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.