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.