medium secure forensic wards regarding physical health checks, and drawing their attention to tasks that needed to be done. This led to an improvement in the adherence to physical health monitoring in these wards. An area for future improvement was identified regarding the unit's capacity to perform ECGs in a timely manner.

## Improving experiences of transgender patients in inpatient services through a ward based staff training program

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**Aims.** The aim was to improve the experience of transgender patients in a general adult inpatient setting, through delivering practical 'bitesize' ward-based staff training. This training was to improve awareness of issues faced by transgender patients, knowledge around gender dysphoria, and increase confidence in discussing these issues appropiately with patients.
**Method.** Staff from a range of disciplines attended sessions held on the ward in small groups; these bite size sessions were delivered in under 20 minutes making them easy to fit around clinical commitments.
**Result.** All attendants rated increased confidence in their skills and ability to support transgender patients.
**Conclusion.** Improved staff training specifically focussing on transgender patients can contribute towards improved care for this patient group; this should form part of a wider strategy including clear operational policy and supportive environments.

## Why is hitting A&E time targets so hard?: using Nudge theory and modelling to improve response times

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**Aims.** To improve the one hour response times to referrals made to psychiatric Liaison in A&E without adding or changing available resources.
**Method.** Response time data of referrals made to the Homerton University Hospital psychiatric liaison service was collected dating back from August 2016 to October 2019 (n = 10225).

A nudge was introduced in the form of a large display showing referrals arriving in real time in the staff office.

Data was then collected over a period of 5 weeks (n = 436) to measure if any change had occurred in response times.
**Result.** Response times appear to follow a Poisson like distribution curve. The average referral was responded to within 6 minutes (n = 1577) prior to the nudge, and 6 minutes (n = 88) after. Prior to the nudge the 95% referral envelope fell within 134 minutes (n = 9728) and was 122 minutes (n = 414) after the intervention. Significant statistical difference is observed upon considering response in the first 240 minutes.
**Conclusion.** Nudge interventions could be a useful resource-sparing method to improve services. The average referral to the HUH liaison team was quickly responded to within 6 minutes and yet hitting the 1 hour 95% target appears ever-elusive. Hitting targets of 95% responses within 1 hour may prove very difficult if we are not considering natural distributions, such as Poisson, occuring in the backgroung which ultimately may require a change in approaches to how we set performance targets.

## Increasing routine HIV testing in low and medium secure forensic settings

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**Aims.** There remain a number of barriers to patients taking HIV tests, and prevalence of HIV in patients with severe mental illness can be higher than those without. Patients in forensic settings may be at even greater risk. National standards state that in areas of high and extremely high prevalence of HIV, testing should be offered routinely on admission to hospital. A review of compliance with these standards took place across low and medium secure male forensic wards in West London, followed by implementation of targeted interventions to increase testing rates. A reaudit was later completed to assess if changes had resulted in lasting effects
**Method.** A retrospective review of computer records took place to identify all inpatients residing on the low and medium secure wards on the day of data collection. Their pathology records were checked to ascertain if HIV test results were available. If no test was documented here, then patient psychiatric records were searched for documentation of the test being offered.

After the initial audit, education of patients and staff regarding the benefits of HIV testing took place, HIV testing was incorporated into primary healthcare routine admission screening and separate consent forms were eradicated.

The reaudit took place with data collection occurring in an identical manner.
**Result.** 183 patients were initially identified across 5 low and 7 medium secure male wards, and 184 on reaudit. The initial audit found that only 30.6% (56/183) of patients had either been offered an HIV test or had a result recorded on the pathology system, but this rose to 82.6% (154/184) on reaudit. After the interventions, 43.4% of all patients had HIV test results available, compared to 23.5% initially. Even where no test result existed, the number of tests offered rose from 7.1% to 39.1% of all patients.
**Conclusion.** This study shows that simple measures to normalise HIV testing and make it part of routine admission screening had dramatic implications for the number of patients being offered an HIV test.

There is still room for improvement, however, with 17.4% of patients having neither test results available, nor documentation that a test was offered. This could be a result of poor general engagement with health care services, and would benefit from thorough documentation and assertive outreach.

## A quality improvement project: documentation of liaison psychiatry patient reviews in the John Radcliffe Hospital, Oxford

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