfully increased the rate of refeeding from 0.6kg/week to 1.5kg/week. This led to a reduction in average length of stay from 52 days in 2013 to 24 days in 2017. Concomitantly we have been able to double the number of patients admitted to the service/ year and reduce the number of readmissions/ patients

Conclusion. These results suggest that it is possible to lower length of stay by increasing the rate of refeeding and this in turn allows more patients access to hospital care for their eating disorder.

Improving Patient Engagement in Psychological Interventions

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Aims. The aim of this service evaluation project is to gain understanding about the reasons for service user's disengagement in

psychological interventions. We felt that the findings of this project will enable services to better understand the experience of service users and help recognise why someone requesting services does not follow through. Around 68% of patients who were referred to psychological therapy did not complete therapy in our community mental health team highlighting a need to improve patient engagement in psychological interventions. Patients under secondary mental health services have complex needs and any referral decision to the most appropriate psychological intervention will need to be carefully considered as a part of their treatment plan. Premature termination from psychological interventions can lead to poor treatment outcome, waste staff time and contribute to unnecessary long waiting lists.

Methods. Random sample of 20 service users who disengaged from psychological therapy were chosen and telephone interviews were conducted to determine their perspectives on reasons for their termination. Introductory letter informing about this project was posted to the service users and they were contacted after a week to gather information. The following themes were included in the interview questionnaire like demographic characteristics, psychopathological difficulties, problems related to therapy or therapist, external circumstantial problems, internal factors and service user views on satisfaction/achievement of therapy goals.

Results. The results showed:

1. The most frequent reported reason for disengagement from psychological intervention was COVID-19 and internal factors (thinking that therapy would not help, low mood/too anxious, previous bad experience with therapy and feeling unwilling to open).
2. Number of session's service users attended ranged from 0 to 6 and no one completed the therapy.
3. Waiting time (from referral to start of therapy) ranged from 2 to 6 months.
4. 37.5% of service users were not aware about therapy details.

Conclusion. The results were shared with staff via local meetings. Recommendations were drawn to improve patient engagement and retention in therapy.

1. Outpatient pack resources developed to offer service users at appointments which has written information sheets about presenting problems, overview of psychological interventions/ assessment and diaries for service users.
2. New template was drafted to improve the referral process to psychology by referrers having access to guides on how to assess a person's psychological needs, readiness for therapy and the provision of consultation slots with psychologists.

Service Evaluation of COVID and Non-COVID Admission Trends to an East Midlands General Adolescent Psychiatric Inpatient Unit

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Aims. To explore the differences in admissions between the first COVID-19 lockdown cohort and a pre-COVID-19 cohort.

Methods. 23 young people who were admitted to an East Midlands General Adolescent Inpatient Unit during the first COVID-19 lockdown from March 2020 to September 2020 were compared with the 48 young people who were admitted in the same period in 2019. Demographic details, admission duration and reasons, mental health act (MHA) status, diagnoses,