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