Between the 1st of January 2020 and the 1st of January 2023, 1961 new patient appointments were booked. 263 were cancelled prior to the appointment. Of the appointments remaining, 30% were DNAs (n = 505), resulting in 505 lost clinical hours, an average of 168 hours/year.

9172 return patient appointments were booked. 1189 were cancelled in advance. 22% were DNAs (n = 1812), resulting in 906 hours of lost clinical hours, an average of 302 hours/year.

**Conclusion.** DNAs have a direct impact on service provision. Were our service to reduce our DNAs to the Lothian average for General Adult Psychiatry new patient OPCA, we would save on average 61 clinical hours/year.

We will disseminate this information to the NHS Lothian Digital Experience Mental Health Team to support the introduction of a text reminder service, before involving the NHS Lothian Quality Improvement team to explore the impact of this intervention on DNAs.

Furthermore, being placed on a waiting list can be an uncertain time for patients. We will create a waiting list pack for patients, including information of local supports and emergency contacts. We will pilot this in our sector before disseminating to other teams in Lothian.



## Evaluation of the Quality of the Pre-ARCP (Pre-Annual Review of Competency Progression) Corporate Report for Postgraduate Doctors (Core Trainees) in Relation to Their Postgraduate Teaching Attendance and Audit Involvement

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**Aims.** This evaluation was done with the focus to improve the quality of pre-ARCP corporate report for core-trainees. The pre-ARCP corporate report is a document compiled by the medical education department guided by other departments to capture certain competencies. The area of interest was how the report could be up-to-date and accurate. This would ultimately lead to a fair and objective summation of facts for the Psychiatric and Educational Supervisor report which will be reviewed by the ARCP panel.

**Methods.** This evaluation included all full-time core trainees within the Northern training scheme of the Trust who have undergone ARCP in January and July 2022. Exclusion criteria included less-than full-time trainees and core trainees who did not take part in an ARCP panel in January and July 2022. The questionnaire was designed by the Project Team and approved by the Trust Audit Team prior to data collection. The data were collected from 11th July to 31st July 2022. Electronic questionnaires were sent out to 33 postgraduate doctors.

**Results.** A total of 12 postgraduate doctors responded (36%). Out of the 12 doctors that responded, 11 (92%) had taken part in the ARCP panel in July 2022. 11/12 (92%) reported having received their pre-ARCP corporate report prior to the ARCP and in adequate time. Similarly, 11/12 (92%) of postgraduate doctors agreed with the record of both the RCPsych teaching attendance and audit involvement recorded on their pre-ARCP corporate report. In relation to capturing locality teaching attendance, 58% of postgraduate doctors reported the information as accurate. Inaccurate capturing of leaves, on-calls and/or rest days were pointed out by respondents as reasons for the discrepancy in attendance. Of those who contacted medical education, 10/10 (100%) reported that the issue was resolved before the portfolio submission date for ARCP. Of those who did not take action, 50% (1/2) reported the reason as being "I did not see the need to take action".

**Conclusion.** We found that core trainees felt that capturing accurate RCPsych teaching attendance as well as accurate audit involvement before ARCP are areas that required improvement. There is room for improvement regarding recording locality teaching attendance and absences due to leaves, on-calls, and compensatory rest. It brings us back to reflect on the time spent by each affected postgraduate doctor to clarify their records when discrepancies are noted. Results were discussed with Medical Education department and suggestions for improvement implemented. A re-evaluation is scheduled to take place in July 2023.



## Suicidality in the Absence of Self-Harm: Trends in Presentation to a General Hospital's Liaison Psychiatry Service

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**Aims.** Following the initial phase of the COVID-19 pandemic, and with the introduction of an off-site Crisis Hub, has there been a change in presentation to the Emergency Department (ED) with suicidality in the absence of self-harm?

**Methods.** Patients referred to the Liaison Psychiatry Service (LPS) from the ED at the Royal Cornwall Hospital with suicidal threat over a two-month period were identified in 2019 (pre-pandemic and the creation of the Crisis Hub), 2021 and 2022 (post pandemic and Crisis Hub implementation).

Demographic data for each attendance were recorded: age and gender, mode of arrival/route of referral and outcome of assessment.

**Results.** The number of attendances has decreased since 2019 (87 in 2019, 71 in 2021 and 53 in 2022). This is on the backdrop of decreasing total departmental attendances and a fall in the proportion referred to LPS: 541 in 2019, 3.84% of the total ED attendances, 510 in 2021, 4.32% of the total ED attendances and 400, 3.7% of the total ED attendances in 2022.

The proportion arriving under Section 136 of the Mental Health Act (MHA), is also increasing: 0% in 2019, but 15.5% in 2021, and 13.8% in 2022. This corresponds to an increasing proportion taken from the ED by the police to another Place of Safety.

A small proportion of those attending were considered suitable to be assessed at the Crisis Hub and were subsequently taken there (5% in 2021 and 3% in 2022). The most common reason to reject referral to the Crisis Hub was recent alcohol consumption.

The proportion requiring admission varied: 3.4% in 2019, 5.6% in 2021 and 1.7% in 2022.

**Conclusion.** The number of patients arriving with the police under s136 has increased. The numbers were too small to see a trend in transfers to the crisis hub and psychiatric admissions.

Future work might evaluate the vanguard street triage service, or be a repeat of this evaluation once there is medical cover in the hub, or look at the fraction of patients seen in the hub who are referred on to ED, or be qualitative studies of staff and patients' views of the hub.



## A Service Evaluation of Workload Monitoring for the Psychiatric Resident On-Call Rota

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**Aims.** The Psychiatric Resident On-Call (PROC) rota provides medical cover for all inpatients across Leeds and York Partnership NHS Foundation Trust outside normal working hours. With the introduction of a new regional inpatient CAMHS unit in August 2021, a service evaluation project was undertaken to establish if the current medical provision was sufficient to meet the increased demand of expanding services.
**Methods.** Workload monitoring was undertaken for 28 days during August and September 2022 for all evening, weekend, night and bank holiday shifts. Data collection documents in the form of Microsoft Excel spreadsheets were sent to one doctor to co-ordinate for all PROC doctors on each shift. For each 30-minute period, the number of doctors engaged in clinical activity was documented and the average number working at that time, as well as standard deviation, was calculated.
**Results.** 51 out of 56 on-call shifts were accounted for during the workload monitoring period by returning of a completed data collection document. Workforce demand for the remaining five shifts was estimated from reviewing handover document with listed times of call-out and expected duration for each job.

Data showed that workload was consistent throughout weekend shifts, but slowed around the time of handover. This is likely due to the end of shift being used to complete documentation, and the start of shift being used to assign roles and plan the shift ahead. In addition, lengthy non-urgent tasks may not have been appropriate to undertake if a PROC was due to shortly end their shift.

Patterns of night-shift working suggested a steady demand during the early hours of the shift, but a reduction during early hours of the morning, with trough levels being observed between 04:00 and 05:00 in the morning. No significant differences were observed between evening and night shifts across weekdays or weekends.
**Conclusion.** Assessing the above data led the authors to conclude two changes to workforce provision which may increase efficiency of workload. The first was to implement a cross-over role which could bridge periods of handover and ensure that a medic is still available to respond to tasks despite the change in workforce around these times. The second was to rebalance allocated provisions so that less medics were on shift during early hours of the morning, when demand was lowest, and re-allocated to evenings or weekends where demand appeared to be greater.



## Demographic Characteristics of Adolescents Referred for Psychoanalytic Psychotherapy – Who Is Being Left Out?

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**Aims.** In response to the growing awareness of health inequalities in the UK, institutions are called to take responsibility in tackling obstacles to equality, diversity and inclusion to mental health services access. This study aims to evaluate the demographic profile of referrals from London borough of Camden residents (aged 18 to 25 years) to the Tavistock Adolescents and Young Adults Service (AYAS) for psychodynamic psychotherapy. We aim to evaluate whether the demographic characteristics of referrals were a good representation of the local population.
**Methods.** Age, gender, and ethnicity of Camden AYAS referrals received between 12th April and 14th December 2021 (n=38, age range 17 to 24 years) were collected retrospectively using the electronic patient record system and compared with the following age groups of the latest Camden Census data (2011): 16-17, 18-19 and 20-24 years.

The two sets of data were analysed using Chi-Square goodness of fit test.
**Results.** Females were significantly overrepresented among AYAS referrals compared to Camden population (86.5% vs 52.8%, X2=16.83, p=.001).

No conclusion could be reached regarding transgender individuals due to lack of data about transgender population in 2011 Census data.

Ethnicity was recorded in n=33 referrals and evaluated at group and subgroup level, utilising standardised categorisation.

We found that the proportions of five main ethnic categories differed significantly between the AYAS and Census groups, (X2=13.07, p=.05). In the AYAS referrals Mixed ethnicity group was over 3 times higher than expected based on Census data, while the Asian group was markedly underrepresented.

Significant disproportions were also identified at ethnic subcategory level (X2=39.98, p=.01).

No one of Asian-Bangladeshi or Asian-Chinese ethnicity was referred to AYAS in the timeframe considered.

People of Black ethnicity were represented as expected overall with all referrals (n=3) identifying as Black-African.

Although overall White ethnicity was represented as expected, White-British were underrepresented (18.2% vs 39.2%) with majority of referrals identifying as other White ethnic subcategories (36.4% vs 15.5%).
**Conclusion.** Limitations of this study include sample size, outdated Census data and limitations of statistical tests used. Our findings indicate males are under-referred to the AYAS psychotherapy service together with some ethnic minorities (Asian overall, and in particular Asian-Chinese and Asian-Bangladeshi).

This may be due to unconscious bias in the referral process. Further exploration is needed to understand underlying causes so that effective strategies to promote equality in access to services can be implemented.