

**Methods.** An audit of a total of 100 patients on the list was selected in chronological order. Patient documentation was reviewed against the current criteria for patients on the list, which included having a documented care plan in place, remaining open to a community mental health team, and having been reviewed at least within the last 6 months.

The data was then analysed and compared with the previous year's results to see if there was any significant change year over year.

**Results.** Year on Year improvement:

1. Total number of patients on the list had increased by 16.7%.
2. The number of patients without a care plan on the list reduced by 6.
3. The number of discharged patients on the list was also reduced by 1.
4. The number of patients who had not been reviewed in six months reduced by 9.

**Conclusion.** While there had been some improvement in the service provision and adherence to the guidelines, there was still ample room for improvement, which would be achieved by adherence to the guidelines and protocols, to ensure better service improvement for enhanced access and out-of-hours emergency services to patients.

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## Quality Improvement Project on the Use of Clinical Global Impression (CGI) Scores in a Female Adult Inpatient Mental Health Ward

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**Aims.** Clinical Global Impression Scale (CGI) is a recognised scoring system used to assess patients across a variety of medical specialties. In this study we aim to evaluate the use of the severity scale (CGI-S) in a female adult mental health unit. We aim to explore how frequently it is used to assess patients on admission and discharge and investigate its utility in predicting a variety of patient outcomes. We hypothesise that gaining a greater understanding of the significance of CGI-S scoring can enhance in-patient care by offering insights into factors such as probable length of stay and potential benefits of in-patient admission.

**Methods.** Patient data was collected retrospectively for the last 60 patients discharged. The resulting population data from an inpatient female ward which was then analysed using Microsoft Excel and Jamovi.

**Results.** 59 patients were included in the final data set. Population age at time of admission ranged from 18–68 years with a mean age of 38. The mean length of stay was found to be 40.2 days. 80% of patients had an admission CGI-S recorded with a mean score of 2.77. 71% had a discharge CGI-S recorded with a mean score of 1.79. 58% of patients had both admission and discharge CGI-S score recorded. The key findings of the study were a mean reduction of 1.09 in CGI-S scores, indicating an overall improvement in patient presentation by the point of discharge. Length of admission was increased by 14 days per 1 integer increase in

admission CGI-S score. The data also suggests that the correlation between admission CGI-S and length of stay is statistically significant ( $p$  value of 0.016). It was also noted that patients with a discharge diagnosis of 'Emotionally Unstable Personality Disorder' had a smaller reduction in CGI-S score at point of discharge and required shorter hospital stays, compared with other diagnoses.

**Conclusion.** The results of this study imply that use of CGI-S scoring in adult inpatient units is beneficial. However, its value can be better seen with improved adherence to regular completion of scores during patient reviews and is an important step to prioritise. Increase in utilisation of this tool will also likely provide clinicians with guidance in predicting which patients are likely to benefit from lengthier admissions and those that might fare better with community support.

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## Gaming the Mind – Improving Access to Recreational Gaming Activities Within an Inpatient CAMHS Unit

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**Aims.**

1. To assess the current video gaming provisions on an inpatient CAMHS ward.
2. To gather feedback from young people on the ward on the current provisions and gather suggestions for improvements.
3. To implement any suggestions of improvements.
4. To organise regular group gaming sessions for groups and to allow access for individual use.
5. To gather feedback following implementation on how to improve further.

**Methods.** Using surveys, we gathered feedback on attitudes to recreational gaming, interest in gaming social events, preference for individual gaming and on thoughts of the current gaming facilities in a London inpatient CAMHS unit, from a cohort of young people admitted to the ward.

Based on this feedback we sourced funding for a Nintendo Switch from Gaming the Mind Charity and purchased a Nintendo Switch for the Unit along with preferred games.

Regular group gaming sessions were integrated into the ward activity schedule. Additionally, access for individual use was also facilitated.

Further feedback on implementation was gathered from the young people.

**Results.** Based on initial survey feedback, a majority of young people on the ward indicated that they enjoyed gaming and that it was a good way to “have fun, relax or socialise”.

Feedback suggested the current provisions on the ward (consoles and games) were outdated and not used frequently.

Nintendo Switch received most suggestions for best new addition to the ward.

Game suggestions included: Mario Kart 8 deluxe, Wii sports, Splatoon 3, Mario super smash bros and Minecraft.

After implementation of social gaming events into ward timetable, follow up feedback was positive, suggesting that the majority of young people who engaged in recreational gaming activities on the ward benefited from this. Feedback suggested it was

beneficial in terms of mood, socialising, and as a distraction from difficult emotions.

**Conclusion.** Improving access to recreational video gaming consoles and games within inpatient settings is a valuable way to offer activities to improve mood and social interactions between young people in an inpatient CAMHS setting. Follow up research into efficacy would be of benefit.

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## Of Course, Breaking Bad News Is Not Just for Patients: A Quality Improvement Project Survey to Explore How Staff Are Informed of Patient Deaths

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**Aims.** Mental health professionals are very likely to experience a patient death at least once in their careers. The Royal College of Psychiatrists published a framework for supporting mental health staff following the death of a patient by suicide. It states that 'how the news about a patient's suicide is imparted influences the emotional impact of the death and is therefore very important'. We sought to explore how healthcare professionals are informed about patient deaths within Birmingham and Solihull Mental Health NHS Foundation Trust.

**Methods.** A 25-question survey was devised to explore how staff have been informed about patient deaths and the impact it had on them. This was emailed to all grades of doctors, nurses and allied healthcare professionals within the trust and results were collected over 11 days.

**Results.** 83 healthcare professionals completed the survey. 72 respondents had experienced a patient death within the trust. Of 72, 48.6% of respondents felt they had not been informed about their most recent patient death in a sensitive manner. There was wide variability in the method by which staff were first informed. 27.8% of respondents first learned of the patient's death via an email from the trust lawyers, patient safety team or another party. Of these 20, 17 felt they had not been informed in a sensitive manner. 63.9% (n = 46) reported that they had not been signposted to any support. Qualitative data suggested that the way in which people were informed had a wide-ranging impact. Many respondents felt shocked and upset. With hindsight, people would have appreciated being informed face to face and being given time to reflect. Of the total 83 responses, 82% (n = 68) felt that there should be a specific policy about how staff are informed about patient deaths.

**Conclusion.** Results from this survey demonstrate a large scope for improvement in the way that staff are informed of patient deaths. Using these results, we will generate change ideas for a quality improvement project which aims to inform staff more sensitively about patient deaths. Feedback suggested implementation of a new protocol to guide team managers and consultants on how to inform staff; it may help to standardise the process and the support provided. Patient deaths have a significant impact on the mental health of staff; communicating this matter compassionately may help to alleviate immediate feelings of distress and mediate the long-term impact on staff wellbeing and satisfaction.

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## Medication Required: P\*RN – Promoting Healthy Attitudes and Improved Access to Pornography in Wathwood Hospital

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**Aims.** The key aim of this project was to update and modernise the hospital procedure on how patients access pornographic material whilst detained at Wathwood Hospital. Within the update, we aimed to promote inclusivity and acceptance of all patients' sexual identities as well as utilising the opportunity to emphasise healthy consenting sexual relationships.

Patients in Forensic Mental Health settings are often inpatients for a significant amount of time, with multiple restrictions imposed on their private and family life. Current policy allows patients to purchase pornography for private use in their own room. It must be material of the same nature available in a main street outlet. In practice, material is usually purchased in DVD format from the Amazon website and subsequently screened for suitability by Security staff and finally approval by the Responsible Clinician. There have been numerous incident reports involving the trading of pornographic material.

**Methods.** Qualitative semi-structured group interviews (up to 5 people at a time) were conducted with patients in the medium-secure forensic services of Wathwood Hospital. They were recruited from the fortnightly Patient Forum. Anonymised questionnaires involving Likert scales and free text response spaces were also distributed at the Patient Forum. Data gathered investigated the percentage of patients who were aware of the current procedure, if they felt it worked well and what they thought the impact of accessing pornographic material might be. Staff were invited to complete a similar anonymised questionnaire, again considering their opinions on the positive or negative impacts of pornography for patients. In addition, we gathered data on whether there was a difference on the degree of comfort/discomfort about pornography, depending on whether the material involved opposite sex or same sex couples. In total, there were 40 survey participants.

**Results.** Some key areas for concern were found, for example, only 17% of staff and 16% of patients thought the current policy works well despite 69% of staff and 84% of patients feeling it is a patient's right to access pornography. Free text and focus group feedback established many benefits to it. It was clear that there were some areas of difficulty in the hospital policy, which would benefit from being refreshed.

**Conclusion.** Staff and patients overall feel that access to pornography is important for many of the patients. We identified areas for improvement in how this is accessed and a need to continually be considering the need to consider meeting the holistic needs for the patients.

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