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Aims. To create a safe and effective induction programme for Higher Specialist Trainees (HST) at Nottinghamshire Healthcare NHS Foundation Trust.

An effective induction improves trainees' satisfaction, they feel welcomed and valued. It improves patient safety, retention, and recruitment (GMC Report 2020).

Methods. Based on GMC report, published in 2020, a survey was developed locally and data for 2021 HST induction was collected using digital platform. Initial stakeholder analysis completed, and relevant parties were invited to share the results. Two key deliverables were identified after consultation, one was a dedicated induction programme for HST which was co-produced along with trainees and stakeholders. The other deliverable was updating the induction booklet. The proposed induction plan was implemented in August 2023, the survey was repeated to the new HST cohort following induction via digital platform. Results of the survey were analysed via mixed methods (qualitative & quantitative).

Results. The surveys conducted in 2021 and 2023 were compared and there was an increase in response rate from 50% to 64%. The domains were devised from GMC standards and assessed by if staff had received everything in the domain within a week of starting their placement and results evaluated using a t-test.

Domain A is gaining access to places and system (keys, fobs, security passes, computers, ID badges, mobile phones, IT system). This significantly improved from 27% to 88% with a p-value of < 0.001.

Domain B is physical orientation of the setting (staff facilities such as lockers, parking, library, and site layout). This significantly improved from 45% to 88% with a p-value of < 0.018.

Domain C is gaining day to day knowledge (HR, rota, annual leave, study leave, pay-roll, mandatory training, e-expenses, and guardian of safe working). There was no significant change between 9% and 19% with a p-value of < 0.48.

Domain D is an understanding of expectations (duties and responsibility during working hours, on-call, team introduction). This significantly improved from 9% to 69% with a p-value of < 0.002.

HSTs were given the chance to add comments and the responses in 2023 were more positive "excellent induction compared to previous years" compared with 2021 when HSTs felt isolated and devalued "worst ever induction in whole career in NHS".

Conclusion. Overall, the results of the 2023 survey showed considerable improvement in all the key areas of induction within one week of starting the placement. Domain C demonstrates a challenge still and needs further work.

Enhancing Trauma-Informed Practice: A Quality Improvement Project in Healthcare Settings

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Aims. This pilot study addresses the implementation of trauma-informed practice within healthcare settings. Given the profound impact of trauma on individuals' health and well-being, there's an increasing recognition of the importance of integrating trauma-informed care into healthcare systems. This project aims to evaluate and enhance healthcare professionals' understanding, awareness, and confidence in implementing trauma-informed practices through targeted interventions.

Methods. The project initiated with a baseline assessment through surveys among healthcare professionals to gauge their initial understanding, awareness, and confidence levels in applying trauma-informed practices in their work environments (n = 9). Subsequently, a structured teaching session was conducted to provide education and training on trauma-informed care. Post-session, a reassessment survey measured improvements in awareness, understanding, and confidence levels (n = 5).

Following this, a visual aid – a comprehensive poster summarizing key aspects of trauma-informed practice – was created and displayed prominently in healthcare settings. A second cycle of the quality improvement initiative was undertaken, measuring outcomes after the implementation of the poster. Surveys were administered again to evaluate the impact of the visual aid on sustaining and further enhancing healthcare professionals' adherence to trauma-informed practices (n = 3).

Results. Post-teaching session assessments demonstrated a notable improvement in levels of awareness (44%), and confidence (56%) among healthcare professionals regarding trauma-informed practices, as well as recognition of signs & symptoms of trauma (44%). Subsequent to the poster's introduction, the second cycle of assessments showcased sustained levels of awareness, understanding, and confidence among the participants.

Conclusion. The project underscores the effectiveness of targeted interventions – educational sessions and visual aids – in augmenting healthcare professionals' understanding, awareness, and confidence in implementing trauma-informed practices. The improvement in these metrics post-interventions emphasizes the value of ongoing education and visual support tools in fostering a trauma-informed approach within healthcare settings. Embedding such practices can significantly impact patient care, fostering a more supportive and empathetic environment for individuals affected by trauma.

Review of Improvement in Enhanced Access Services for Mental Health Emergencies in NHS Grampian

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Aims.
1. Identify changes in the services rendered in the Enhanced access/emergency service following the previously suggested modifications.
2. Identify areas of possible improvement within the service to provide seamless emergency and out-of-hours mental health support to patients.
3. Evaluate adherence to current guidelines for the Enhanced access/emergency service.

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.

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.

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