

intervention to improve emotional regulation and to reduce violence.

11. Triangle of Care: Carers strongly encouraged to attend ward rounds and care planning from the very beginning of a patient's journey at Nile Ward using a triangle of care approach.

Results. Between December 2019 - December 2020, Nile Ward reduced violence in the ward by 35% and the MDT continued to make further innovations to reduce violence further, as demonstrated in this poster.

Between December 2020 - December 2021, Nile Ward reduced violence in the ward by 51%.

Further details about the results will be published in the poster.

Conclusion. Nile Ward has successfully implemented innovative interventions using a QI methodology to successfully reduce the level of violence and serious incidents in the ward by 51%. The number of rapid tranquillisations and use of restrictive interventions such as restraints has reduced significantly. Our patients are able to recover in a safe environment and their feedback is testament to their positive patient experience during their inpatient stay. Reduced verbal and physical assaults on staff have improved staff confidence, retention, well-being and overall satisfaction. Our work has been recognised internationally through the delivery of keynote presentations at conferences National Association of Intensive Care Unit (NAPICU) National Conference 2021 & the Royal College of Psychiatrists National QNPICU Conference 2021 to discuss their Violence Reduction best practices with mental health teams in the United Kingdom and abroad.

A Survey Exploring Gendered Racism Experienced by Junior Doctors Working in Psychiatry

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Aims. To measure rates of racism experienced and witnessed by Junior Doctors working at Derbyshire Healthcare NHS Foundation Trust.

Methods. Surveys were sent out via e-mail and WhatsApp to all Junior Doctors from 22 November 2021 to 1 December 2021.

Questions asked about personal experiences of racism, witnessing racism to/from patients and/or staff whilst working in Derbyshire, knowledge of how to report incidents and if routinely reported. Doctor race and gender recorded.

Results. 88 Junior Doctors contacted. Response rate 55% (48 out of 88). 63% female, 35% male and 2% gender undisclosed. 37.5% White, 12.5% Black, 37.5% Asian, 6.3% Mixed-race, 4.2% Arab or other ethnic group and 2% Race undisclosed. 13% of doctors experienced racism from staff: 75% of the Black female population, 50% of the Black male population, 8% of the Asian female population and 17% of the Asian male population. 27% of doctors experienced racism from patients: 50% Black female population, 50% Black male population, 58% Asian female population, 16% Asian male population, 100% Mixed-race female population and 1 Race unspecified male. 13% of doctors witnessed racism from staff to other staff: 75% Black female population, 50% Black male population, 11% Asian female population and 16% Asian male population. 63% of doctors witnessed racism from patients towards staff: 75% Black female population, 50% Black male population, 67% Asian female population, 33% Asian

male population, 100% of the Mixed-race population, 58% White female population, 83% of the White male population and by 1 male Race unspecified. Two reports of racism witnessed from staff towards patients. 50% of doctors do not know how to report racism. 54% of doctors would report racism if they knew how.

Conclusion. Black, Asian, and Minority Ethnic (BAME) Junior Doctors are disproportionately affected by racism with female gender as an additional vulnerability. Mixed-race females, Asian females, and Black doctors gave highest reported experience of racism from patients. Black doctors gave a higher reported experience of racism from staff and reported witnessing the most racism from staff towards other staff. Mixed-race and White male doctors represent a high number of those that witness patients be racist towards staff. Additional support is required in encouraging allyship, confidence and ability to report racism.

Co-Produced for Use: Developing an Information and Symptom Self-Management Resource for People With Functional Neurological Disorder (FND)

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Aims. Patients with Functional Neurological Disorder (FND) often endure low quality of life. Understanding the diagnosis is critical to management, but patients with FND do not always receive appropriate information about their condition. The patient journey through healthcare services can be complex, with often long waits for specialist attention. Creating psychoeducation resources for patients is important to improve patient experience and outcomes. We developed a symptom self-management patient education booklet with an FND symptom recording template, using a co-production model, in a community neuropsychiatry setting.

Methods. We used co-production as part of a quality improvement project (QIP) at East Kent Neuropsychiatry Service, to produce a patient education booklet with symptom self-management information and a symptom recording template. The QIP cycle involved input from 11 participants. Initially, 3 medical students and 4 multi-disciplinary team members adapted an existing booklet, removing medical jargon and simplifying diagrams. The adapted booklet was distributed to patients with FND who were attending psychoeducation/Cognitive Behavioural Therapy group sessions. One week later, four patients discussed the booklet with a medical student facilitator; both quantitative and qualitative feedback was obtained. Feedback was gathered using an adapted 20 point Ensuring Quality of Information for Patients (EQIP) tool. Patient responses were recorded, and qualitative themes identified.

Results. Four themes were found from qualitative feedback during co-production: need for a glossary; an expanded resource list; more diagrams to simplify text; and for the booklet to also address family, friends, and carers. The EQIP questionnaire feedback emphasised that the booklet contained too much medical jargon and that it didn't personally address the reader. On average

patients scored the booklet 53.33% using the EQIP questionnaire.

The booklet was further adapted and a glossary, further diagrams and a section addressing family, friends, and carers was added. Further resources were added and the text was simplified for clarity.

Conclusion. This QIP shows the value of co-producing information for an underserved patient population. Patient psychoeducation is a key part of treatment; involving patients at an early stage of the development of information and self-management tools will increase their acceptability to patients and improve the accessibility of patient psychoeducation.

Quality Improvement Project to Improve Patient Satisfaction and Opportunity to Attend Clinical Team Meetings

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Aims. Clinical Team Meetings (CTM) are weekly multidisciplinary (MDT) meetings to review and discuss patients' clinical care at Reaside Clinic, a medium secure inpatient forensic unit. Last year, there were significant difficulties in releasing nurses from ward duties to attend CTM, with effects on CTM efficiency and patients' involvement and satisfaction in care. Furthermore, a hospital 'protected mealtimes' deadline commencing at 1230 meant additional pressure and further impacted patient attendance when meetings overran. The MDT (comprising doctors, nurses, psychologists, occupational therapists, pharmacists and admin staff) worked together to generate solutions, formulating a QI project to try to make improvements. Three primer drivers were: increasing patient satisfaction, increasing staff participation and increasing CTM efficiency.

Methods. The MDT generated multiple change ideas to test to improve CTM experience and outcomes. Actions implemented included review of timetabling of patients to ensure adequate timekeeping and ensuring availability of attending ward staff, defining patient expectations from CTM through increased communication, and seeking patient feedback on satisfaction or engagement after each CTM through anonymous questionnaires. Data were collected at CTMs from February to April 2022, retrospectively compared to reference data collected before QI actions were implemented. A Microsoft OneDrive document was shared between the MDT to ensure accurate data collection, with information collected on CTM finish time, number of patients offered to attend, number of patients who did attend and anonymous patient satisfaction feedback from questionnaires.

Results. Early indications show improvement in meeting timelines and increased staff satisfaction with the CTM process, with data collection ongoing. Baseline results from September 2021 show an average of only 2 of between 13–15 patients attending weekly, in addition to finishing beyond the 1230 target on almost all occasions. Anecdotal evidence from the MDT showed poor patient satisfaction and engagement with the process before QI changes were implemented. Full results will be available by the time of presentation; currently, an average of 4 patients have attended CTM each week with all sessions finishing on time since implementation of changes.

Conclusion. Patient involvement in care and person-centred care are key to improving engagement and satisfaction with inpatient psychiatric management in forensic settings. Targeted multiple change ideas implemented by the MDT through this QI aim to improve patient satisfaction through enabling increased opportunity to attend weekly CTM, with modifications to the CTM process from key staff. Preliminary results show increased opportunity of patients to attend CTM, increased staff and patient satisfaction, and increased CTM efficiency.

Improving Adolescent Care in a Cross-Sector System

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Aims. Adolescence represents a critical life stage in which there is rapid physical, cognitive and psychosocial development. It is the time where the patterns and foundations for future health are laid and thus presents a unique opportunity to promote health and subsequently improve life-long well-being and reduce health inequalities. Mental health problems represent the greatest contributors to disease burden for this population and this contribution is forecast to rise. The World Health Organisation state that adolescents and young adults (AYAs) need health services that are supportive, equitable and effective. The project aims to scope out Adolescent care at London North West University Healthcare NHS Trust (LNWH) with a view to improve quality of care for this group of patients.

Methods. Quantitative data obtained assessed patterns of presentation to the Emergency department (ED). Qualitative data were obtained through stakeholder Interviews with professionals, adolescent patients and their caregivers. As of January 2022, 113 stakeholders were interviewed. The data obtained informed the creation of the 'LNWH AYA Manifesto.' This was converted into a questionnaire for all professionals involved in the care of AYA patients to assess organisational culture around AYA Care.

Results. It was found that AYA care at LNWH lies across a complex cross-sector system. The commonest code for presentation to the ED for those ages 13 to 25 was 'depressive disorder'. Key themes from stakeholder interviews included: 1) AYAs are not always provided with age-appropriate care 2) Acute Trusts may serve as a catalyst for change for AYA patients and Youth workers may be better placed to connect with them 3) There is a need for an integrated approach to physical and mental health with better relationships needed between the Acute teams and CAMHS. The 'LNWH AYA Manifesto' questionnaire found disparate opinions regarding the approach to integrated physical and mental health; of the 34 responses obtained 23.5% reported not feeling confident with recognising and managing mental health and social issues in AYAs and 41.1% believed that physical and mental health problems should be addressed separately by the relevant specialties.

Conclusion. AYA care lies across a complex cross-sector system and thus requires a multifactorial approach to create a culture change towards prioritising this population. One such intervention proposed is the introduction of a Youth Worker outreach model similar to the King's Adolescent Outreach Service as a way to create a shift towards an integrated approach to physical and mental health care.