

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: