the proposal of an NHS wellbeing check-in; and how participants do not strive to improve their wellbeing until its decline.

Conclusion. This research demonstrates that wellbeing and burnout have only a moderate negative correlation when using commonly employed measurement tools. Therefore, measures of burnout are not a surrogate for wellbeing. Further research could adopt a salutogenic approach by using the WEMWBS to monitor doctors' wellbeing and could explore interventions to increase well-being, rather than waiting for its decline.

Referrals to liaison services for older adults with deliberate self harm during the SARS-CoV-2 national lockdown - a collaborative service evaluation using liaison referral data

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Aims. Social isolation and living alone have been associated with increased suicidality in older adults. During the SARS-CoV-2 pandemic, older adults were advised to keep isolated and maintain social distancing. Lockdown periods in England may have led to increased isolation and loneliness in older people, possibly resulting in an increased rates of DSH and suicide. This study aimed to explore whether numbers of older adults referred to liaison services with deliberate self harm changed during the SARS-CoV-2 pandemic.

Method. Reason for referral and total number of referrals to liaison services for older adults data were collected across 6 mental health trusts who had access to robust data sets. Data were collected prospectively for three months from the start of the UK national lockdown and for the corresponding 3 month period in 2019, via trust reporting systems. This study was registered as service evaluation within each of the participating mental health trusts.

Result. Overall numbers of referrals to older adult liaison services went down, but the proportion of referrals for older adults with DSH increased. Across the six mental health trusts there there were a total of 2167 referrals over the first three month lockdown period in 2020, and 170 (7.84%) of these referrals were for deliberate self harm. During a corresponding time period in 2019, there were a total of 3416 referrals and 155 (4.54%) of these referrals were for deliberate self harm

Conclusion. Although numbers of referrals for older adults with delberate self harm appeared to stay the same, the severity of these presentations is not clear. Outcomes of referrals and severity of self harm could be explored by examining individual case records. As there have been subsequent lockdowns the data collection period should also be extended to include these. Triangulation with national and local datasets on completed suicide is planned.

A quality improvement project focused on improving the completion of 'notification of diagnosis' forms for the dementia register, in an outpatient setting

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Aims. The dementia register is designed to keep a record of all patients diagnosed with mild cognitive impairment (MCI) or dementia. Following diagnosis, a 'notification of diagnosis' form should be completed and the patient added to the register. The register is used to collate figures and to assess capacity and demand on services.

Our baseline audit revealed suboptimal completion of these forms, therefore we initiated a quality improvement project. Our aim was to achieve completion of the 'notification of diagnosis' forms in 50% of new memory patients seen in clinic and diagnosed with MCI or dementia, within 3 months.

Method. A baseline audit of a random sample of 52 patients, from the 380 patients on the memory clinic list was analysed. 40 of these 52 patients had a diagnosis of MCI or dementia and when cross-matched with the dementia register, only 12 (30%) of the 40 were on the register.

We designed an improvement project which focused on improving awareness of the process and facilitating ease of completion of the form, for example, by placing the form in all new patients' notes. Our results were then monitored and reviewed on a monthly basis for 3 months, to assess the impact of these changes.

Result. Each month, the percentage completion of the 'notification of diagnosis' forms was calculated for new memory patients diagnosed with MCI or dementia in clinic. In the first month of the project (November 2020), 75% completion of forms was achieved. This was a significant improvement from baseline. In December, 66.7% completion was achieved (plus one patient was already on the register) and in January 2021, there was 50% completion (plus one patient was already on the register).

Conclusion. The results showed an improvement in the completion of forms from baseline, and we did reach the initial aim set at 50% by 3 months. However, the trend of the results showed a steady decline in percentage completion of forms over the 3 month period. We noted that over time the forms were no longer consistently placed in the new patients' notes, reducing accessibility to the forms. Other potential factors include a reduction in enthusiasm/ a decline in prioritisation of this project over time. Suggestions have been made to facilitate ongoing improvement and the results will continue to be reviewed.

The Staff Mental Health Service in Cambridgeshire and Peterborough: a new model for assessment and treatment of healthcare workers in the context of COVID-19 pandemic

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