interdisciplinary handovers. Sustaining these improvements will require continued reinforcement, wider simulation rollout and senior leadership support, reflecting the challenge of changing communication culture. Following these results, the inpatient handover policy has been updated and distributed trust-wide.

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Development of a Multi-Agency Referral Pathway for Tic Disorders in Young People in North Staffordshire

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Aims: Tic disorders are the most common movement disorder of childhood with a lifetime prevalence rate of 5% for transient tic disorders and 0.7% for Tourette syndrome. 20% of school-aged children may be affected by tics at some point. Most tic disorders are transient and do not require treatment. Chronic tic disorders if causing distress to the young person would require treatment.

Management of tic disorders requires a multidisciplinary approach with paediatricians, psychologists and psychiatrists working together depending on comorbidities. General practitioners are often unclear about the most appropriate service to refer young people to, causing delay in young people accessing the right support. This led to discussions about creating a pathway for children and adolescents with tic disorder in the community setting.

Aims were to create a referral pathway for children and young people with tic disorders in North Staffordshire; to provide a seamless service for young people, by developing a referral system with clear guidance to genera practitioners so that young people can access the right support in a timely fashion.

Methods: A working group was formed with Paediatricians (3 and 4) from University Hospital of North Midlands and a Psychiatrist (1) and Psychologist (2) from the CAMHS services. A general practitioner (5) who represented ICB was also part of the working group.

The group met regularly in 2023 and created a pathway which enabled the general practitioners to refer to the most appropriate team. A referral form was also created to guide the referring clinician. This was presented to a group of general practitioners and amendments were made accordingly. The pathway was approved by the ICB and implemented in March 2024.

Results: Introduction of the tic disorder pathway helped primary care colleagues to make referrals to the right team and helped reduce waiting times.

Conclusion: Creation of this pathway helped primary care clinicians to assess and refer young people without referrals being redirected to different teams. This has reduced the time from referral to treatment for young people with movement disorders. The development of the pathway has positively impacted on working relationships between primary and secondary care colleagues.

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From Isolation to Integration: Implementing a Reliable Weekend Handover System in Acute Psychiatric Services

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Aims: Weekend medical handover across Central Norfolk acute psychiatric services has historically been inconsistent and poorly structured, contributing to delayed reviews, duplicated tasks, reduced situational awareness, and resident doctor isolation. This Quality Improvement Project aimed to introduce a standardised weekend handover system to improve clinical safety, timeliness of care, and on-call doctor experience. Objectives included establishing a reliable weekend handover meeting, improving information completeness,facilitating early identification of unwell patients, and reducing inappropriate tasks passed to out-of-hours teams.

Methods: Using PDSA cycles, we implemented: (1) a 09:00 Saturday and Sunday multi-site Teams handover for Tier 1 and Tier 2 doctors; (2) pre-arranged invites and reminders; (3) a structured digital handover log covering admissions, unwell patients, investigations, and tasks; and (4) a centralised Teams channel for document access. Surveys at two timepoints assessed communication, clarity, task appropriateness, and perceived support. Clinical outcomes from 63 weekend admissions (March–May 2025) were compared pre-intervention and post-intervention, including time to first medical review, senior review, and medication administration.

Results: Baseline survey responses (n=16) showed moderate satisfaction (mean ≈3), with good supervision (3.6) but poor perceived handover structure (2.3). Willingness to attend weekend handover was 56%. Qualitative feedback reported improved communication, reduced isolation, and better planning for the day. Post-intervention data demonstrated improvements in time to first medical review (10.7%), physical-health medication (10.2%), and psychotropic administration (33.0%). Time to senior face-to-face review increased (97.2%). The reasons for this deterioration are unclear and likely multifactorial. One interpretation is that collective discussion of all new admissions during morning handover increased Tier 1 doctors' sense of support, reducing perceived need for immediate escalation. Indirectly, this may reflect improved resident doctor confidence and adequacy of remote senior input, though further exploration is required. Barriers included technological unfamiliarity, variable engagement, and inappropriate task shifting from weekday teams.

Conclusion: A structured weekend handover system is both feasible and beneficial for improving communication, early clinical planning, and aspects of patient care. Importantly, qualitative feedback highlighted a strong positive impact on resident doctors' wellbeing, with many reporting reduced isolation, improved support, and greater confidence in managing weekend workloads. Next steps include automated invites, refining the digital handover log, and establishing a routine senior weekend review pathway, with potential for wider trust adoption.

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