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 stakeholders 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.

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