

**Accreditation for Inpatient  
Mental Health Services (AIMS)**

**National Report for  
Working Age Acute Wards**

**July 2007 - July 2009**

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## Contents

<b>Background.....</b>	<b>2</b>
<b>This report.....</b>	<b>3</b>
<b>Section 1: Overall performance of the wards.....</b>	<b>4</b>
<b>Section 2: The characteristics of the wards.....</b>	<b>7</b>
<b>Section 3: Key themes: staff perspective.....</b>	<b>10</b>
<b>Section 4: Key themes: patient experience.....</b>	<b>11</b>
<b>Section 5: Key themes: carer perspective.....</b>	<b>13</b>
<b>Section 6: Actions and recommendations.....</b>	<b>15</b>
<b>Appendices: Data tables.....</b>	<b>17</b>

## Background

The Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) established Accreditation for Inpatient Mental Health Services (AIMS) in 2006 to promote better standards of care within acute mental health inpatient wards for working-age adults. AIMS works in partnership with the the Royal College of Nursing, the British Psychological Society, the College of Occupational Therapists and engages actively with service users and carers. Although AIMS accredits wards, its purpose is to promotes a culture of continuous quality improvement rather than one-off inspection.

Each AIMS cycle begins with a self- and peer-review, after which a decision is made about accreditation status. Accredited wards are provided with a full report and action plan and each ward undertakes a further self-review at two years to ensure they are maintaining standards and addressing the issues raised in the report/action plan. Once the ward has completed the full four-year cycle the process begins again. Further details can be found at [www.rcpsych.ac.uk/AIMS](http://www.rcpsych.ac.uk/AIMS).

The AIMS standards<sup>1</sup> are based on best available evidence and national guidance. They are reviewed by a multi-professional group annually (see appendix 3) and member wards are expected to update their practice in line with the revised standards. There are three types of standards:

- Type 1            are essential to safety, rights, privacy, dignity and/or the law and must be met for a ward to be accredited.
- Type 2            are those that an accredited ward would be expected to meet.
- Type 3            are aspirational, and would be met by an excellent ward.

For a ward to be accredited it must meet all Type 1, the majority of Type 2 and some Type 3 standards. To be accredited as excellent, a ward must meet all Type 1, at least 95% of Type 2 and the majority of Type 3 standards.

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<sup>1</sup> Cresswell, J. and Beavon, M. (2009) Standards for Acute Inpatient Wards – Working-Age Adults, Third Edition ([www.rcpsych.ac.uk/AIMS](http://www.rcpsych.ac.uk/AIMS)).

## **This Report**

This report summarises the work of AIMS up to May 2009.

- Section 1** gives an overview of the performance of AIMS wards, including their accreditation status and primary reasons for deferral.
- Section 2** describes the characteristics of the wards that completed the AIMS review process by the end of May 2009.
- Section 3** considers key themes that emerged from the ward staff who contributed information during the course of the AIMS review process.
- Section 4** considers key themes from the patient survey.
- Section 5** contains key themes from the carer survey.

The appendix lists the aggregated results for the 112 wards that had completed the AIMS process.

## Section 1

### Overall performance of the wards

Table 1 shows the accreditation status of the 145 wards that had enrolled with AIMS by May 31st 2009. One hundred and twenty- wards were located in England, 13 in Wales and one each in the Republic of Ireland, Jersey and the Isle of Man.

**Table 1: Status of member wards as of May 31<sup>st</sup> 2009**

Accredited as excellent		20
Accredited	First time	44
	Having first been deferred	27
Accreditation currently deferred		23
Not accredited		0
In self-/peer-review stage		31
<b>Total</b>		<b>145</b>

#### Accredited as excellent

There are approximately 280 AIMS standards. It is therefore a significant achievement for a ward to be accredited with excellence. The 20 wards that had achieved this status at May 31st 2009 are listed in table 2.

**Table 2: The 20 wards accredited as excellent as of May 31<sup>st</sup> 2009**

NHS Trust	Ward	Hospital
2gether NHS Foundation Trust	Dean	Wotton Lawn Hospital
5 Boroughs Partnership NHS Trust	Bridge	Halton Hospital
Cornwall Partnership NHS Trust	Bay	Longreach House
	Fletcher	Bodmin Hospital
East London NHS Foundation Trust	Emerald	Newham Centre for Mental Health
	Opal	
	Sapphire	
	Topaz	
Kent and Medway NHS and Social Care Partnership Trust	Amberwood	Little Brook Hospital
	Woodlands	
Oxleas NHS Foundation Trust	Avery	Queen Elizabeth Hospital
	Goddington	Princess Royal Hospital
South London and Maudsley NHS Trust	Alexandra House Ground Floor	Bethlem Royal Hospital
	Clare	Lewisham Hospital
	Gresham 2	Bethlem Royal Hospital
	John Dickson	Guys Hospital
Tees, Esk and Wear Valleys NHS Foundation Trust	Birch	West Park Hospital
	Cook	University Hospital of North Tees
	Lincoln	Sandwell Park
	Stephenson	University Hospital of North Tees

## Reasons for Deferral

Wards that fail to meet all Type 1 standards or the majority of Type 2 standards are deferred so that they can take the necessary corrective action to meet the requirement for accreditation. Fifty of the 114 wards that had completed the self- and peer-review stage by May 31<sup>st</sup> 2009 were deferred. Table 3 lists standards that caused three or more wards to be deferred – some wards were deferred for more than one reason. Twenty-seven of the deferred wards had successfully addressed the problems and gone on to achieve accreditation by May 31<sup>st</sup> 2009.

**Table 3: Type 1 standards that three or more wards failed to meet, resulting in deferral.**

Standard	No. Wards
<b>Documentation</b>	
The ward ascertains from the referring agency information as to the security of the patient's home, whereabouts of children/animals etc.	14
All assessments are documented, signed and dated by the assessing practitioner.	8
If a patient is identified as presenting with a risk of absconding, then a crisis plan is completed, which includes instructions for alerting carers and any other person who may be at risk.	8
The care plans are based on a comprehensive physical, psychological and social assessment, which includes a comprehensive risk and strengths assessment.	5
The immediate assessment of the patient's needs includes: <ul style="list-style-type: none"> <li>- identification of whether they may be predatory or likely to abuse or offend;</li> <li>- potential physical, psychological and social risks to themselves and/or others;</li> <li>- risk of self-harm;</li> <li>- level of substance use;</li> <li>- ethnicity;</li> <li>- employment status;</li> <li>- absconding risk;</li> <li>- gender needs;</li> <li>- assessment of mental capacity;</li> <li>- spiritual needs;</li> <li>- consent or refusal of consent to treatment.</li> </ul>	5
Where the patient is found to have a physical condition which may increase the risk to them of collapse or injury during restraint, this is: <ol style="list-style-type: none"> <li>a. clearly documented in their records;</li> <li>b. regularly reviewed;</li> <li>c. communicated to all MDT members;</li> <li>d. evaluated with them and, where appropriate, their carer/advocate.</li> </ol>	4
Any incident requiring rapid tranquillisation, physical intervention or seclusion is recorded contemporaneously, using a local template.	3
On the day of their admission or as soon as they are well enough, the patient is given a "welcome pack" or introductory booklet.	3
Patients have a comprehensive, ongoing assessment of risk to self and others with full involvement of client and their carer (if the patient gives consent).	3
<b>Communication</b>	
Patients receive information about the level of observation that they are under.	11
Each patient is invited to meet with a member of staff for one-to-one therapeutic contact for at least 15 minutes each waking shift.	6

Findings from risk assessments are communicated across relevant agencies and care settings, in accordance with the laws relating to patient confidentiality.	4
<b>Policies &amp; Protocols</b>	
There are clear and comprehensive policies and procedures regarding positive risk-taking and illicit drug use within the inpatient unit based on the relevant Department of Health guidance (2002).	10
On the day of their admission or as soon as they are well enough, informal patients are given written information on their rights, rights to advocacy and second opinion, right of access to interpreting services, professional roles and responsibilities and the complaints procedure.	8
There is a written mutual code of conduct for ward behaviour.	7
The ward has a strategy for the comprehensive care of patients with dual diagnosis.	7
<b>Training</b>	
All qualified nurses have been assessed as competent in the administration of medications.	8
Before being asked to carry out any clinical work, all staff receive mandatory training in fire, manual handling and basic life support	4
All ward staff are provided with study facilities and time.	3
<b>Environment</b>	
The internal design of the ward is arranged to promote a safe environment.	16
Potential ligature points are managed as part of individual and ward risk assessments.	8
An experienced member of staff is assigned daily to the floor to monitor patient interaction, observe for risk behaviour, and provide first point of contact to deal with patient needs in absence/unavailability of primary or allocated nurse.	5
Facilities ensure routes of safe entry and exit in the event of an emergency related to disturbed/violent behaviour.	5
Male and female patients have separate sleeping accommodation in separate areas of the ward.	4
Local systems ensure that case notes are securely stored and easy to access at all times.	3
<b>Staffing</b>	
Consideration of inpatient mix is given prior to admission.	7
At all times, a doctor is available to quickly attend an alert by staff members when interventions for the management of disturbed/violent behaviour are required, according to documented guidelines or within 30 minutes.	5
The ward has access to a named psychologist for consultation.	4

## Section 2

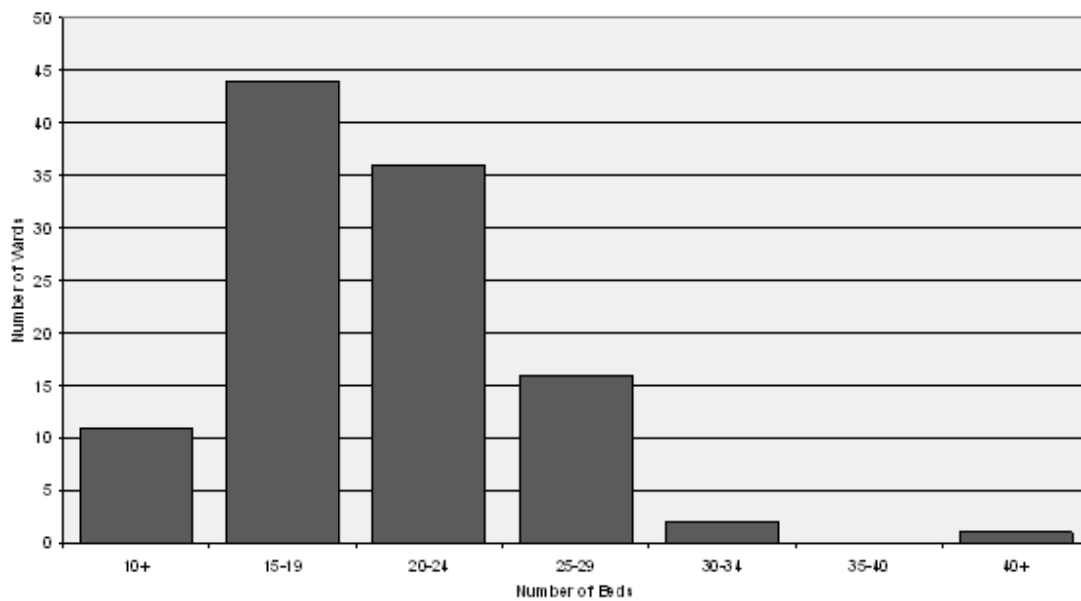
### The characteristics of the wards

One hundred and ten of the 114 wards which had completed the AIMS process by May 31st 2009 provided simple 'contextual data' to describe their ward.

#### Size of the wards

Figure 1 shows distribution of the number of beds per ward. The mean was 20 beds and all but three were in the range between 10 and 29 beds.

**Figure 1: Distribution of beds per ward**



## Staffing levels

Table 4 shows the mean number of qualified and unqualified nursing staff on wards of different sizes

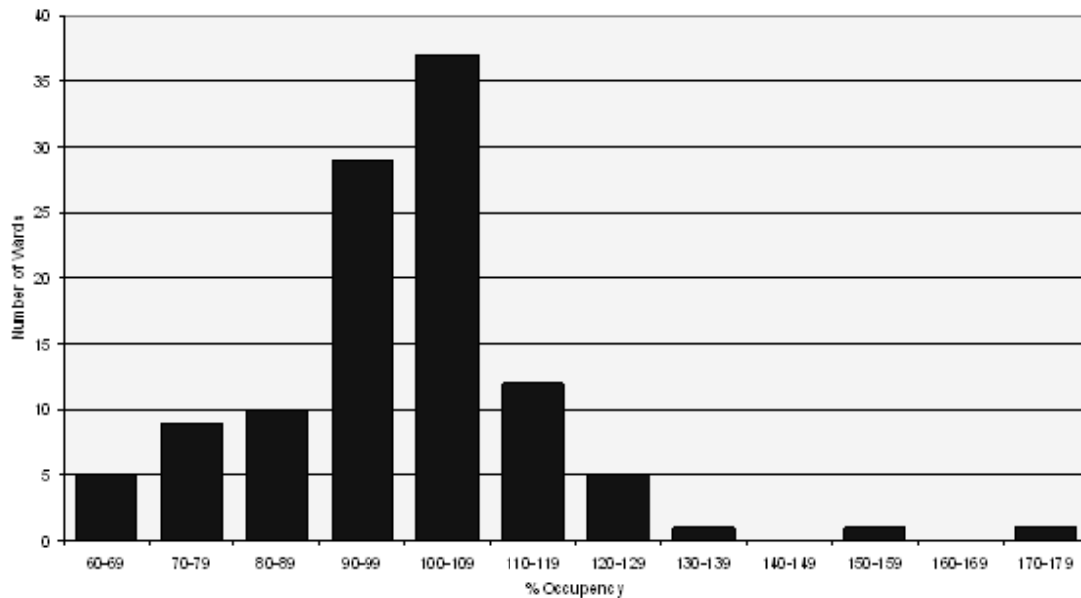
**Table 4: Number of nurses and nursing assistants on wards of different sizes.**

Number of beds	Number of Wards	Mean no. registered nurses (range 8-22)	Mean no. nursing assistants (range 5-19)	Ratio of nurses + NAs: beds
10-14	11	11	11	1.7:1
15-19	44	12	9	1.2:1
20-24	36	14	10	1.1:1
25-29	16	14	12	1:1
30-34	2	21	15	1:1
35-40				
40	1			

## Bed occupancy

Figure 2 shows the percentage bed occupancy levels for the wards. The wards calculated this by averaging their bed occupancy over a one year period, including 'on leave' beds.

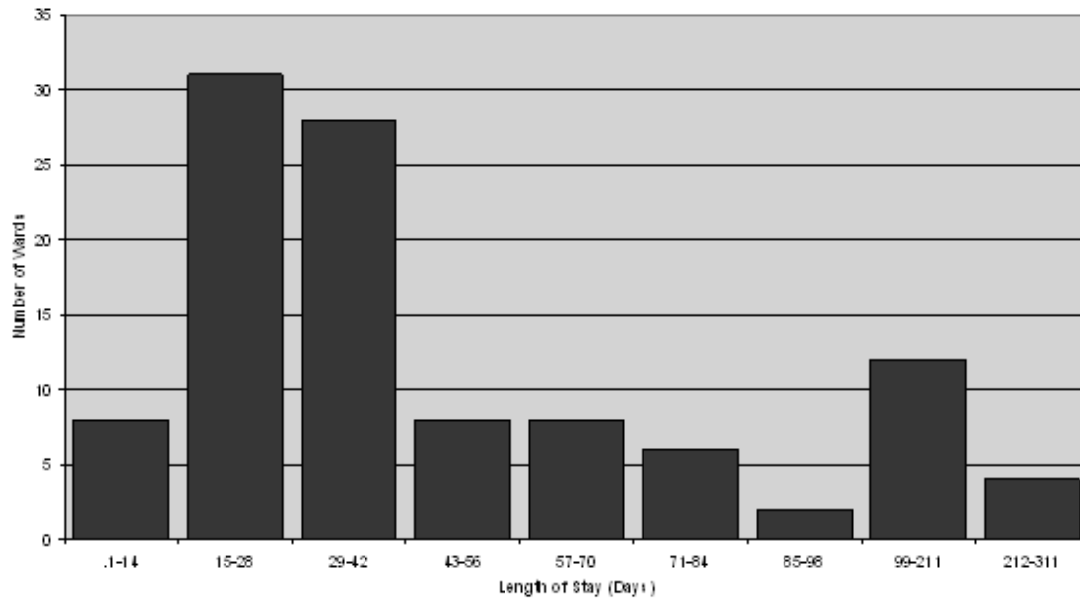
**Figure 2: Percentage bed occupancy levels**



The mean occupancy was 98% (range 60% - 174%). 57 wards (52%) had bed occupancy levels greater than 100%. Eighteen wards (16%) met the recommended level of 85% occupancy.

## Average length of stay

Figure 3: The distribution of length of stay of patients



Each ward provided data of the typical length of admission for the patients.

## Occupational therapy and psychology input

Of the 110 wards, 74 (68%) have input from occupational therapy on a regular sessional basis and 38 wards (35%) have regular input from a psychologist.

## Section 3

### Key themes: staff perspective

The AIMS review process engages actively with staff of all disciplines who work on the wards that are undergoing accreditation. The ward manager completes a detailed questionnaire and other ward staff a confidential survey as part of the self-review. Members of the peer-review team then have structured meetings ward staff during the one-day peer-review visit. The staff survey was completed by 1625 ward staff working on the 112 wards that completed the AIMS review process in 2007 and 2008.

The main themes that emerged from analysis of this input by ward staff were about the control of admissions to wards and staff development.<sup>2</sup>

#### Control of admissions and case-mix

All but one ward has agreed standards for the admission process and 96% of wards state that communication between the ward and the assessing team is sufficient to enable preparation by the ward for the admission. However, despite this, ward staff appear to have little or no control over who to admit and when to admit patients. One third of ward managers state that they are not able to defer or refuse an admission if they think that this would be inappropriate or unsafe. Most (93%) ward managers and other nursing staff (92%) have admitted patients who they consider to be inappropriate.

It seems that ward staff think that such 'inappropriate admissions' are inevitable, that they have no option but to accept an admission and then manage the situation regardless of the patient's illness or behaviour. This perhaps explains why 91 ward managers and 40% of ward staff do not take the inpatient mix on the ward into consideration before admitting a patient. In the opinion of frontline staff, they have limited opportunity to express concerns with senior managers over the effect of admissions practice on ward casemix.

#### Appraisal, supervision and training

Thirteen out of 112 Ward Managers and 18% of other ward staff had reported that they have not had an appraisal or do not have a personal development plan. Only one-half of all staff report that they receive supervision four-weekly or according to their professional guidance.

In relation to training, 24 out of 111 Ward Managers and 35% of staff have been refused training due to lack of staff cover.

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<sup>2</sup> The appendix to this report gives the detailed, aggregated results from which the themes have emerged.

## Section 4

### Key themes: patient experience

One thousand five hundred and forty six people who were patients on the wards returned the patient survey in 2007 and 2008. The most prominent theme to emerge from the patient survey was that of communication. The results suggest that many ward staff overlook the basic skills of talking, actively listening and information giving – both within the teams and to carers and patients. Other themes were medication and ward activities.

#### Communication and Engagement

Admission to an acute inpatient ward is a stressful experience for most patients, regardless of the reason for their admission and the means by which it occurs.

Most patients reported having been met by a member of staff when they arrived on the ward. However, one-quarter stated that they were not allocated a member of staff who would be their point of contact for the first few hours, and three out of ten patients were not shown around the ward. Although, according to staff, more than 90% of wards provide patients with a 'welcome pack' containing information about the ward and useful information relating to the admission, only 59% of patients report having received one. One-half of patients said that they did not receive information about their legal status and rights.

During the admission 83% of staff compared with just 60% of patients reported that staff involved patients in all decisions about their care. Nearly one-third of patients felt unable to involve the people they rely on for support in their assessments. Although 76% of wards met the standard for giving patients their care plan, only 56% of patients reported having received a copy. Just over one-quarter of patients said that staff did not give them feedback on the outcomes of ward rounds.

One-half of patients stated that they did not have supportive one-to-one sessions with staff for 15 minutes per waking shift (about one-third of staff agree that this does not happen). Also, according to the health record audit, about one-quarter of patients did not receive a minimum of twice-weekly documented sessions with their primary/allocated nurse to review their progress.

#### Medication

The health record audit suggests that in two thirds of cases the choice of medication is made jointly by the patient and the responsible clinician, based on an informed discussion of the relative benefits of the medication, the side effects and alternatives. Nearly 80% of patients felt they were consulted when their medication is reviewed.

However, practice around monitoring and managing side effects is less good. Only 63% of allocated nurses monitor any side effects of medication on a daily basis and, consistent with this, 42% of patients reported that staff did not explain side effects to them. This problem is compounded by the fact that one-half of the patients stated that they did not have access to a pharmacist to discuss medication if they requested it.

#### Ward activities

On nearly all wards, health care assistants, occupational therapy support workers, volunteers and activity workers facilitate a range of activities and on all but 20 wards staff

had planned and protected time to make sure activities and interventions are provided regularly and routinely.

However, a lower proportion of patients (65%) than staff (85%) reported that ward activities are developed and reviewed in consultation with patients. Also, the extent to which activities are provided varies greatly over the week – activities are provided 96% of the time during office hours on weekdays compared with 63% of the time at weekends and 61% in the evenings. This tallies with another theme that emerged from the patient survey, that of boredom – nothing to do all day.

## Section 5

### Key themes: carer perspective

The views of carers are elicited by a questionnaire which is returned directly to the central AIMS project team, or during the meeting that the peer-review team holds with carers. The response rate is lower than for other parts of the review. Consistent with this, many ward staff report that they find it difficult to engage carers in the AIMS process. The AIMS team has received 470 carer questionnaires from the 112 wards.

The questionnaire gives carers the opportunity to comments on any aspect of their involvement with the ward. Many of these comments show that many carers think that patients receive a good standard of care throughout admission (some examples are given in box 1).

#### Box 1: Positive comments by carers

I feel that the staff on [ward name] are most professional in their work and it is much appreciated. Thank you very much.

The care nurses on [ward and hospital name] are amazing. They have looked after [the patient] on and off for many years now and shown complete care and respect for her. It's just such a shame that the rest of the system lets her down. [patient identifying comments]. I totally admire the nurses' diligence and commitment. I just hope cutbacks don't stop these nurses doing what they are good at!

I wish to add that I am very impressed with the dedication and general attitude of all staff. They treat all of their patients with respect and compassion, and are without exception helpful at answering carers' queries and concerns. I can't praise them highly enough.

I have found the staff to be very friendly and approachable and would not hesitate to express any concerns I may have. I always feel welcome when I visit at all times and have been invited to ward rounds. I think it is very important to be included in what's going on as you can so easily feel isolated at times like this.

I feel the staff here bend over backwards to help you and keep you informed. Very helpful and understanding.

## Assessment of needs

Although, according to staff, three-quarters of the wards offer carers an assessment, only 41% of carers reported having received one that they had been signposted to an agency that would do this. Some staff and carers were unaware that this is a right for carers.

## Involvement in care and collaboration with practitioners

Forty percent of carers were not offered an interview with a staff member to establish views about ongoing and future involvement, one-third had felt unable to express their views during multi-disciplinary reviews and the same proportion were not involved in all aspects of the patient's discharge. Consequently, a substantial minority of carers thought that staff had not established their level of involvement with the patient (26%) nor their ability to collaborate with practitioners (36%).

Communication was also a theme that underpinned many of the free-text comments by carers (box 2).

### Box 2: Comments from carers about communication with ward staff

"Communications with my daughter and myself are extremely poor – e.g. assessment interviews cancelled but no-one told. Total lack of info on admission to ward. Not told about 'primary nurse' role. Not made aware of any procedures. I was told to back off and be less involved [patient identifying comments]. Some individuals are excellent - but unfortunately not all."

"Any information about the patient we have had to ask for."

"I have found the only time I have received any information is if I have asked."

"I feel the service my wife has received is very good. However, communication with myself has been lacking. Also inter-departmental communication could be better, i.e. between the ward team and the crisis team."

"My son is still in hospital, last time he was discharged I was not consulted. I heard when my son called me to say he had been taken off section and had been discharged. I then made a complaint to [this] Trust regarding this and other aspects of my son's treatment. This time I am sure more care will be taken and hopefully I will be kept better informed."

"Been given little information on everything."

"Contact was with carer support worker only, did not feel there was much interaction from nursing staff."

When last attended [ward name] a member of staff let me in, they never introduce themselves or asked if there is any questions I would like to ask about the patient I care for. If I want to know or ask anything I have always had to go and ask them, which I think is disgusting. Even when discharged they don't bother to inform you. I haven't got a good thing to say about the mental health system.

## Section 6

### Actions and recommendations

Our recommendations relate to the key themes identified from working with the first 114 AIMS wards. We will use the AIMS process to support their implementation.

#### Control of admissions and case-mix

1. **The central AIMS team** will consult with AIMS members to prepare a consensus-based, position paper on appropriate admissions to an acute ward. This will consider the circumstances under which it might be unsafe to admit a patient – these are likely to relate to the attributes of the patient and the ward milieu at the time - and how this might best be managed.
2. **The central AIMS team** will amend the review process to support uptake of any recommendations made by the position paper.

#### Appraisal, supervision and training

3. **Ward managers** should review the purpose of appraisal, supervision and training so that it meets the needs of the staff and the ward.
4. **AIMS peer-review** will enquire about implementation of recommendation 3 during peer-review visits.
5. **The AIMS standards review group** will review, and if necessary revise, the standards relating to staff development. It will also reconsider the typing of the standards (that is which standards should be considered essential for accreditation).
6. **The central AIMS team** will revise the self-review data collection process so that more accurate and detailed information is collected about appraisal, supervision and training.

#### Communication and Engagement with patients

7. **The AIMS standards review group** will review, and if necessary revise, the standards relating to the patient experience including issues relating to enabling effective communication.
8. **The central AIMS team** will work to develop and implement approaches to data collection that increase response rates for the patient questionnaire. The purpose is to increase response rates to the level that the results of the patient survey have greater influence on the decision about accreditation status.

#### Medication

9. **The central AIMS team** will ensure that the AIMS review process pays greater attention to the training of ward staff in aspects of medicines management and, in particular, the recognition and management of adverse effects of medication.

#### Ward activities

10. **Ward managers** should give higher priority to ensuring that activities occur on a regular basis and should make fuller use of available resources eg Star Wards<sup>3</sup>

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<sup>3</sup> [www.starwards.org.uk](http://www.starwards.org.uk)

## **Assessment of the needs of carers and their involvement in care**

**11.The central AIMS team** will work to develop and implement approaches to data collection that increase response rates for the carer questionnaire. The purpose is to increase response rates to the level that the results of the carer survey have greater influence on the decision about accreditation status.

## Appendix 1

The following tables contain the aggregated self-review data from the 112 wards which completed their audit in 2007 and 2008. They are divided into the sections used in the AIMS final reports. (NB: Some questions were only asked in 2007 or 2008).

### Key:

CQ: Carer questionnaire

PQ: Patient questionnaire

SQ: Staff questionnaire

WMQ: Ward Manager questionnaire

### Checklist

Standard	Statement/ Question	Total Respondents		Totals	% Yes	
2.8,2.9	There is a training budget to enable all staff to attend mandatory training.	110		108	98	
	There is a training budget to enable all staff to attend training relating to CPD & KSF.	109		106	97	
	WMQ: Is there training available to meet your professional requirements?	112		111	99	
	SQ: Is there training available to meet your professional requirements?		1114	Yes	1052	94
				No	62	
	WMQ: Do you have access to this?	112		110	98	
SQ: Do you have access to this?		1104	Yes	1020	92	
			No	84		
2.11	There is clinical leadership training for senior nurses.	110		107	97	
	There is clinical leadership training for psychiatrists.	107		92	86	
	There is clinical leadership training for other members of the MDT.	110		100	91	
	WMQ: Have you received clinical leadership training?	112		82	73	
	SQ: Have you ever received clinical leadership training?		1045	yes	296	28
no				749		
2.12	All new staff are allocated a mentor/preceptor and a record is kept of this.	110		103	94	
2.13	Before carrying out clinical work, all staff receive mandatory training in fire safety, manual handling and Basic Life Support, and a record is kept of this.	110		86	78	
2.14	All new staff are given an induction handbook.	110		102	93	
2.15	All staff are given information on Trust policies as part of the induction process.	109		109	100	
2.16	Staff have access to a ward-based reflective practice/staff support group	110		88	80	

	to discuss clinical work.				
2.17	Staff participate in an annual MDT team-building away day, facilitated by a management consultant/occupational psychologist.	109		44	40
3.1	There is a strategy to improve staff recruitment and retention.	108		91	84
3.2	Patients are involved in mental health recruitment and retention.	109		71	65
3.3	Carers are involved in mental health recruitment and retention.	109		42	39
	CQ: Have you ever been involved in the recruitment of staff to this ward?	468	yes no	19 449	0
3.4	There is a written policy on the use of agency/bank staff.	109		95	87
4.1	There is a strategy and policy for appraisal and supervision.	110		110	100
4.2	All staff receive an annual appraisal and personal development plan and a record is kept of this.	110		100	91
	WMO: Do you receive an annual appraisal?	112		99	88
	SQ: Do you receive an annual appraisal?	1582	yes no	1295 287	82
4.3	Supervision is included in the job description of all staff members.	110		104	95
4.6	All staff receive clinical supervision at least every 4 weeks.	110		64	58
	All qualified staff receive professional supervision regularly.	110		95	86
	SQ: Do you have clinical supervision every 4 weeks minimum?	1537	yes no	792 745	50
	SQ: Do you have professional supervision regularly?	1092	yes no	695 397	64
4.9	Supervisors receive appropriate training as agreed in local policy, taking into consideration profession-specific guidelines, and a record is kept of this.	110		99	90
5.1	The ward provides access to an advocacy service.	110		109	99
	PQ: Has it been explained to you what the advocacy service is and what it can do for you?	1508	yes no	836 672	55
5.2	The advocacy service is independent.	110		109	99
5.3	A range of types of advocacy is provided ensuring a choice of advocacy for patients.	109		97	89
6.1,6.2,6.3	There is a smoke-free policy for staff, which follows HDA guidance and best practice.	110		110	100
7.1	Systems are in place to promote the sharing of information between identified personnel and agencies in accordance with public protection and the Data Protection Act.	110		110	100
7.3,7.5	Communication between the ward and the assessing team is sufficient to enable preparation by the ward for an admission.	109		105	96

8.1	Bed occupancy is managed at a service level.	109		106	97
	There is a process for exceeding bed occupancy levels.	109		103	95
9.1	Managers and practitioners have agreed standards for the admission process.	109		108	99
9.2	The admission policy describes how decisions regarding the appropriate place of admission for older people is primarily based on mental and physical need.	107		80	75
9.3,9.4	There is a documented process in place for when a person under 18 years of age is admitted to the ward.	108		103	95
9.5	There are protocols for transfer or shared care between LD and generic mental health services.	107		84	79
9.9	On the day of their admission or as soon as they are well enough, the patient is given a "welcome pack" or introductory booklet.	109		101	93
	PQ: Did you receive a welcome pack or introductory booklet?	1531	yes no	635 896	41
9.10.	On the day of their admission or as soon as they are well enough, detained patients are given written information on their legal status and rights and this is documented.	109		109	100
9.11	On the day of their admission or as soon as they are well enough, informal patients are given written information on their legal status and rights.	108		72	67
9.10,9.11	PQ: Were you given written information on your legal status and your rights?	1443	yes no	727 716	50
10.10,10.11	A copy of the care plan is given to the patient, and to their carer if the patient agrees.	109		83	76
	PQ: Do you have a copy of your care plan?	1500	yes no	659 841	44
10.20.	The principal carer is offered an assessment of their own needs.	110		84	76
	CQ: Have you been offered an assessment of your own needs?	465	yes no	189 276	41
	CQ: Have staff established your level of involvement in the patient's care?	463	yes no	341 122	74
	CQ: Have staff established your ability to collaborate with practitioners?	450	yes no	289 161	64
10.21	The principal carer is offered an interview with a professional within three working days of the patient's admission.	109		76	70
	CQ: Were you offered an interview with a professional, within three days of the patient's admission, to discuss your views about ongoing and future involvement?	466	yes no	279 187	60

	CO: During this interview, were you offered an explanation and information sheet about ward procedures etc?	336	yes	215	64
			no	121	
	CO: During this interview, were you offered information on carer advocacy, welfare rights and mental health services?	333	yes	193	58
			no	140	
11.1	There is training available in:				
	Risk management and risk assessment.	110		108	98
	WMO: Have you received training in risk management and risk assessment?	111		108	97
	SQ: Have you received training in risk management and risk assessment?	1525	yes	1126	74
			no	399	
	How to assess capacity.	110		100	91
	WMO: Have you received training in how to assess capacity?	111		64	58
	SQ: Have you received training in how to assess capacity?	1467	yes	581	40
			no	886	
	Suicide awareness and prevention techniques.	110		101	92
	WMO: Have you received training in suicide awareness and prevention techniques?	111		93	84
	SQ: Have you received training in suicide awareness and prevention techniques?	1537	yes	875	57
			no	662	
	How to involve patients and carers.	109		85	78
	WMO: Have you received training in how to involve patients and carers?	110		69	63
	SQ: Have you received training in how to involve patients and carers?	1527	yes	831	54
			no	696	
	Care planning as part of the care management programme, including discharge planning.	110		99	90
	WMO: Have you received training in care planning as part of the care management programme, including discharge planning?	111		93	84
	SQ: Have you received training in care planning as part of the care management programme, including discharge planning?	1430	yes	890	62
		no	540		
The use of appropriate patient outcome measures such as HoNOS.	109		80	73	
WMO: Have you received training in the use of appropriate patient outcome measures such as HoNOS?	112		78	70	
SQ: Have you received training in the use of appropriate patient outcome measures such as HoNOS?	1623	yes	661	41	
		no	731		
Procedures for assessing carers' needs.	110		86	78	
WMO: Have you received training in procedures for assessing carers' needs?	112		55	49	
SQ: Have you received training in	1443	yes	560	39	

	procedures for assessing carers' needs?		no	883	
	Communication skills.	36	32		89
	WMO: Have you received training in communication skills?	36		35	97
	SQ: Have you received training in communication skills?	532	yes	408	77
			no	124	
	Physical health needs.	110		101	92
	WMO: Have you received training in physical health needs?	112		88	79
	SQ: Have you received training in physical health needs?	1529	yes	1015	66
			no	514	
	Processes of referral to other agencies.	36		26	72
	WMO: Have you received training in processes of referral to other agencies?	35		23	66
	SQ: Have you received training in processes of referral to other agencies?	498	yes	295	59
			no	194	
12.2	There is a clear mechanism for identifying unmet need.	110		97	88
12.3	There is a daily handover between the nursing staff, doctors and other relevant members of the MDT.	110		101	92
12.4	There is a nursing handover at every shift change.	110		110	100
12.5	Each handover contains a discussion of risk factors and patient needs.	109		108	99
	WMO: Does each handover contain a discussion of risk factors and patient needs?	111		109	98
	SQ: Does each handover contain a discussion of risk factors and patient needs?	1535	yes	1377	90
			no	158	
	WMO: Does each handover result in an MDT action plan for the shift?	112		91	81
	SQ: Does each handover result in an MDT action plan for the shift?	1066	yes	725	68
			no	341	
WMO: Does this contain individual and group responsibilities?	109		100	92	
SQ: Does this contain individual and group responsibilities?	997	yes	791	79	
		no	206		
14.1	Managers and practitioners have agreed standards for reviews.	108		100	93
14.2	A full multi-disciplinary ward round or equivalent review meeting occurs at least once a week.	110		110	100
14.3,14.4	There are standards for ward rounds (or equivalent review meetings).	112		102	91
14.5	A CPA review is held within one week of admission.	110		66	60
14.6	The care co-ordinator attends the first ward round (or equivalent).	110		81	74
14.7	At the first ward round (or equivalent) the MDT are introduced to the patient.	110		105	95
15.2	The patient is actively involved in developing their discharge plan.	110		108	98
15.3	The patient is actively involved in who	109		105	96

	takes part in discharge planning, including carers.				
	CO: Have you been involved in all aspects of the patient's discharge?	277	yes	195	70
			no	82	
15.4	The patient is given timely notification of transfer or discharge.	110		105	95
15.5	The patient is given a copy of a written aftercare plan, agreed on discharge.	110		89	81
15.7	Written copies of discharge plans are sent out to relevant parties within 7 days of discharge.	110		98	89
15.8	There is a procedure in place for patients who discharge themselves against medical advice.	110		106	96
15.9	Patients have access to weekly outreach visits to community centres promoting recovery and social inclusion.	110		69	63
15.10.	Patients have access to a weekly relapse prevention group following an evidence-based methodology.	110		49	45
16.1	All staff receive training in CPA.	110		92	84
17.1	Managers and practitioners have agreed standards for discharge planning.	110		106	96
18.2	The Ward Manager has control over the ward budget.	110		82	75
	WMQ: Do you have control over the ward budget?	111		74	67
18.5	There is an investment in the development of managerial and leadership competencies of Ward Managers and sister/charge nurses.	110		105	95
18.6	There is visible and accessible leadership on ward level, e.g. lead consultant, modern matron, nurse consultant.	109		107	98
19.1	The ward has input from the following services:				
	Psychology.	110		95	86
	Occupational Therapy.	110		108	98
	Social Work.	110		105	95
	Administration.	110		110	100
19.2	The ward has access to a named psychologist for consultation.	36		28	78
19.3	The ward has a referral process for outpatient psychology, CMHT-based or otherwise.	109		108	99
20.1	There is access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	110		109	99
20.2	The available administrative support meets the needs of the ward.	110		94	85
	WMQ: Do you have enough administrative support on the ward?	112		88	79
21.1	Each inpatient ward has its own dedicated lead consultant psychiatrist.	110		92	84

	The consultant psychiatrist provides input into key matters relating to inpatient service delivery.	110		106	96
21.2	At all times, a doctor is available to quickly attend an alert by staff members when interventions for the management of disturbed/violent behaviour are required according to documented guidelines.	110		92	84
21.3	Staff carrying out physical examinations are either of the same sex, or there is a same-sex chaperone present.	110		107	97
22.1	Staffing and skill mix are reviewed daily.	109		108	99
22.2	A suitably qualified, experienced and competent nurse is on all wards where there is a possibility of section 5(4) being invoked.	109		107	98
22.3	An experienced member of staff is daily assigned to the floor to monitor patient interaction, observe for risk behaviour and provide first point of contact to deal with patient needs in the absence/unavailability of the Primary Nurse.	110		100	91
23.2	Information leaflets about relevant psychiatric conditions are available.	109		104	
23.3	Information is available about mental health services that are available.	110		108	98
23.4	Information leaflets for patients are up to date and regularly supplied to all relevant service areas in sufficient quantity.	110		100	91
24.1	There are policies and procedures relating to the safety of patients.	110		108	98
24.2	Policies and procedures relating to the safety of patients are reviewed every two years as a minimum.	109		99	91
25.1	There is a regular and comprehensive general risk assessment to ensure the safety of the clinical environment.	110		108	98
25.2	There is a management plan to address any shortfalls in the safety of the clinical environment.	109		106	97
25.3	The ward complies with appropriate local and statutory health and safety legislation.	110		110	100
26.1	There is a policy on observation and engagement.	109		109	100
27.1	There is an operational policy on searching patients.	110		107	97
27.2	There is a mutual code of conduct for ward behaviour.	110		99	90
27.4	There are agreed protocols in place with the local police with regard to criminal incidents.	110		97	88
27.6	All education and training in the safe and therapeutic management of aggression and violence is based upon the recommendations contained in the	110		107	97

	interim Mental Health Policy Implementation Guide 2004 and the NICE Guideline, 2005.				
27.7	A crash bag is available within three minutes.	110		109	99
27.9	For those wards which use seclusion facilities, there is a clear written policy on the use of seclusion which complies with the MHA.	41		41	100
27.10.	There is a written policy on the use of restraint.	110		109	99
27.11	Any incident requiring rapid tranquillisation, physical intervention or seclusion is recorded contemporaneously, using a local template.	110		104	95
27.12	There is a policy which allows a thorough investigation of complaints, adverse incidents and near-misses, which ensures that lessons are learnt and acted upon.	110		110	100
27.13	All reporting procedures used across the Trust for physical and non-physical incidents adhere to directions issued by: - the Secretary of State through the Security Management Service (SMS); - the National Patient Safety Agency (NPSA) National Reporting a	109		106	97
27.14	The ward has mechanisms to document and monitor all incidents of violence and aggression.	110		110	100
27.15	There are systems in place to ensure that post-incident support and review are available and take place within a culture of learning lessons including the following groups: staff, patients, carers, visitors and other witnesses.	109		103	95
29.7	A collective response to alarm calls is agreed before incidents occur.	110		106	96
	WMQ: Are you aware of your role and the roles of others when the alarm system is activated?	112		110	98
	SQ: Are you aware of your role and the roles of others when the alarm system is activated?	1619	yes	1570	97
			no	49	
	WMQ: Do you rehearse this on a regular basis?	111		74	67
SQ: Do you rehearse this on a regular basis?	1551	yes	736	47	
		no	815		
29.8	Where risk assessment indicates, there is an established, reliable and effective means of communication during escorted leave etc. such as two-way radios or mobile phones.	110		94	85
	SQ: Do you have a means of communicating with the ward when you are escorting patients?	1493	yes	1210	81
			no	283	
	SQ: Do you feel that the appropriate risks are taken into account before escorting patients off the ward?	1542	yes	1435	93
			no	107	

	SQ: Do you feel safe when escorting patients?	1476	yes no	1361 115	92
30.1	The ward has a strategy for the comprehensive care of patients with dual diagnosis.	110		92	84
30.2	There are clear and comprehensive policies and procedures regarding positive risk taking and illicit drug use within the inpatient unit based on the relevant DH guidance (2002).	110		87	79
31.1	Medical National Standards (or equivalent) relating to the control and administration of medication are applied.	110		108	98
31.4	NMC standards for the administration of medicines are adhered to.	110		110	100
31.5	All qualified nurses have been assessed as competent in the administration of medications, and a record is kept of this.	107		93	87
32.3	All staff have received training in relation to confidentiality.	110		101	92
38.5	Patients' views on catering are measured as part of the Performance Assessment Framework.	109		92	84
39.2	Staff are able to take allocated breaks off the wards.	109		88	81
	WMO: Are you able to take allocated breaks off the ward?	112		88	79
	SQ: Are you able to take allocated breaks off the ward?	1513	yes no	959 554	63
40.5	There is a policy on the use of mobile phones, including camera phones.	110		90	82
42.10.	There is training available in conflict resolution/de-escalation.	110		109	99
	WMO: Have you received training in conflict resolution/ de-escalation	75		73	97
	SQ: Have you received training in conflict resolution/ de-escalation	1049	Yes no	912 137	87
42.11	There is training available in basic CBT.	109		99	91
	There is training available in other basic psychological therapies.	110		99	90
	WMO: Can the ward demonstrate that qualified staff from nursing, OT, psychiatry and clinical psychology professions are developing the necessary skills to provide a repertoire of <u>basic</u> psychological interventions in line with NICE guidance?	110		90	82
42.12	There is training available in a range of complex psychological therapies.	111		75	68
	WMO: Can the ward demonstrate that qualified staff from nursing, OT, psychiatry and clinical psychology professions receive ongoing training and supervision to provide a repertoire of <u>complex</u> psychological therapies in line with NICE guidance?	112		54	49

43.1	There is a policy for managing complaints.	110		110	100
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## Health Record Audit

Standard	Statement/ Question	Total Audit		Total	% Yes
7.6	Community assessment paperwork, including a community mental health assessment. A community risk assessment.	1567	yes	1403	90
			no	254	
7.7	Information as to the security of the patient's home, whereabouts of children/animals etc.	1436	yes	1148	80
			no	288	
7.4	A documented contact/link person in each agency involved with each patient.	1670	yes	1576	94
			no	94	
9.13	A documented basic structured medical assessment.	1731	yes	1629	94
			no	102	
10.8	A care plan which has been developed from a physical, psychological and social assessment, including risks and strengths.	1731	yes	1629	94
			no	102	
10.14	A management plan for risk/violent or abusive behaviour.	1406	yes	1250	89
			no	156	
13.3	An assessment of risk to self and others.	1700	yes	1668	98
			no	32	
10.13	A plan regarding the use of physical healthcare interventions.	1443	yes	1260	87
			no	183	
10.15	For patients who are at risk of absconding, a crisis plan is documented.	932	yes	752	81
			no	180	
10.19	The patient's main carer(s) are identified and contact details recorded.	1636	yes	1580	97
			no	56	
15.1	A proposed discharge plan is initiated and documented at the time of admission.	1683	yes	892	53
			no	791	
10.5,10.7	The patient meets with their primary nurse to complete the initial assessment and negotiate their care plan within the first 72 hours following admission.	1712	yes	1533	90
			no	179	
10.12	All assessments are documented, signed and dated by the assessing practitioner.	1703	yes	1613	95
			no	90	
9.14	Any further targeted examinations are documented and a named individual is responsible for follow up.	1472	yes	1361	92
			no	111	
10.16	Relevant findings from risk assessments are communicated across agencies and care settings and this is documented.	1476	yes	1591	93
			no	85	
10.17	The choice of medication is made jointly by the patient and the responsible clinician based on an informed discussion of the relative benefits of the medication, the side-	1682	yes	1180	70
			no	502	

	effects and alternatives and this is documented.				
10.6	When clinical needs are identified, referrals to appropriate services are made within a specified time limit and the referral is recorded in the patient's notes.	1538	yes	1500	98
			no	38	
13.1	Patients have minimum twice-weekly documented sessions with their Primary/allocated Nurse to review their progress.	1710	yes	1328	78
			no	382	
13.2	Risk management plans are reviewed at a minimum frequency of once a month and updated accordingly in collaboration with the patient (wherever possible) and their carer (where appropriate).	1668	yes	1456	87
			no	212	
13.4	The patient's Primary/allocated Nurse monitors the tolerability and side-effects of medication on a daily basis and this is documented.	1702	yes	1073	63
			no	629	
13.5	The responsible clinician and the Primary Nurse monitor the therapeutic response of medication on a weekly basis and this is documented.	1708	yes	1585	93
			no	123	
15.6	Prior to discharge, the date of the next CPA review or other review date is recorded in the notes and communicated to the patient and members of the MDT.	1436	yes	1189	83
			no	247	

## Environment and Facilities Audit

Standard	Statement/ Question	Total Respondents	Total yes	% Yes
7.2,32.1,3 2.2	Case notes are securely stored.	111	111	100
	Case notes are easy to access by staff.	112	111	99
10.4	Assessments take place at a time and in an environment that is acceptable to all parties.	112	105	94
27.8	There is a crash bag on the ward: this is checked weekly, and this is documented.	112	106	95
28.1	The internal design of the ward is arranged to promote a safe environment.	111	90	81
	Sight lines are unimpeded.	112	52	46
	Measures are taken to address blind spots within the facility.	112	80	71
	All likely ligature points are removed or made safe.	35	34	97
28.2	The design of windows considers safety and patient comfort.	111	89	80
28.3	Facilities ensure routes of safe entry and exit in the event of an emergency related to disturbed/violent behaviour.	110	100	91
28.4	There is secure, lockable access to a patient's room, with external staff override.	111	86	77
Alarm systems or call buttons are:				
29.1	Available on the ward.	112	111	99
29.2	Accessible to staff.	112	111	99

29.3	Accessible to patients.	112	81	72
	Accessible to visitors.	112	82	73
29.4	Checked and serviced regularly.	112	108	96
29.5	Accessible in interview rooms, reception areas and other areas where one patient and one staff member work together.	112	103	92
29.6	Furniture is arranged so that alarms can be reached and doors are not obstructed.	112	110	98
33.1,39.3	All staff have access to lockable storage.	112	81	72
33.2	All patients have access to lockable storage.	112	88	79
34.1	The ward is open and does not unnecessarily restrict patients.	110	78	71
35.1	The hospital is accessible by public transport.	112	110	98
35.2	The ward has direct access to an associated landscaped area for exercise and access to fresh air.	112	94	84
	The outside area also has seating.			
35.3	The ward is not accommodated on more than two floors.	112	90	80
35.4	Areas which need to be quiet are located as far away as possible from any sources of unavoidable noise.	112	94	84
35.5	There is at least one room for interviewing and meeting with individual patients.	112	110	98
35.6	There are sufficient numbers of large and small rooms for individual and group work and meetings when needed.	112	92	82
35.7	There is a specific room for physical examination and minor medical procedures.	112	93	83
35.8	There is a room for patients to receive visits from children.	111	103	93
35.9	Patients have access to the following:			
	Gym.	111	78	70
	Library facilities.	112	72	64
	Music room.	112	70	63
	Computer room.	112	82	73
	Multi-faith prayer/worship room.	112	93	83
	Private phone kiosk.	111	77	69
	Bank facilities.	112	90	80
	Canteen.	112	97	87
Basic shop.	112	93	83	
35.10.	There is a separate area to receive patients with police escorts.	112	71	63
35.11	The ward is able to control light.	112	104	93
35.12	The ward is able to control temperature.	112	54	48
35.13	The ward is able to control ventilation.	112	86	77
35.14	The ward is able to control noise.	112	79	70
35.15	There is a designated area or room that staff may consider using, with the patients agreement, specifically for the purpose of reducing arousal and/or agitation. This area is in addition to the seclusion room.	111	64	58
35.16	In services where seclusion is practiced, there is a designated room fit for the purpose.			
	The seclusion room:	32	29	91
	Allows clear observations.	32	30	94
	Is well insulated and ventilated.	32	30	94
	Has access to toilet/washing facilities.	32	25	78
	Is able to withstand attack/damage.	32	30	94
35.17	The ward environment is sufficiently flexible	87	80	92

	to allow for specific individual needs in relation to gender.			
35.18	The ward environment is sufficiently flexible to allow for specific individual needs in relation to ethnicity.	111	104	94
35.19	The ward environment is sufficiently flexible to allow for specific individual needs in relation to disability.	111	96	86
35.20.	Male and female patients have separate sleeping accommodation.	79	67	85
35.21	All bedrooms are fitted with dimmer switches, one located inside and the other outside the room, to control bedroom lights.	112	38	34
36.1	The ward offers a range of semi-private and public spaces outside the private bedroom, which allow people a different level of participation with the life of the ward.	111	104	94
36.2	There are women-only and men-only lounge areas.	80	47	59
36.3	There is access to the day room at night for patients who cannot sleep.	112	106	95
36.4	Social spaces are located to provide views into external areas.	112	102	91
36.5	There is a quiet room with a variety of comfortable chairs.	112	92	82
37.1	Patients have access to resources to meet ethnic-specific needs e.g. Afro-combs, hairdressers.	112	78	70
37.2	Patients can access resources that enable them to meet their individual self-care needs.	112	112	100
37.3	Patients have access to items associated with specific cultural, religious or spiritual practices, e.g. covered copies of the Koran, Bible.	112	95	85
38.1	There is a dining area big enough for staff, patients and visitors to sit together.	111	91	82
38.2	There is water/soft drinks available to patients 24 hours a day.	112	112	100
38.3	Hot drinks are available to patients 24 hours a day upon request.	112	104	93
38.4	The dining room is reserved for dining only during allocated mealtimes.	111	105	95
39.1	Ward-based staff have access to a separate staff room with tea/coffee making facilities.	112	90	80
40.4	In spaces where personal and confidential discussions are held, such as interview rooms and consulting/examination/ treatment spaces conversations cannot be heard outside of the room.	112	100	89
41.17	Patients have access to the following:			
	Magazines.	112	102	91
	Newspapers.	112	103	92
	Board games.	112	110	98
	Cards.	112	108	96
	A TV and VCR/DVD with videos/DVDs.	112	112	100

## Ward Manager and Staff Questionnaires

Standard	Statement/ Question	Total Respondents		Total	% Yes
1.1	WMQ: Are the staff on the ward consulted about policies, guidelines and procedures that relate to practice on the ward?	111		100	90
	SQ: Are you consulted about policies, procedures and guidelines that affect your practice?	1113	yes no	861 252	77
1.2,1.3	WMQ: Are policies, procedures and guidelines easily accessible to all staff on the ward?	111		110	
	SQ: Are you able to access policies, procedures and guidelines easily, in a format which is easy to understand/use?	1625	yes no	1579 46	97
2.2	WMQ: Are levels of sickness due to work-related injuries monitored?	112		109	97
2.4	WMQ: Do all ward staff have access to work-related counselling?	112		109	97
2.5,2.6	WMQ: In the clinical area, do you have access to:				
	Study facilities?	111		92	83
	Trust intranet?	111		110	99
	Online Journals?	112		102	91
	SQ: In the clinical area, do you have access to:				
	Study facilities?	1559	yes no	1199 360	77
	Trust intranet?	1602	yes no	1541 61	96
	Online Journals?	1517	yes no	1167 350	77
	WMQ: Do you have enough allocated time to use these?	109		60	55
	SQ: Do you have enough allocated time to use these?	1540	yes no	629 911	41
2.7	WMQ: Do you engage in clinical governance work such as relevant audit and research?	111		108	97
	SQ: Do you engage in clinical governance work such as relevant audit and research?	1058	yes no	628 430	59
	WMQ: Do you have enough allocated time to do this?	107		66	62
	SQ: Do you have enough allocated time to do this?	792	yes no	364 428	46
2.10.	WMQ: Have you ever been refused training opportunities due to:				
	Lack of staff cover?	111		24	22
	Study considered inappropriate?	110		7	0
	Lack of funding?	111		16	14
	SQ: Have you ever been refused training opportunities due to:				
	Lack of staff cover?	1551	yes no	536 1015	35
	Study considered inappropriate?	1467	yes no	197 1270	13
Lack of funding?	1499	yes no	388 1111	26	
3.5	WMQ: Are prompt arrangements in place for temporary staff cover for vacancies or long-term sickness?	112		84	75

	WMQ: Have you ever had difficulty recruiting temporary staff cover for the above due to:				
	Financial restraints?	109		34	31
	Lack of appropriate temporary staff?	112		76	68
4.7	SQ: If you have been working on the ward for 6 months or less, do you receive supervision weekly?	555	yes	154	28
			no	401	
4.10.	WMQ: Are you able to access emergency ad hoc supervision if required?	112		110	98
	SQ: Are you able to access emergency ad hoc supervision if required?	1516	yes	1330	88
			no	186	
4.11	WMQ: Are you able to contact a senior member of staff if and when required?	111		110	99
	SQ: Are you able to contact a senior member of staff if and when required?	1636	yes	1618	99
			no	16	
8.2	WMQ: Do you take into consideration the inpatient mix before admitting a patient?	109		91	83
	SQ: Do you take into consideration the inpatient mix before admitting a patient?	929	yes	553	60
			no	376	
	WMQ: Do you have a process in place to defer/refuse admission if it is felt that the admission is inappropriate/unsafe?	111		85	
	SQ: Do you have a process in place to defer/refuse admission if it is felt that the admission is inappropriate/unsafe?	974	yes	585	60
			no	389	
8.3	WMQ: Have patients been admitted to the ward who you consider inappropriate?	111		103	93
	SQ: Have patients been admitted to the ward who you consider inappropriate?	1072	yes	981	92
			no	91	
8.3	SQ: When a patient is sent on leave, do you explain that they may not be able to return to the same bed?	1017	yes	826	81
			no	191	
9.12	SQ: On the day of their admission, or as soon as they are well enough, is each patient told the name of their Primary Nurse and how to arrange to meet with them?	1049	yes	1033	98
			no	16	
10.9	WMQ: Are the patients informed of the process of how and when they may access their current records if they wish to do so?	110		105	95
	SQ: Is each patient informed of the process of how and when they may access their current records if they wish to do so?	1036	yes	724	70
			no	312	
	PQ: Have you been told how to access your current records if you want to?	1518	yes	527	35
		no	991		
	WMQ: Do you inform your patients of the standards for ward rounds?	109		83	76
	SQ: Do you inform your patients of	998	yes	818	82

	the standards for ward rounds?		no	180	
16.2	WMQ: Do you feel that you have enough knowledge of local resources to support the patients on discharge?	111		105	95
	SQ: Do you feel that you have enough knowledge of local resources to support patients on discharge?	1039	yes	832	80
			no	207	
	WMQ: Do you feel that you have enough knowledge of local resources to support carers on discharge?	111		86	77
SQ: Do you feel that you have enough knowledge of local resources to support carers on discharge?	1030	yes	651	63	
		no	379		
17.2	WMQ: Does each patient's allocated CMHT care co-ordinator/CPN visit the patient on the ward during the two weeks prior to discharge?	111		67	60
18.1	SQ: Is the nurse in charge of the shift the point of contact for consultation, negotiation and decision making for all operational matters?	1588	yes	1376	87
			no	212	
18.3	WMQ: Are there clear lines of accountability within and across disciplines?	110		109	99
	SQ: Are you aware of your level of authority and what decisions you can or cannot make?	1630	yes	1573	97
			no	57	
18.4	WMQ: Are you able to access professional and managerial advice as necessary?	111		110	99
41.2,41.3,42.2	WMQ: Are systems in place to regularly review the quality and provision of therapeutic activities?	110		88	80
	WMQ: Are systems in place to regularly review the quality and provision of social activities?	110		84	76
41.4,42.7	SQ: Does each patient have one-to-one sessions for at least 15 minutes with staff each waking shift?	1501	yes	1053	70
			no	448	
	PQ: Do you have supportive one-to-one sessions with staff for at least 15 minutes every day?	1480	yes	768	52
			no	712	
41.5	SQ: Is each patient offered supportive counselling for a minimum of 1 hour per week?	1421	yes	861	61
			no	560	
	PQ: Have you been offered supportive counselling for at least 1 hour per week?	1446	yes	547	38
			no	899	
41.6	WMQ: Are all patients offered specific psychosocial interventions appropriate to their presenting needs, and in accordance with national standards?	109		78	72
41.7	WMQ: Do inpatients have access to specialist practitioners of psychological interventions up to one session per week?	108		70	65
41.8	WMQ: Do inpatients have access to specialist practitioners of	106		36	34

	psychological interventions more than one session per week?				
41.9	WMO: Are inpatients offered a range of three or more psychological interventions, in line with current evidence?	112		45	40
41.14	SQ: Are the activities developed and reviewed in consultation with patients?	1538	yes	1313	85
			no	225	
41.15	SQ: Are gender-sensitive groups provided?	1407	yes	921	65
			no	486	
41.16	SQ: Are group activities protected and not interrupted?	1534	yes	1170	76
			no	364	
41.18	SQ: Are patients able to leave the ward to attend activities elsewhere in the building and, with appropriate supports and escorts, to access usable outdoor space every day?	1582	yes	1453	92
			no	129	
	PQ: Are you able to leave the ward to attend other activities?	1473	yes	1174	80
			no	299	
41.19	SQ: Are patients supported and encouraged to access local organisations, advocacy projects, religious and cultural groups from their own community?	1573	yes	1469	93
			no	104	
41.2	SQ: Do patients have access to evidence-based local complementary therapies, delivered by trained practitioners, in accordance with local policy and procedures?	1503	yes	928	62
			no	575	
	PQ: Have you received any complementary therapies?	1455	yes	659	45
			no	796	
42.1	WMO: Are staff given planned and protected time to make sure activities and interventions are provided regularly and routinely?	111		91	82
	SQ: Are staff given planned and protected time to make sure activities and interventions are provided regularly and routinely?	1547	yes	1067	69
			no	480	
42.4	WMO: Are Healthcare Assistants, OT support workers, volunteers and activity workers involved in facilitating a broad range of activities?	111		106	96
	SQ: Are Healthcare Assistants, OT support workers, volunteers and activity workers involved in facilitating a broad range of activities?	1596	yes	1440	90
			no	156	
42.5	SQ: During the delivery of the formal therapeutic programme, is there at least one member of staff in each group and activity, and others available if needed?	1561	yes	1362	87
			no	199	
42.6	WMO: Is there at least one suitably experienced practitioner on duty during the main daily therapeutic programme?	111		106	96

	SQ: Is there at least one suitably experienced practitioner on duty during the main daily therapeutic programme?	1075	yes	995	93
			no	80	
42.8	SQ: In addition to one-to-one therapeutic contact, is each patient invited to attend therapeutic group contact with both staff and fellow patients for at least one half hour each day?	1059	yes	775	73
			no	284	
	PQ: Have you been invited to attend therapeutic group sessions?	1479	yes	1125	76
			no	354	
42.13	WMQ: Is at least one staff member from the ward developing at least one complex psychological therapy?	111		67	60
43.4	WMQ: Does the ward have evidence of audit, action and feedback from complaints?	111		97	87
44.2	WMQ: Does the ward have a weekly/fortnightly partnership forum - which includes the MDT, patient representative(s), manager(s) and patient advocacy - to discuss how the unit is functioning?	112		39	35

## Carer and Patient Questionnaires

Standard	Statement/ Question	Total Respondents		Total	% Yes
9.6	PQ: When you arrived on the ward, were you greeted by a member of staff?	1546	yes	1432	93
			no	114	
	CQ: When you first arrived on the ward, were you greeted by a member of staff?	470	yes	436	93
			no	34	
9.7	PQ: Were you introduced to a member of staff who would be your point of contact for the first few hours?	1523	yes	1158	76
			no	365	
9.8	PQ: Were you shown around the ward?	1551	yes	1152	74
			no	399	
10.1	WMQ: Do you involve your patients in all decisions about their care?	33		30	91
	SQ: Do you involve patients in all decisions about their care?	491	yes	409	83
			no	82	
PQ: Have you felt involved in all the decisions made about your care?	544	yes	328	60	
		no	216		
10.2	PQ: Were you told about when, where and with whom information about you would be shared?	1507	yes	819	54
			no	688	
10.3	PQ: Were you able to involve all the people you rely on for support in your assessments?	1480	yes	1033	70
			no	447	
13.6	PQ: Do the staff give you feedback on actions or decisions made regarding your care after ward reviews/ward rounds?	1485	yes	1104	74
			no	381	
13.7	CQ: Have you been able to express	451	yes	308	68

	your views at multi-disciplinary reviews?		no	143	
13.8	PQ: Do you have the opportunity to meet with your consultant psychiatrist other than during the ward reviews/ward rounds?	1487	yes	837	56
			no	650	
23.1	PQ: When the staff are talking to you, do they use medical terms which you can understand?	1521	yes	1171	77
			no	350	
	PQ: If you cannot understand what staff are talking about, do you feel able to ask them to explain?	1516	yes	1350	89
			no	166	
26.2	PQ: Have you received any information about the level of observation you are under?	1523	yes	857	56
			no	666	
27.3	WMO: Do you monitor adherence to the code of conduct for ward behaviour?	109		100	92
	SQ: Do you explain the code of conduct for ward behaviour to your patients when they are admitted?	1028	yes	911	89
			no	117	
31.2	PQ: When the staff are giving you your medication, do you feel that your privacy, dignity and confidentiality are taken into account?	1534	yes	1193	78
			no	341	
31.3	PQ: Are you able to discuss your medication with the staff?	1546	yes	1375	89
			no	171	
	PQ: Did they explain any limitations of the medication?	1499	yes	899	60
			no	600	
	PQ: Did they explain any side-effects of the medication?	1525	yes	881	58
			no	644	
	PQ: Do the ward staff assist you to manage your medication yourself as far as possible?	1493	yes	987	66
			no	506	
31.6	PQ: Do you have access to a pharmacist to discuss your medication if you request it?	1459	yes	822	56
			no	637	
31.7	PQ: When your medication is reviewed, are you consulted about this?	1465	yes	1155	79
			no	310	
	PQ: Are your opinions or concerns taken into account?	1346	yes	1036	77
			no	310	
40.1	PQ: Do you feel that the staff respect your personal space?	531	yes	442	83
			no	89	
40.2	PQ: Are you able to wash and use the toilet in private?	1528	yes	1452	95
			no	76	
	PQ: If not, have the staff explained why?	253	yes	180	71
			no	73	
40.3	PQ: Are you able to use a telephone in private?	1499	yes	1181	79
			no	318	
	PQ: If not, have the staff explained why?	396	yes	217	55
			no	179	
41.1	SQ: Are patients involved in negotiating their own therapy/activity programme?	1568	yes	1450	92
			no	118	
	PQ: Have you had the opportunity to negotiate your therapy programme?	1432	yes	881	62
			no	551	
41.11	SQ: Are activities provided daily (Monday to Friday)?	1591	yes	1529	96
			no	62	

41.12	SQ: Are activities provided at weekends?	1525	yes	962	63
			no	563	
41.13	SQ: Are activities provided during evenings?	1504	yes	910	61
			no	594	
41.21	SQ: Do patients have access to therapy materials/equipment when requested?	1567	yes	1413	90
			no	154	
	PQ: Are you able to access therapy materials or equipment, if you request them?	1293	yes	987	76
			no	306	
43.2	SQ: Do you advise patients of the complaints procedure?	1089	yes	1064	98
			no	25	
	PQ: Have the staff informed you how to make a complaint if you need to?	1480	yes	834	56
			no	646	
44.1	WMQ: Does the ward have a minuted weekly patient community/business meeting facilitated by patients or staff and attended by a senior member of staff and/or PALS representative, patient advocate etc?	112		101	90

## Appendix 2

**Table of wards in order of overall standards met (percentages rounded to two decimal points)**

Ward Number	No. Standards Met	% Standards Met
107	273/273	100
95	274/275	99.64
94	274/275	99.64
68	273/275	99.27
69	271/275	98.55
67	271/275	98.55
31	260/264	98.48
65	268/273	98.17
143	264/271	97.42
26	258/266	96.99
88	262/271	96.68
46	255/264	96.59
25	256/266	96.24
47	254/264	96.21
126	262/273	95.97
87	260/271	95.94
61	261/273	95.60
97	259/271	95.57
96	259/271	95.57
101	260/273	95.24
24	248/261	95.02
110	259/273	94.87
114	259/274	94.87
38	250/264	94.7
117	258/273	94.51
19	249/264	94.32
144	254/270	94.07
116	255/273	93.41
11	260/279	93.19
82	254/273	93.04
109	253/273	92.67
42	246/266	92.48
124	252/273	92.31
86	252/273	92.31
111	253/275	92
98	250/273	91.58
72	249/273	91.21
100	248/273	90.84
118	248/273	90.84
113	248/273	90.84

Ward Number	No. Standards Met	% Standards Met
39	232/264	87.88
41	232/265	87.55
70	239/273	87.55
63	237/271	87.45
36	225/258	87.21
40	230/264	87.12
56	235/271	86.72
79	235/271	86.72
51	228/263	86.69
20	225/260	86.54
28	228/264	86.36
62	234/271	86.35
64	236/274	86.13
22	227/264	85.98
53	233/271	85.98
9	239/279	85.66
12	239/279	85.66
52	231/271	85.24
30	225/264	85.23
1	236/279	84.59
55	229/271	84.5
78	230/274	83.94
14	231/276	83.7
74	226/271	83.39
106	225/271	83.03
49	219/264	82.95
16	229/277	82.67
6	229/278	82.37
83	224/273	82.05
81	224/273	82.05
33	218/266	81.95
23	212/260	81.54
90	222/273	81.32
75	221/273	80.95
66	219/271	80.81
43	213/264	80.68
3	225/279	80.65
27	212/264	80.30
59	219/273	80.22
84	219/273	80.22

7	249/275	90.55
48	239/264	90.53
37	239/264	90.53
54	247/273	90.48
4	252/279	90.32
71	246/273	90.11
93	244/271	90.04
80	244/271	90.04
119	245/273	89.74
21	234/262	89.31
45	235/264	89.02
89	243/273	89.01
32	236/266	88.72
73	242/273	88.64
91	242/273	88.64
2	247/279	88.53
5	244/276	88.41
92	239/271	88.19

77	218/272	80.15
58	218/273	79.85
10	218/279	78.14
18	206/264	78.03
103	214/275	77.82
60	211/273	77.29
102	210/275	76.36
15	208/277	75.09
44	198/266	74.44
17	196/264	74.24
57	202/273	73.99
76	195/273	71.43
13	199/279	71.33
105	181/273	66.30
29	171/264	64.77
8	163/278	58.63
50	149/264	56.44

### Appendix 3

#### AAC (as of May 2009)

Dr Phil Anscombe	Clinical Psychologist
Mr Godwin Calafato	Carer Representative
Ms Samantha Dewis	Clinical Lead Occupational Therapist
Dr Lenny Fagin	Consultant Psychiatrist
Ms Tracy Flanagan	Nurse Consultant
Mr Angus Forsyth	Nurse Consultant
Ms Julie Grainger	Clinical Lead Occupational Therapist
Mrs Sarah King	Service User Representative
Mr Nick Nalladorai	Carer Representative
Dr Mark Salter	Psychiatrist
Dr Trevor Turner	Consultant Psychiatrist (Chair)
Dr Jonathan West	Consultant Psychiatrist

#### Reference Group (2008)

Dr Robert Baskind	AIMS SpR
Ms Helen Bennett	Head of Mental Health Nursing
Ms Anna Burke	Clinical Lead - Mental Health
Mr Godwin Calafato	Carer Representative (Chair)
Ms Rachel Christian-Edwards	Head Occupational Therapist
Dr John Hanna	Consultant Clinical Psychologist
Ms Marion Janner	Service User Representative
Dr Paul Lelliott	CRTU Director
Mrs Elizabeth Moody	Associate Director of Nursing
Ms Yvonne Stoddart	Director, National Acute Mental Health Project, CSIP
Mr Adrian Worrall	Head of CCQI
Mr Norman Young	Lecturer/Practitioner in Mental Health Nursing

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