has been initiated to improve the delivery of the sessions with minimal disruption to clinical duties. This paper is aimed to share the preliminary experience of the process of digitalisation of the induction programme.
Methods. The pilot regional induction with the above changes was carried out on August 4, 2023 via Microsoft Team Meetings and was accessible to new starters from all three sites in North Wales. The sessions consisted of talks from consultants, the lead clinical pharmacist, the ST in psychiatry and clinical services/Rota coordinator. The induction was divided into morning and afternoon sessions. The participants consisted CTs in psychiatry, GPSTs, and FY trainees. The session was recorded and a pre-recorded session on history taking was introduced. Any queries about pre-recorded session were answered by the chair of session.
Results. It was found that an estimated time saved per induction was 285 minutes with an overall saving for 3 inductions per year of 14.25 hours. The estimated cost saved (based on the lowest pay scale in NHS, £) was £151.13 with an overall saving for 3 inductions per year of £453.39. There were two Assessments of Teaching (AoT) and two Direct Observations of Non-Clinical Skills (DONCS) signed.
Conclusion. Digitalising the regional induction helps to save both time and cost for the health board. It also reduces the risk of speakers in availability. Furthermore, the recording can be sent out early to all the JDs before they join MHLD, which can facilitate a quicker orientation into the new role. It is also a good opportunity for core and specialty trainees to achieve competencies for leadership and teaching.

4 Service Evaluation

Evaluating the Effectiveness of Skills Training in Affective and Interpersonal Regulation (STAIR) Therapy for Complex Post Traumatic Stress Disorder Delivered by Core Psychiatry Trainees

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Aims. This project aims to evaluate the effectiveness of Skills Training in Affective and Interpersonal Regulation (STAIR) psychotherapy delivered by Core Psychiatry Trainees (CPTs) within the Sheffield Specialist Psychotherapy Service; a regional tertiary psychotherapy service for people with complex trauma and personality difficulties.

STAIR is a manualised evidence-based skills-based psychotherapy for people with Complex Post Traumatic Stress Disorder (cPTSD) awaiting trauma processing that is deliverable by a range of qualified and non-qualified staff. It was introduced to address two key difficulties the service faces: a long waiting list for trauma processing potentially contributes to patient deterioration, and a difficulty in identifying suitable cases for CPT short psychotherapy case requirements given the majority of potential patients awaited longer term psychotherapy.
Methods. A modified STAIR protocol was developed to meet the requirements of CPTs.

A 1-year prospective evaluation was used to compare pre and post patient reported outcome measures. These include the Nine item Patient Health Questionnaire (PHQ9) for depression symptoms, Impacts of Events Scale Revised (IES-R) for trauma symptoms, Recovering Quality of Life – 10 question (ReQoL-10) for quality of life, and the Short form Inventory of Interpersonal Problems (IIP-32) for relational symptoms. Descriptive statistics were used and data analysed using repeated measure t-tests.
Results. 17 patients completed STAIR delivered by CPTs. There was statistically significant mean improvement in Quality of Life ($p = 0.001$), trauma symptoms ($p = 0.009$) and depression symptoms ($p = 0.019$). Mean ReQoL-10 and IES-R improvements additionally met criteria for reliable change. There was non-significant ($p = 0.0146$) improvement in relational symptoms measured by IIP-32.
Conclusion. This evaluation demonstrates promising patient outcomes from STAIR delivered by CPTs for people with Complex PTSD awaiting trauma processing. This may help both negate any potential deteriorations whilst awaiting therapy, as well as prepare patients. Further evaluations could focus on acceptability and outcomes for CPTs.

Whilst the nature of this small evaluation limits further interpretation and generalisability, this pathway offers a promising means of meeting CPT psychotherapy competencies whilst also improving outcomes for patients.

Developing the New Kent Complex Psychosis Service (KCPS): Reducing the Limitations Imposed by Treatment-Resistant Psychosis

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Aims. A third to a half of patients with psychosis fail to recover to premorbid levels of functioning. Within these are a group of patients with treatment-resistant psychotic disorders, whose presentations are complex, with significant comorbidities, prolonged hospital admissions, and poor social and occupational functioning. Reports suggest an underutilization of clozapine, which is the licensed treatment for resistant schizophrenia for reasons ranging from prescribers' expertise or reluctance to intolerable side effects and comorbid psychiatric or medical conditions. In Kent, Surrey, and Sussex, clozapine prescription is only 4.93%, which is the third lowest among NHS England Regions.

Complex psychosis in Kent and Medway NHS Partnership and Social Care Trust (KMPT) was handled through a referral through the Out-of-Area Treatment panels to the South London and Maudsley (SLAM) Psychosis unit. This had lengthy wait time for admission and required approval for out-of-area costs which can be significant for longer admissions, placed a considerable travel burden on the family/carers, and made it difficult for reintegration into the local community.
Methods. The KCPS was set up as a consultation service to ensure that patients receive the right care to facilitate recovery and that our healthcare professionals and teams are supported in meeting