

with the articles electronically (using the standard electronic accessibility tools) and this will also contain the videos/podcasts produced. Feedback will be obtained electronically via a QR code and via traditional means e.g. an easy read reply slip.

Results. The key outcomes of our project are producing 10 easy read articles within our newsletter. These articles need to be useful and accessible to the IDD population, which will be verified by small focus groups consisting of patients with IDD, carers and staff to review literature before publication as well as the feedback after publication. Another key outcome is the use of coproduction to involve people with IDD in production of the newsletter and webpage, in order to recognise the value of their lived experience, improve the quality of the project and drive success.

Conclusion. Successful publication and feedback will pave a way for exploring a second edition the following year for printing via Trust communications. If successful, this project could be used as a template for an effective way to share research findings that contribute to the understanding of assessment and treatment pathways for people with an Intellectual and Developmental Disability.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Weight Management Quality Improvement Project in Tower Hamlets Community Learning Disability Service

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Aims. The project's aim is to record up-to-date BMI readings of 70% or more of our service users by September 2024. We have identified barriers limiting current data collection, such as challenges weighing wheelchair bound clients or limited availability of weighing scales, and will action our change idea methods to reach our target in this time period.

Significant health inequalities have been identified in the learning disability population, with men and women in our cohort dying 23 years and 27 years younger respectively compared with the general population. Furthermore, people with learning disabilities are at increased risk of being overweight or obese compared with other cohorts, which itself leads to a range of health and social complications. A recent audit of our psychiatry caseload revealed the need to improve weight monitoring and subsequent management for our service users, to help reduce health inequalities identified.

Methods. We have weekly project meetings with our MDT including psychiatrists, dietetics, occupational therapists, nurses and psychologists. We have arranged stakeholder involvement by inviting service users to these weekly meetings to contribute their own ideas to the project, and have organised focus groups for service users, carers and staff. We intend to generate change ideas by using quality improvement methodology to identify primary and secondary drivers. One of these already incorporated into the project is a machine in our waiting room monitoring our clients' weight, height and blood pressure. Having identified obstacles in our service users obtaining their weight, we have successfully bid for funding for one of these machines.

Results. We will use Plan Do Study Act (PDSA) cycles to evaluate the effectiveness of our change ideas. Convenient sampling of our psychiatry caseload showed only 26.7% of 71 service users have an updated weight and BMI, and identified that we don't have a robust process for monitoring patients' weights (total project caseload is 1264).

Conclusion. During the development of this project, we identified a variety of approaches to improve health outcomes for our service users including educating staff on incorporating weight monitoring into consultations and how to manage the results. This project comprises one part of East London Foundation Trust's overall Triple Aim: to improve population health; improve the quality and improve value for the system. Going forward, our intention is to incorporate weight management into our routine reviews and ensure staff are educated in the importance of regular weight monitoring, the health benefits and how to refer.

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A Quality Improvement Project to Improve Staff Confidence in Managing Incidences of Patient Violence and Aggression on the Neurosciences Wards

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Aims. Incidents involving patient violence and aggression are a common occurrence on the neurosciences wards. Many staff do not know how to de-escalate or manage such incidents, leaving them vulnerable and unsupported. This project was designed to increase mean staff confidence by at least 2 points (on a scale of 1–10) regarding confidence and satisfaction in managing patient violence during a 6-week period.

Methods. Using Plan-Do-Study-Act (PDSA) quality improvement methodology, we carried out a preliminary survey on 2 neurosciences wards. Multidisciplinary staff were interviewed about their confidence (on a scale of 1–10) in managing violence. The survey and interview assessed which measures were already in place on the wards, such as Datix reporting and referral pathways. The first intervention focused on preventing patient violence with informative posters on referral pathways and verbal de-escalation techniques; these were distributed throughout the wards and staff were notified via email. Follow-up surveys were collected, enquiring whether staff had seen the posters and how their confidence levels have changed. The second intervention was implemented 2 weeks later and focused on post-incident support. We distributed leaflets on Critical Incident Staff Support and sent an email link to a verbal de-escalation playlist. Follow-up surveys were collected again to track changes in staff confidence and satisfaction. Weekly electronic clinical record searches were recorded to track the number of incidences of patient aggression during the same 6-week period.

Results. Staff confidence (N = 24) in verbally de-escalating violence and aggression increased by 1.1 and 1.75 points for Wards A and B, respectively. Of the 6 staff members who were followed up, only 1 experienced a 2-point increase from baseline in confidence in verbal de-escalation; 1 staff member experienced a 1-point increase, 3 experienced no change, and 1 reported a