Aims. A quality improvement project was undertaken to counteract obesity in patients with mental health morbidity. The exponential trend of increased antidepressant prescribing (SSRI, SNRI and anti-psychotic medication) has created a trend towards weight gain in patients. An audit of the Serious Mental Illness (SMI) register and depression registers was conducted in a population of 591 patients. Those patients identified as obese were offered referral to the local authority weight management services.
Methods. Patients have a body weight and BMI calculation with their twice yearly mental health and medication review and those whose BMI met the obesity criteria were offered referral to the local authority for 12 weeks weight management services.
Results. Of the SMI and depression register 189 (32%) patients met the criteria for referral to the weight management program. Of these 154 (81%) patients accepted the local NHS weight management program, 35 (18%) of patients declined the NHS weight management program.
Conclusion. Weight gain is a known side effect of antidepressant medication SSRI and SNRIs and Anti psychotic medication resulting in increased risk of obesity and cardiovascular and metabolic disease. The QI program was undertaken to counteract these changes with referral to weight management services to address the weight gain the patients were experiencing.

This quality improvement service was done to help patients across three surgeries lose weight in an effective and educational manner. We found a high rate of acceptability of referral to weight management services when offered as patients themselves were aware of the weight gain. A review of positive changes in the BMI after referral to the weight management program will be undertaken at 6 and 12 months to evaluate its acceptability and effectiveness. We advocate sensitive counselling of the risks of weight gain and regular monitoring of body weight throughout the span of the prescribing of these weight gaining agents.

Clinical Re-Audit of Assessment and Recording of Venous Thromboembolism (VTE) in Patients With Confirmed COVID-19 in Forensic SIS (Secure Inpatient Services)- 2020/2021

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doi: 10.1192/bjo.2022.329

Aims. 1. To assess quality of VTE risk assessment and recording; particularly to look at the impact of COVID-19 on VTE (Venous Thrombo-embolism). 2. To ensure VTE criteria have been adhered to from Tees, Esk and Wear Valleys NHS foundation trust 2019 " Risk assessment for Venous Thromboembolism (VTE) (Ref: CLIN-0085-v 1.2)Specifically, due to additional risks posed by COVID-19 on increase in risk of VTE.
Methods. The Audit was conducted in Secure inpatient service in Teesside, Roseberry Park Hospital, TEWV NHS trust audit team.

This was done on the back of a scheduled Quality improvement reaudit of VTE risk assessment and recording review in Forensic SIS.
Results. One of the main results was that VTE risk assessment and recording, post finding of a COVID-19 positive result was less than 100% in the records we checked. Other results are included in the poster.
Conclusion. The main conclusion is the need for increased vigilance in assessment and recording of (and any actions thereof) in the VTE risks, particularly in those with COVID-19 positive tests.

We propose that this increased vigilance will enhance patient safety and deliver effective and timely care. We highlight some challenges of conducting an Audit and how to embed results and improve practices in a timely manner. This describes how we did both- acted on results and followed process; rather than just one or the other!

Nile Ward PICU Violence Reduction Quality Improvement Project - One Year on

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doi: 10.1192/bjo.2022.330

Aims. To reduce incidents of inpatient violence and aggression at Nile Ward Psychiatric Intensive Care Unit (PICU), St Charles Hospital by at least 30% between December 2019 and December 2021. Reducing inpatient violence is a major quality improvement (QI) priority for CNWL NHS Foundation Trust.
Methods. Nile Ward refined a number of their successful change ideas within this project and a number of new innovative ideas were tested and successfully implemented as part of the Violence Reduction QI Project:

1. Improved risk assessment tool: Risk assessment tool to predict/manage violence in the ward was further improved using evidence based observation and best practice recommendations over the course of 2021.
2. Brand new Staff Photo Board: Regularly updated photoboard with non-hierachical list of all staff.
3. Patient Feedback Board: Patient experience, comments and feedback displayed in common areas.
4. Co-produced Mutual Expectations: A set of expectations created in co-production with patients displayed in the communal areas of the ward to be followed by both staff and patients.
5. Gardening sessions: A safe socially distanced space for patients to be involved in growing and caring for the Nile Ward garden with our Activities Coordinator, including a brand new herb garden.
6. Tailored Physical Fitness Programmes: Focus on physical activity through garden fitness sessions and 1–1 fitness sessions in the gym. Average weight gain for patients has declined from 4.4 kg to 2.8 kg (39% reduction) during hospital stay. Tailored physical fitness sessions created for patients who are frail, diabetic or have significant cardiometabolic risk factors.
7. Celebrating Diversity: Special events hosted throughout the year to celebrate diversity and promote tolerance.
8. Enhanced Clinical Reviews: Consultant led patient reviews every weekday to optimise treatment and enable quick recovery using a multidisciplinary, holistic, trauma informed approach.
9. Weekly Cooking Sessions: Patient led cooking sessions using healthy ingredients every week. The food is eaten as a communal meal by patients and staff. A 'Friday Fry-Up' takes place monthly where patients and staff share a health fry-up in the ward's dining area.
10. Mindfulness Meditation: A QI intervention introduced to embed mindfulness and meditation as core therapeutic

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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doi: 10.1192/bjo.2022.331

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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doi: 10.1192/bjo.2022.332

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