people with learning disability and co-existing mental health problems. The Ten-Point Treatment Programme is a framework for treatments within such settings. It incorporates the four stages of assessment and motivational work, foundation and offence-specific treatments, consolidation and relapse prevention and finally discharge management. Although evidence based and evaluated in outcome studies, explaining its content to those with learning disability can be problematic. Communication difficulties affect the way information is comprehended and interpreted from both a linguistic and pragmatic perspective in this group. The provision of Easy Read information can address this difficulty.

Our aim was to co-produce, with experts by experience, an easy read version of the Ten Point Treatment Programme; and to evaluate this resource.

Methods. This was a quality improvement project within an in-patient medium secure unit in England. The co-production of the easy read version was led by two speech and language therapists, two psychiatrists, one Education Manager and two experts by experience. The latter advised on content, wording, format and font. Content was adapted in line with standard easy read requirements and guidelines. Following a focus group meetings, a provisional easy read version was approved and introduced in the service. This service innovation was evaluated through semi-structured interviews with six experts by experience and ten multidisciplinary team members who had used the resource. Responses were transcribed and subjected to thematic analysis.

Results. The three main themes covered in the evaluation responses related to accessibility, appearance and usefulness. The sub-themes under accessibility were the simplicity of vocabulary and short sentence length. Regarding appearance, the key sub-themes were about the effective use of colour, the inclusion of relevant and meaningful images, and the balance between words and pictures. On usefulness, the main sub-theme was about understanding the treatment pathway better and hence feeling motivated to engage. This was reflected by the staff group as well. There were some comments on accessibility that were less positive, including service user indications that the number and complexity of words were still high.

Conclusion. The co-produced easy read version of the Ten-point treatment programme has been received positively by service users and staff. For both groups, it brings clarity about the treatment pathway and its stages. It is incorporated into the admission pack for new admissions and features in new staff induction programmes.

Emergency Department (ED) Walkouts in a Mental Health Crisis: West London NHS Trust Liaison Psychiatry Response to the London Metropolitan Police's Right Care Right Person Approach

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Aims. Patients walking out of ED during mental health crises are commonly encountered in Liaison Psychiatry. Responsibility for high-risk or vulnerable walkouts had predominantly fallen on the police due to resource pressures in health and social care services. In 2023, London's Metropolitan Police announced a new partnership model, the "Right Care Right Person" (RCRP) approach. This supported the withdrawal of police involvement in mental health crises and allowed health and social care agencies who have the expertise and authority to act, to fulfil their role. This QI project aimed to understand the extent of police involvement in ED walkouts prior to the implementation of RCRP, introduce a new protocol for managing these situations, and evaluate its impact in terms of resource use and patient outcomes.

Methods. The Trust's incident reporting system was used to identify mental health-related ED walkouts between May–August 2023, prior to the introduction of RCRP. Patients' notes were reviewed to identify immediate actions taken following the walkout, including whether the police were involved, what action they took and patient outcomes. This was used to create a new Trust-wide ED walkout protocol, incorporating the Metropolitan Police's risk assessment tools. This was disseminated to frontline staff. A repeat analysis took place in November–December 2023, post-RCRP, to analyse how ED walkouts were being managed, and by which service. Furthermore, the analysis explored the nature of any patient harm which occurred following the incidents.

Results. We found 29 walkouts from A&E between May–August 2023 (pre-RCRP), compared with 35 between November–December 2023 (post-RCRP). Police were called in 79% of cases pre-RCRP and 74% post-RCRP. Pre-RCRP police was not involved in 41% of cases, and in 81% of cases post-RCRP. Mental health services made first contact following walkout in 41% of cases pre-RCRP, and in 46% post-RCRP. LAS made contact in 29% of cases post-RCRP. Post-RCRP 26% of patients who walked out were admitted to a Mental Health Trust within 7 days. 20 patients had their treatment delayed, 5 suffered from neglect. 3 patient walkouts resulted in harm to others, and 2 resulted in self-harm.

Conclusion. As expected, police responded to fewer walkout reports, and our data shows this gap has been filled by other services. The Trust's risk assessment-based approach to managing walkouts has shown promising results. The next stage of the project will focus on developing local protocols for the identification and management of patients at high risk of walkout.

Introducing Step-Down Summaries to the Intensive Psychiatric Care Unit

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Aims. The intensive psychiatric care unit (IPCU) is a 10-bedded unit which houses some of the most unwell psychiatric inpatients, generally those with psychosis and mania who require enhanced care and restriction. Admissions can be long and involve high levels of clinical complexity. This project identified the need for clear communication at the point of discharge with regards to rationale for decision making, mental health act status, risk and outstanding issues. The aim was to develop and test a tool for communicating this: the step-down summary.

Methods. Three plan, do, study, act cycles were run. The first involved creating a draft proforma and testing this with 3 complex patients, gathering qualitative feedback from receiving clinicians. The proforma was then improved and a full-scale trial including all patients with stays of 2 weeks or more was conducted, a total of 18 patients. Data were collated on the timing of summary completion and further improvements to the proforma were made based on consultant feedback. Finally, a third cycle was run to establish whether the new process was sustainable between rotating trainees.
Results. Initial feedback was positive with clinicians highlighting that the summaries saved time reading extensive notes, clearly identified outstanding tasks, and helped with final discharge document writing. It became clear that there was a need to agree a cut-off time of how long a patient should be in IPCU to merit a stepdown summary. Of the 18 patients who met this cut-off in the 2nd cycle all had a stepdown summary at the point of transfer with 89% of these fully complete before their next clinical review. During the 3rd cycle, there were 19 relevant patients only one of whom did not have a summary, due to their transfer coinciding with trainee leave. Feedback remained positive, highlighting that the summaries avoided duplication of work.
Conclusion. Overall, the use of stepdown summaries proved useful to receiving clinicians in both communicating important information and in saving further time when later creating final discharge documents. It was sustainable between trainees, however there remained an issue with these not being produced during trainee leave. It may be useful to consider alternate clinicians who can support with the production of summaries to minimise this as well as measuring more clear clinical outcomes, such as the repetition of investigations. This would support an expansion to other UK IPCUs.

Development of an Integrated Electronic Platform for ADHD Medication Initiation in Child and Adolescent Mental Health Services

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Aims. Children and young people (CYP) with attention deficit hyperactive disorder (ADHD) under Brent Child and Adolescent Mental Health Services (CAMHS) experience long waiting times before treatment with medication is initiated: on average 3 months. Therefore, the aims were firstly, to create an electronic platform (e-platform) to educate parents about ADHD medication and facilitate its initiation in Brent CAMHS. The e-platform replaced the previous method of medication initiation which was typically delivered to a group over Zoom. Secondly, to reduce time-to-treatment initiation (TTI) by January 2024. Thirdly, to increase the proportion of patients with ADHD who were initiated on medication (when appropriate) by the same date.
Methods. The content from neurodevelopmental clinicians counselling parents about ADHD medication was transcribed. Individual transcripts were collated into a master transcript to standardise the information delivered to parents. Medication initiation psychoeducation videos were created using the master transcript and a videographer and editor, in collaboration with the Trust's Director of Communications and Web Development Team. The videos were integrated electronically with a question-and-answer section, a useful websites section and a medication decision section to construct an e-platform, which was embedded in the Brent CAMHS website.

Following the QI model-of-improvement, objective clinical measures included TTI, the proportion of CYP initiated on medication, and total clinical and administrative time saved. User-reported outcomes were measured using a pre- and post-intervention questionnaire combining Likert scale and free-response items.
Results. TTI reduced by 37% from 92 days (Zoom) to 58 days (e-platform). The proportion of CYP initiated on medication increased from 64% (Zoom) to 72% (e-platform). Over a 2-month period, 9 hours of clinician time was saved. Based on 20 respondents, overall user satisfaction increased from 4.13/5 (Zoom) to 4.71/5 (e-platform). Qualitative feedback revealed that users found the e-platform 'easy to understand', 'easy to access, quick and useful' and 'provided clear explanations'.
Conclusion. The results indicate the positive impact of the e-platform initiative which can be derived from both clinical and user-reported outcomes. By integrating standardized educational content, user-friendly features and streamlined processes, the e-platform empowers parents with knowledge, enhances communication between families and the neurodevelopmental team, and ultimately expedites ADHD medication initiation and saves clinical time. Regional spread has commenced, and the authors are engaged in discussions with other CAMHS to facilitate this further.

Improving the Completion of Capacity and Consent Assessments

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Aims. The respect of a patient's autonomy and choices is one of the cornerstones of good psychiatric care. Key to this is ensuring the timely and thorough assessment of a patient's capacity to consent to admission and treatment once in contact with mental health services.

The aim of this quality improvement project was to optimise the Trustwide completion of capacity assessments for all newly admitted patients within 24 hours of admission at South West London and St Georges Mental Health NHS Trust. Our goal was for 100% completion of the Trust's Brief Capacity and Consent (BCAC) form by July 2023.
Methods. We obtained a list of all new admissions to inpatient wards across the Trust's three hospital sites between 1–14 February 2023. A retrospective audit was then undertaken to establish the baseline BCAC completion rate. Following this a