

SARS-CoV-2 being mandatory, those where the patient refused to be swabbed, and those patients who were transferred from another institution already with a pre-admission swab.

**Results.** There were 37 admissions, of which we included 30 based on the exclusion criteria. 17 admissions occurred prior to training and 13 after the training sessions. Prior to training, it took 1.059 days to obtain a sample and it took 0.846 days after the training sessions.

**Conclusion.** Providing a training session to enable nurses and healthcare assistants to take samples for SARS-CoV-2 testing reduced the amount of time between admission and obtaining a swab sample. We therefore shortened the first step of the process that leads to obtaining a negative result and enable a patient to come out of isolation.

### Safety of Delivering Eating Disorders Day Treatment Programme on the Virtual Platform in (COVID-19) Pandemic

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**Aims.** Intensive treatment for eating disorders include day treatment programme and specialist inpatient. COVID-19 pandemic led to lockdown in the UK on the 23rd March 2020. Adult Eating Disorders Day Treatment Programme in Surrey started delivering their care on the virtual platform from that date. It offered a combination of 'virtual' only and 'blended' care (virtual and in person) for more than a year. This service evaluation examined the safety of delivering intensive eating disorders treatment on the virtual platform.

**Methods.** Data from March 2020 to March 2021 were retrospectively collected from Electronic patient record. Two clinicians collected the data on age, referral origin, accommodation, employment status, diagnosis (subtype), length of illness, comorbid mental and physical health diagnosis, duration of day care treatment, medication, admission weight and BMI, discharge weight and BMI, changes in bloods and ECG, acute hospital admission, risk-to-self events, admissions to Specialist Eating Disorders Unit and reasons for discharge.

**Results.** Data indicated that 21 patients were admitted in day treatment programme over 1 year period. 10 patients had solely virtual treatment and 11 patients had blended day treatment programme. 11 patients had anorexia nervosa restrictive subtype, 5 patients had Anorexia Binge purge subtype and 5 patients had Anorexia Nervosa, Unspecified.

Average length of illness was 4.49 years. Mean age for the group was 24.7 years and most patients lived with family (n 18) and were unemployed (n 11). More than 2/3rd (76%) patients had comorbid mental health diagnosis and 48% (n 10) had comorbid physical health diagnosis.

Average length of admission was 5.26 months. Mean BMI on admission was 15.3 (Range 12–19) and mean BMI on discharge was 16.9 (Range 13.65–22).

Safety and outcome data indicated that there were no serious incidents recorded in that time period. 1 (5%) patients required admission to acute hospital as their physical health deteriorated. 8 (38%) patients required specialist inpatient admission as the day care did not affect any changes to their eating behaviours, and 4 (19%) patients had events indicating self harm episodes(19%).

**Conclusion.** Our service evaluation data indicated that it is relatively safe to deliver day treatment programme on the virtual platform. Weekly face to face physical health monitoring (weight, BP, Pulse, temperature) and regular physical health investigations (Blood tests and ECG) were integral part of managing risks to health. On the other hand, delivering day treatment programme on the virtual platform has enabled the day treatment programme to prevent any significant outbreak of COVID-19 in a vulnerable group of patients and allowed them to receive uninterrupted support during pandemic.

### A Quality Improvement Project (QI) on Screening for Rapid Eye Movement Sleep Behaviour Disorder (RBD) in Patients Referred to Trafford Memory Assessment and Treatment Service (MATS), Part of Greater Manchester Mental Health Trust (GMMH)

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**Aims.** Lewy Body Dementia (LBD) is predicted to be underdiagnosed in the general population. RBD is one of the four core clinical criteria for the diagnosis of LBD. Longitudinal studies of RBD show strong association with LBD, so there is potential for early identification of LBD and subsequent management. We aimed to screen 100% of patients referred to Trafford MATS for RBD.

**Methods.** We performed three Plan-Do-Study-Act (PDSA) cycles; in the first cycle we introduced a validated RBD screening question, from the DIAMOND-Lewy study, to the initial memory assessment proforma. This asked 'Have you ever been told that you "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed)?'

In the second PDSA cycle, we delivered a RBD and LBD educational package to the specialist memory nurses who undertake the initial assessments. In the third PDSA cycle reminders were sent to the team to use the new assessment proforma.

We collated data from patients who had undergone an initial memory assessment between 06/04/21- 22/06/21 from the trusts electronic database.

**Results.** Initial baseline data showed that 0% of initial assessments screened for RBD; at the end of PDSA one this was 100% and 75% at the end of PDSA two. This increased to 100% at the end of the last PDSA cycle. The main reason for non-completion of the screening question was use of the old proforma.

4/152 patients screened positive; patients were diagnosed with Alzheimer's disease, delirium, vascular dementia and mixed Alzheimer's disease and vascular dementia, respectively.

**Conclusion.** The introduction of a RBD screening question into the MATS initial assessment proforma improved screening for RBD. We think the variation in screening compliance rates was likely due to practitioners using old assessment proformas, hence sending reminders of the new proforma.

A limitation of the project was that some patients did not have a bed partner, which makes identification of the disorder more difficult.

Since the completion of the project, we have circulated a news bulletin through the Dementia United charity to raise awareness of our QI project nationally and also discussed the project with the Lewy Body society. Whilst our project has not yet identified a patient with LBD, we feel that introducing this screening

question is a very easy and reproducible change to implement and RBD should be screened for in all memory patients.

### Improving the Appropriateness of Referrals From Primary to Secondary Care Confounded by the COVID Era: Student Status and Quality of Referral Evaluation in Oxford City Team (SQUARE-OCT)

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**Aims.** The Oxford City and NE Oxon Adult Mental Health Team (AMHT) is an adult mental health team receiving referrals from GPs for most cases suspected to have a mental health illness requiring secondary mental health services' input in Oxford city. In January 2020, the team was remodelled with care coordinators working in separate functions based on the duration AMHT support was required for, i.e. an assessment team and a treatment team, but with medics covering both functions of the team. This quality improvement project examines AMHT referrals over 2020/21, hypothesising a reduction in the proportion of inappropriate referrals following the remodelling compared to a 2018/19 pre-remodelling audit.

**Methods.** The project covers a total of 2803 referrals the team has received from 13/01/2020 to 12/01/2021. The outcomes measured included the number of inappropriate referrals returned to the GP, referrals only requiring a single assessment, the proportion of these referrals as university students in Oxford, and the diagnostic groupings of the referrals in students vs non-students. These outcomes were measured pre- and during the COVID-19 pandemic over 2020/21.

**Results.** A reduction in the total number of referrals to the team was noted over 2020/21 but this was compared to an 11 month audit in 2018/2019. During the study period, 19.5% (546/2803) of referrals were deemed inappropriate compared to 21% of referrals received in 2018/2019. Of 2803 referrals, 14.7% (97/658) were inappropriate pre-COVID-19 vs 20.9% (449/2145) during the pandemic. Of the total number of referrals, 32.9% were returned to the GP following a single assessment.

The top 3 diagnostic categories in 'non-students' were mood/affective disorders (33.7%), anxiety/stress related disorders (17.2%), and neurodevelopmental disorders (7.8% total - ADHD was 3%). A significant increase in ADHD referrals and mood disorders amongst students compared to non-students is notable with the top 3 diagnostic categories for students being mood/affective (24.7%), neurodevelopmental disorders (19.5% - ADHD 17.7%), and anxiety/stress related disorders (13.4%). Students constituted 26% of the total number of referrals.

It was notable that during the pandemic there was a higher proportion of inappropriate referrals.

**Conclusion.** Our project demonstrates a reduction in the proportion of inappropriate referrals sent to the AMHT following remodelling as compared to 2018/19. Further work is necessary to elucidate the contributing factors and reduce inappropriate referrals even further. An innovation is planned to automate the logging of referral outcomes to expedite a re-audit.

### A Qualitative Study Exploring the Experiences of Service Users With Complex Mental Health Needs

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**Aims.** Little is known about the experiences of individuals presenting with complex mental health needs and the provision of care they receive for suicide and self-harm behaviours. There are limited data describing the support individuals receive from services and, where they do, how this support is provided. Research suggests that those presenting with a more complex clinical presentation may have a history of both suicide attempts and self-harm. The aim of the study is to explore the experiences of individuals with complex mental health needs in respect of their self-harm and suicidal behaviours, and experiences of support received from mental health care services.

**Methods.** A semi-structured interview methodology was used to generate qualitative data. Representative participants with complex mental health needs were recruited from across Cheshire and Wirral Partnership NHS Foundation Trust, UK. Ten participants were interviewed for the study. Interviews were audio-recorded and transcribed verbatim. A transcript-based conceptual analysis was conducted to identify and explore emerging themes.

**Results.** The following three themes emerged from the service user interviews: (i) Service users discussed suicide attempts following inappropriate discharge; Service users spoke about feeling unsupported and not listened to by care staff, particularly as inpatients; and (ii) Service users expressed a necessity for staff training to improve understanding of self-harm and suicide attempts, having experienced negative consequences of staff handling when they may have self-harmed.

**Conclusion.** This study highlighted the following recommendations for future suicide prevention for mental health services treating service users with complex mental health needs: increasing staff awareness of suicide or self-harm related issues; improving training and risk assessment skills; providing appropriate support for service users following discharge from inpatient settings; improving liaison and collaboration between services to provide better service user outcomes; and increasing awareness in listening to service users' distress about suicidal or self-harm thoughts for each individual's situational context.

### Yorkshire and Humber Less Than Full Time Trainees: What Do They Need?

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**Aims.** Due to the demand for increased flexibility of working there is an ever-increasing number of trainees working Less Than Full Time (LTFT). The Royal College of Psychiatrists supports LTFT training and careers within the specialty. However,