

Supplementary information

Table S1. Process and outcome of former patients' involvement in the study

Research stage	Patient/service user involvement	Outcome
Conceptualisation	<p>The topic of the study was inspired by discussion of the care experience of a member of the 'partners in experience' group on the DCLinPsych course who had lived experience of being an inpatient.</p> <p>The project proposal was discussed in an eating disorders patient forum that occurred monthly within the Trust.</p>	To understand that the topic was relevant and impactful to patients' experiences.
Data analysis	A former patient and the researcher met virtually to discuss the purpose of thematic analysis, followed by discussing the qualitative data and refining the themes. The researcher coded and developed themes initially, and the themes were discussed and refined collaboratively.	A former patient indicated experiences that echoed with her own. This revealed inherent power dynamics on the ward and particularly the nuances of certain language used.
Service improvement	One session and subsequent email exchanges focussed on how the data informed improvement; the researcher and the former patient co-produced the revised documents (e.g. agenda sheet, description in the induction booklet)	New suggestions for improvements emerged, including the creation of a guidance sheet for nurses
Dissemination	<p>A former patient was involved through reading, writing a section on reflections of this work, and revising the final report.</p> <p>Results of the project were presented on the ward during a community meeting.</p>	Jargon was reduced.

Reflections from the former patient who was involved with this project

I was a patient during the first phase of the pandemic, and the treatment and subsequent outpatient support have completely changed my way of living. Whilst I was a patient, however, I did find the CTMs anxiety-provoking. To me they were important meetings – perhaps too important – but their brevity, the number of people present, and the difficulty in feeling listened to (whether or not this was the case or only my perception), often left me feeling frustrated. Now that I've been able to consider the CTMs from more of a distance, I see that there are wider issues at play that detract from the meeting's success. For instance, staff hierarchy, who takes the lead, which nursing staff members actively attend and which don't, the day of the meetings (weigh day), the culture of CTMs being an 'ordeal' amongst patients and staff, all build up the CTM into this 'make-or-break' weekly meeting, and feed-in to perhaps unrealistic expectations from the patient perspective. I hope that by changing how CTMs are presented to new patients, more positive staff and patient ward-speak around CTMs, and clarity on their purpose and content, patients will both feel more actively involved in the direction of their care, and thus more empowered to continue to use the CBT-E tools of recovery when discharged.

Description about CTM in the induction booklet

Original:

We will review your treatment with you at a weekly Clinical Team Meeting (**CTM**) and at agreed points in time at your formal review called a **CPA** (Care Programme Approach).

During your weekly CTM slot you will meet with members of the team for 10-15 minutes to discuss your individual care plan. We listen to your thoughts and share ours with you. We also review your weight chart together so we can talk about your progress, achievements and any barriers that you may be facing. We aim for this to be patient-led and your Nurse can help you prepare what you would like to say and ask in this meeting.

At this meeting we update your care plan for the coming week. You will receive a copy of your care plan following the meeting.

Revised:

We will review your treatment with you at a weekly Clinical Team Meeting (**CTM**) and at a more in-depth, formal review called a **CPA** (Care Programme Approach), which usually take place every 6-8 weeks.

During your weekly CTM you will meet with members of the team for 10-15 minutes to discuss your individual care plan. This is a meeting where decisions are made jointly with you and the team. The meeting agenda will be guided by you and your needs. This will usually include discussions on your progress and challenges you face. A CTM agenda sheet will be given to you in advance to help you prepare for the meeting. Some of the topics typically discussed in a CTM are:

- how you are overcoming certain challenges
- things you are still finding difficult
- your meal plan
- your physical progress / any medication issues
- any leave off the unit

You may see staff members that you may not have met before at the meeting. They are part of your wider care team to support the different aspects of your needs. As well as the doctors, nurses, and dieticians that you usually see on the ward, there may sometimes be an occupational therapist, a pharmacist, or a mental health advocate at your CTM. Occasionally students (eg. medical and psychology students) will join the meeting as part of their trainings. If you don't feel comfortable about them joining, you can choose not to give consent and/or ask them to turn their camera off if the meeting is virtual.

Whilst you may have thought about your goals for admission, the weekly CTM gives you a chance to discuss your short-term goals with the wider team.

We recommend that you talk to your named nurse prior to the meeting to help you prepare for the CTM. The nursing team is there to support you.

- *"I think it's important that all the professions get together with you at some point because obviously it's very multidisciplinary the way it works, the dietician, the doctors talking about drugs, and the nursing staff in the ward etc." From a former patient.*

- *“CTM can be quite anxiety-provoking but don’t feel like it’s the end of the world if the CTM doesn’t go too well that week. Sometimes Staff members may disagree as they may think what you want may be different from what you need at that moment in time. We will work collaboratively with you and we are there to support you and there are other activities to support your recovery.” - From the staff team*