PICU
QUALITY NETWORK FOR
PSYCHIATRIC INTENSIVE CARE UNITS

ISSUE 3, November 2019

This Issue

WELCOME

Welcome to the autumn/winter edition of the Quality Network for Psychiatric Intensive Care Units' newsletter. We have several interesting articles for you and on a variety of topics – thank you to those that took the time to contribute and share practice!

We're now at the end of the first year of developmental reviews. These reviews maintain a peer-review style, however services do not go before an accreditation committee. The process is supportive and allows services to engage in a quality improvement programme without the scrutiny of accreditation. We have received excellent feedback from pilot members and engagement was brilliant. This membership option also allows for detailed benchmarking opportunities, and we will be publishing findings and good practice from the membership by the end of the year. From 2020, all new members will be expected to start membership on the developmental cycle before they can go forward with accreditation. We hope this will help services to make improvements and reach the expected level of accreditation, before undergoing the accreditation process. Thank you to those services that took part in the pilot phase!

Importantly, we are reviewing the PICU standards and need our members input! This event will be held on Thursday 19 December. We need advice from our members to ensure we are capturing meaningful and relevant standards. Lunch will be provided, and it is another fantastic opportunity to network with other PICU colleagues.

In October we hosted our second annual forum. The day included a wide range of speakers, including representatives talking on positive behaviour support, recovery-focused care planning and reducing restrictive practice, as well as member services delivering good practice workshops. Also, we were lucky enough to have Hospital Rooms present some of their artwork rejuvenating inpatient settings (see image below). We thoroughly enjoyed the day and we hope that you did too. Our next event is on 24 January 2020; this will be a special interactive event on substance misuse in psychiatric intensive care. Its shaping up to be an excellent day – make sure you save the date and book your place!

Megan Georgiou, Programme Manager and Kate Townsend, Deputy Programme Manager

Artwork by Bob and Roberta Smith for Hospital Rooms at Blueblell Lodge

Reflective Practice for Psychiatric Intensive Care Units

Introduction

The purpose of reflective practice as a team is to develop our skills and knowledge in the management of challenging people and situations. It is not simply talking about feelings, but rather an exploration of the impact that working in mental health care setting has on our staff members (Totman, Hundt, Wearn, Paul & Johnson, 2011).

As people we can have the tendency to be unaware of our own objective behaviour. Having others present allows us the opportunity for potentially challenging our own behaviour and attitudes. The role of the group reflective practice session is to bring us to clearer understanding, thus also allowing us to change our behaviour when needed (Yalom & Leszcz, 2005). Reflective practice as a team allows us the time and space to continually reflect and learn together. It is about creating a non-judgemental, compassionate space to reflect on our practice and share good examples that benefits both our staff and the patients that we are treating as a team (De Lange & Snyman, 2019; Gilbert, 2010). It is a protected time, different from clinical supervision and is required by the operational policy for our services (NICE, 2018).

Addressing unhelpful biases

In order to develop good quality reflective practice for the psychiatric intensive care units (PICU), certain unhelpful attitudes and biases from staff had to be addressed (Totman et al, 2011). Some of these included:

"We don't need it". Explanations regarding the necessity of reflective practice as well as reference to the ward operational policy was required.

"What are we complaining about today". Initially assumptions were made regarding using reflective practice as time to express negative emotions and although emotional exploration forms part of the Gibbs' reflective cycle, the process needed to be clarified.

"We already do it". It was found that teams participate in various forms of informal and formal debriefing and reflections as a team, on a daily basis on the ward. Validating team effectiveness was important while also establishing a formal, protected time for reflective practice sessions on the PICU.

Staff training was provided to PICU staff members on both shift patterns to explain the principles of reflective practice and the underlying rationale for best practice guidelines (NICE, 2018). The Gibbs' reflective cycle (Figure 1 below) was explained, as well as the process of what can be expected in each reflective practice session. Staff members were encouraged to ask questions and discuss their views.

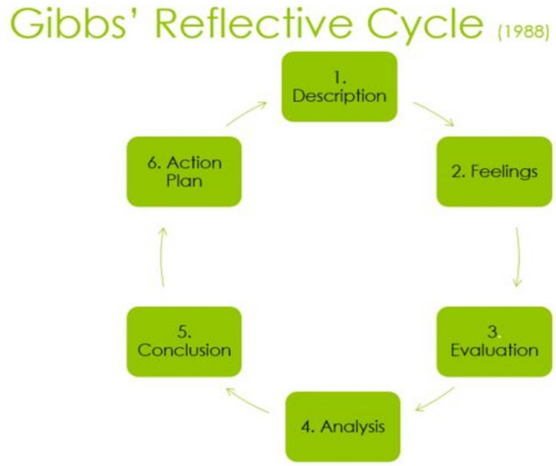

Figure 1. Gibbs' reflective cycle (1998)

Process

The topics discussed in reflective practice for the PICU included:

- Reflecting on behaviour between ourselves and others (our patients or our colleagues): Why might they be behaving/feeling/thinking the way they are? Could there be any other behavioural explanations? How would this change interactions?
- Patient formulation to understanding behaviour: Do we have the full picture? What are we missing? Might there be contributing historical factors or any other factors to consider? Keeping a trauma-informed care perspective in mind.

- Positive behaviour support plans (PBS): Have all staff read the PBS for the patient? Are there any new insights gained for or from the PBS? Have staff collaborated with the patient to develop the PBS?
- Gibbs' reflective cycle: Analysis of each step. Exploring each step of what occurred through to final action points for the team (Gibbs, 1988).

Record keeping

Attendance was recorded, the sessions were open to all staff who worked on the ward. It was regularly offered for each month, for each shift pattern, on each of the PICU wards. A reflective practice folder was kept in the ward office where minutes were recorded and any staff who did not attend a particular session could self-study the Gibbs' cycle notes. Any specific action points arising from the sessions were addressed by the ward management.

Discussion of results

From implementation in February 2017 to current, trend results indicate a gradual increase of attendance from staff, less cancellations of reflective practice sessions and more generalisation into good practice for the PICU's (Figure 2 below). While staff can identify the need and necessity for reflective practice on the PICU wards, the implementation on the ward is a gradual process of addressing preconceived ideas, unhelpful attitudes and navigating the realities of staff shortages or sessions cancelled due to unpredictable incidents occurring (Heneghan, Wright & Watson, 2014).

When members of the ward management prioritise the importance of reflective practice by leading with their own attendance, the numbers of staff attending gradually increased and reflective practice became part of the routine of the ward and part of the ward culture, thus enhancing good practice (NICE, 2018).

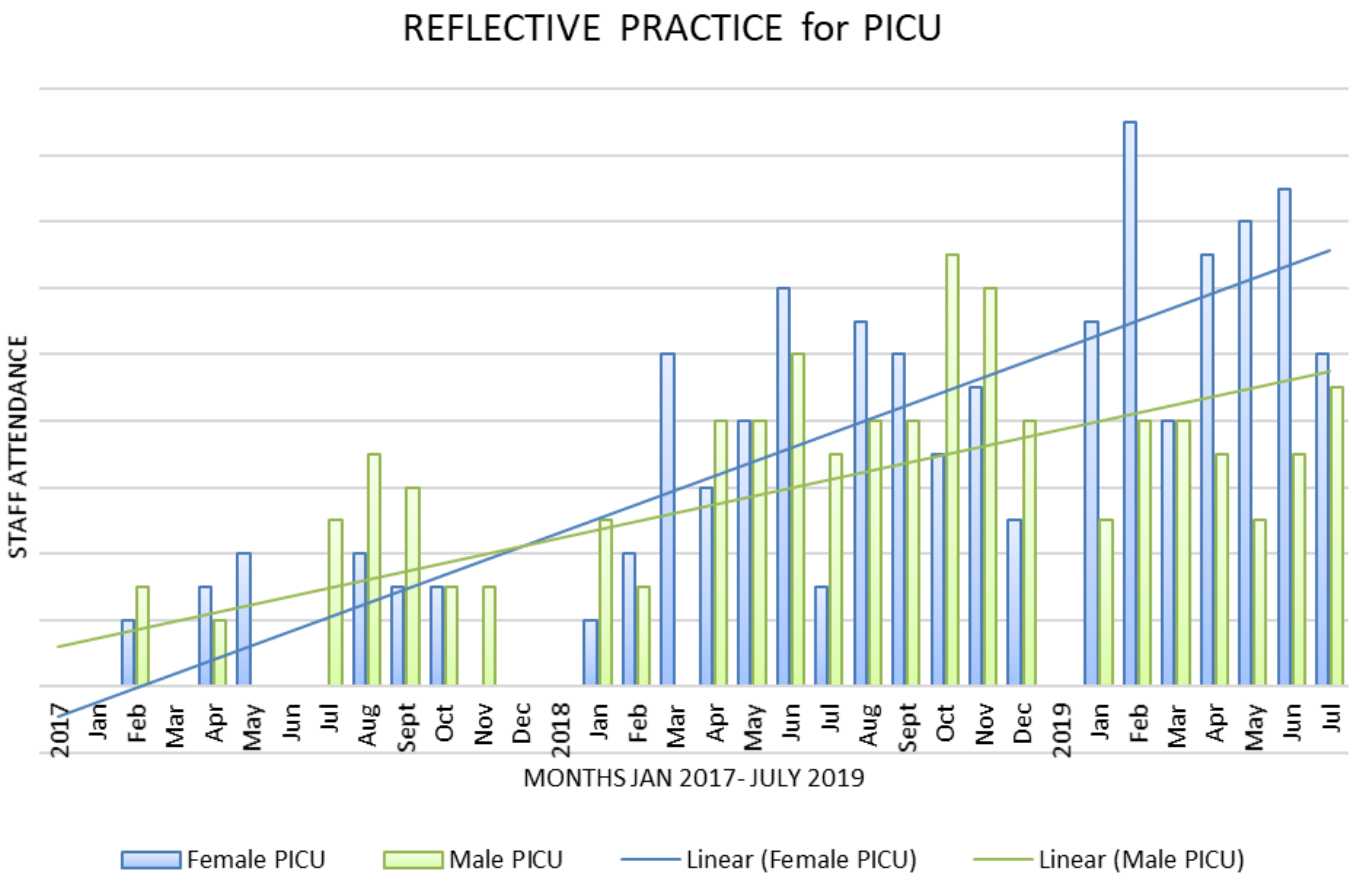

Figure 2. Reflective Practice for Psychiatric Intensive Care Units

Recommendations
Developing a culture of reflective practice for the PICU wards allow staff members to think about their behavioural responses on the ward, as the team discuss various topics (Heneghan et al, 2014). These sessions are protected time and is different from clinical supervision provided within each profession. Staff members who might identify personal difficulties can be referred for staff support to the Trauma Response Services that is provided by St. Andrew's Healthcare for staff who experience a traumatic event at work. The Trauma Services lead can offer debriefing, one to one sessions and group support. There is also staff counselling and employee assistance that is offered 24/7 for confidential support via the staff wellbeing zone. These resources are available to care for our staff, who look after our PICU patients with some of the most challenging behaviour.

Compassion-focused staff training can benefit staff in developing their skills for reflective practice, as a non-judgemental explorative stance is promoted in team reflective practice (De Lange & Snyman, 2019). Once regular reflective practice is implemented on PICU's, staff develop their ability to reflect on their own behaviour and this enhances best practice for the ward.

Dr Erica de Lange, Lead Consultant Clinical Psychologist & Pieter Snyman, Head of Psychology, St. Andrew's Healthcare

Acknowledgements
Gratitude to our clinical staff who regularly attend reflective practice to maintain high quality care for our patients. Acknowledgement to my colleagues C. Power, L. Cataudo & E. Cooper for developing Compassion-Focussed Reflective Practice for staff at St. Andrew's Healthcare Essex.

Knowledgehub

Join the Quality Network for PICUs (QNPICU) online discussion forum!

Knowledge Hub is a free to join, online platform which allows you to be part of various groups. The Quality Network for Psychiatric Intensive Care Units (QNPICU) has created their own group to facilitate discussions around psychiatric intensive care units - you will only be able to join if you work within a service which is currently a member of the Network.

Joining Knowledge Hub will allow you to:

- Share best practice and quality improvement initiatives
- Seek advice and network with other members
- Share policies, procedures or research papers
- Advertise upcoming events and conferences

For more information or if you wish to join, please email PICU@rcpsych.ac.uk.

QNPICU Staff Support and Wellbeing Group

The QNPICU project is currently running a staff support and wellbeing pilot group. The idea for this pilot started during the special interest day on Staff Health and Wellbeing in January 2019. During the day, various discussions and presentations took place explaining the reasons behind staff sickness rates and offering tips on creating a better work environment for staff and patients. The final workshop of the day posed questions about how staff wellbeing can be measured, what resources are needed, and a few good practice examples were shared. During the day, the idea of starting a staff support group was discussed and, with the help of Faye McGuinness, Head of Workplace Wellbeing Programmes for Mind, the pilot was started.

What has happened so far?
Posters promoting staff health and wellbeing and staff satisfaction surveys were created and sent to participating services:

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RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Staff Support and Wellbeing Group

Your ward is involved in the QNPICU's Staff Support and Wellbeing Group. This group recognises the dedication of the team and the importance of giving back to staff.

This working group is going to look at different tools to help support the ward, the team and improve the daily working lives for all.

We need to hear from you! The only way this group will make an impact is if the **whole team** invest time, effort and honesty into the programme. That includes all staff from senior management to front line.

Want to get involved?

- Complete the staff satisfaction survey, being open and honest about your experiences of working here.
- Ask your manager about how to help in implementing the new tools when they arrive.
- Encourage colleagues to do the same!

If you have any questions about the programme, or would like to speak to the team directly, please contact **PICU@rcpsych.ac.uk**. All the information and tools will be shared via our online platform **Knowledge Hub.** Please visit www.KHub.net and ask to join the QNPICU network.

The deadline for completing the (first) staff satisfaction survey is **07 June 2019.** There will be a follow up survey sent out in September to measure any improvements.

SUPPORT

Royal College of Psychiatrists Centre for Quality Improvement 2nd Floor | 21 Prescot Street | London | E1 8BB

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369)

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The survey was divided into three sections: staff supervision, staff wellbeing and organisation and included questions regarding the frequency of supervision and reflective practice, the wellbeing support provided by the service, whether staff are able to take breaks, burnout support, social events, post-incident support available and whether certain policies and a staff room are in place.

The first round of staff satisfaction surveys was completed in June. Following this, individual calls with services were held to gain in-depth feedback and tailor recommendations to their service. Interestingly, recommendations were generally similar across all services. More information on the recommendations can be found below.

Monthly calls have been held, with all participating services to discuss, as a group, the progress on the implementation of the recommendations and any updates on general staff support and wellbeing that have occurred, including changes in staff morale and organisational changes. Within these calls, a "guest speaker" is introduced to speak to the group about initiatives within their services. In the last call, Julie Pearson, Staff Health and Wellbeing Lead for CNWL, spoke about the development of wellbeing leaflets for staff and the creation of the Staying Well at Work Service.

What are the next steps?
Further monthly calls will be scheduled to follow up on the implementation of the first wave of recommendations. Round two of staff satisfaction surveys will take place in December. This will allow services to check whether the implementation of their tailored recommendations has had a positive effect on staff wellbeing. Again, individual calls will services providing detailed feedback and further recommendations will take place again, as will bi-monthly group calls.

Survey themes
There were a large number of common themes shared between all the participating services. These include:

- Lack of monthly supervisions (clinical and managerial)
- Staff feeling unsafe about staffing levels
- Lack of breaks, staff room and social events/peer-bonding

- Lack of support when feeling burnout and during/after sickness
- Lack of mental health champions in place

Recommendations based on themes
There are three main recommendations that have been given to each participating service. These include:

- The introduction of WRAP plans (Wellbeing and Recovery Action Plan) during supervision sessions. This will allow staff and managers to hold regular discussions about staff wellbeing, including their ability to take breaks and monitoring sickness and burnout. A guide to implement these can be found on Mind website.

- Transformation of staff room to be more conducive to wellbeing. Create suggestions board for staff to write activities/creative suggestions for the ward/service. A 'shout out' board for staff to write positive comments about one another. Display boards with wellbeing messages and sources of advice. Events taking place. Mental health champion information. 'You said, we did' board to provide staff with an update on their suggestions/feedback. Policy of the month. Future training.
- Introducing a Mental Health Champion within the staff team. They will be responsible for signposting staff to the support and benefits offered by the Trust.

We will be publishing an extensive list of the recommendations after the support group has completed the first round.

The aim of this group is to provide services with the tools necessary to improve staff support and wellbeing as well as providing support with implementing these tools. If you would like more information of the group or would like to be involved, please contact a member of the PICU quality network team.

Kelly Rodriguez, Project Officer, QNPICU

QNPICU Aggregated Report: Developmental Membership

Due for publication shortly!

We will be publishing the aggregated report displaying the findings from the pilot year of developmental membership later this year. Services that participated in these peer-reviews will be able to compare their performance against the other participating services. The report will highlight areas of good practice and provide a series of recommendations to support service development.

Peer-Review Opportunities

We require peer reviewers for the following accreditation visits:

Date	Ward, Trust and Location	Professionals Required
19 November 2019	Lissan 1, Northern Health & Social Care Trust Lissan 1 Holywell Hospital 60 Steeple Road, Antrim County Antrim Northern Ireland BT41 2RJ	3
14 January 2020	Norbury House, South Staffordshire and Shropshire NHS Foundation Trust Norbury House, St Georges Hospital, Corporation Street, Stafford, ST16 3AG	4
23 January 2020	Seagrove PICU, Isle of Wight NHS Trust Seagrove PICU, St Mary's Hospital, Newport, Isle of Wight, PO30 5TG	4
21 May 2020	Nash Ward, Cygnet Healthcare Nash Ward, Cygnet Hospital Kewstoke, Beach Road, Kewstoke, West-Super-Mare, BS22 9UZ	4

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And use **#qnpicu** for up-to-date information.

Patient Artwork Competition

This Summer we launched a patient artwork competition at QNPICU and welcomed all patients in PICU's to contribute in submitting their artwork for a chance to be featured on the cover of our reports, standards and other network publications.

We received some great entries and wanted to showcase these talented individuals in our newsletter!

Rowan Ward

Brecon PICU

Belfast PICU

Belfast PICU

Walton PICU

QNPICU Annual Forum 2019

This October we hosted our 2nd QNPICU Annual Forum in London and welcomed over 70 delegates from PICU's across the country. It was a great day filled with a range of interesting presentations and workshops. Thank you to those that attended and to all our fantastic speakers and presenters!

Please see below for some images and information on the presentations from the day.

Sue Denison, co-chair of the QNPICU Advisory Group, welcomes delegates to the annual forum as she co-chairs the day with Tracy Lang, family and friends representative of QNPICU.

Kate Townsend, Deputy Programme Manager for QNPICU shares the findings from the last year of PICU peer-reviews.

Stephen Davison, Lead Nurse Positive and Safe Care from Tees, Esk and Wear Valleys NHS Foundation Trust shares practice on positive behaviour support being implemented in psychiatric intensive care units.

Alan Simpson, Professor of Mental Health Nursing from Kings College London, presents on key findings from a cross-national study of recovery-focused care planning in inpatient settings.

Timothy Shaw, Artist and Co-founder of Hospital Rooms, presents with Niamh White, Curator and Co-founder of Hospital Rooms, on the art of happiness.

Kate Lorrimer, Quality Improvement Coach from the National Collaborating Centre for Mental Health (NCCMH) presenting on the national reducing restrictive practice collaborative. More information on this can be found via https://www.rcpsych.ac.uk/improving-care/nccmh/reducing-restrictive-practice

Barbra Davison, Linkwork Manager, discusses 'hear us' which is a link working project in South London. This looked at helping yourself whilst helping others, and the linkworker role in helping to embed peer support and patient involvement in psychiatric intensive care units to improve services.

Michelle Pocula, Senior Charge Nurse presents with Lisa Walker, Charge Nurse and Donna Robertson, Improving Observation Practice/Acting Clinical Team Lead from IPCU Tayside present on a refreshed approach to enhanced observation in IPCU.

If you were unable to attend the QNPICU Annual Forum but would like to know more about the presentations or for the full event programme, you can find these on our online discussion forum called Knowledge Hub. Details on how to access Knowledge Hub can be found on page 4.

Talk 1st: An Approach to Positive and Safe Practice

The Cumbria, Northumberland, Tyne and Wear (CNTW) positive and safe strategy 'Talk 1st' focuses on primary prevention and safe, therapeutic secondary and tertiary interventions which are carried out in a culture of care and recovery.

Our overall aim is to minimise the use of all restrictive interventions and promote collaborative working to ensure our service users are cared for in environments that are safe. We focus on evidence-based therapeutic interventions and recovery by teams committed to a culture of incident reporting, meaningful debrief and clinical risk review to inform organisational learning.

The implementation of the 'positive and safe strategy' aims to encourage all clinical services to review practices and indeed philosophies of care in order to maximise the safety of everyone.

The strategy is in line with contemporary developments at a national level and embraces the principles outlined in the Department of Health 'positive and proactive care' initiative (Department of Health, 2014).

We have embraced this strategy on Beckfield ward to develop a least restrictive way of caring for our patients and carers.

Beckfield is a 14-bedded mixed gender psychiatric intensive care unit (PICU). It accepts referrals from across the catchment area of the CNTW NHS Foundation Trust and is a central part of the Trust's mental health patient pathway.

Beckfield offers accommodation in an environment that is both secure and therapeutic in order to manage highly impacting and challenging behaviours in the context of severe mental illness. All patients on Beckfield are detained under the Mental Health Act (MHA) yet the care that is offered remains highly individualised.

Under the umbrella of Talk 1st, we have implemented various Safe Ward interventions to help us reduce the use of restrictive practice, in particular seclusion, rapid tranquilisation and prone restraint.

We started by softening the ward environment which had quite a clinical feeling to it. We painted murals and quotes on the walls to give it a more interactive appearance and added some conversation topics to the surroundings.

We used positive words and softs words to alter the way we are communicating with our patients and also how we are communicating with each other as a staff team in a more positive way, even if things are particularly difficult for the patient at the time. This sets the scene for a more positive approach to how staff are starting their shift.

We looked at bad news mitigation, which includes what bad news could mean to an individual, who would be best to break this news, where it is best for it to happen and what support the individual would need following this.

Mutual help meetings were put in place and renamed 'chill and chat' to make them seem more welcoming and less formal. During these meetings we developed mutual expectations for the ward and these are reviewed on a regular basis to fit with the patient group we have at the time. We also developed the 'you said, we did' process.

Through the interventions and training we have developed, we have seen a significant reduction in restrictive interventions; seclusion use has reduced by 50%, intra muscular rapid tranquilisation has reduced by 18%, prone restraint has reduced by 12% and we have found also that assaults on staff have reduced by 16%.

The CNTW incident data dashboards have been useful in analysing the incidents we have on the ward. We can break it down and look at the days and times where we are having more incidents and look at what interventions we can use to reduce the activity around these times. We can also break it down to be patient's specific and that can be used in care programme approach (CPA's) and care and treatment reviews (CTR's) to inform the patients pathway and treatment plan.

Beckfield have come a long way in terms of positive and safe strategy implementation over the last couple of years and we are excited to see how we can further develop this work and reduce our statistics in regard to restrictive interventions even further.

Joanne Linton, Ward Manager, Beckfield PICU

Getting Active for Mental Wellbeing

You already know that exercise is good for the body. But did you know it's proven efficacy in managing depression, anxiety, stress, and more?

If exercise was a pill, it would probably be the biggest breakthrough in modern medicine. Hardly a day goes by without new research highlighting the benefits of physical activity in boosting mood, enhancing sleep and managing stress. More importantly, getting active can improve self-esteem, self-worth and confidence – particularly salient when thinking about those experiencing a mental illness. But you don't have to pump weights or a run a marathon to get active, research has shown that swimming, walking, gardening and dancing reduce the symptoms of anxiety and depression (Callaghan, 2004) with other studies explaining the mechanism through social interaction, distraction and enjoyment (Peluso and Andrade, 2005).

I have watched with excitement, as a young person on a PICU unit hosted an impromptu Beyoncé dance class at 8 o'clock in the morning! Or an older woman who felt her life was ruled by anxiety and intrusive thoughts, but discovered the benefits of running and began harnessing massive reserves of inner strength.

Thinking about the PICU environment, structured exercise programs can be a challenge to facilitate (although there is fantastic work being done around the country), a focus on increasing moderate intensity activity throughout the day often feels more achievable. When it comes to inpatient treatment across varying disorders, from depression to schizophrenia or psychotic episodes to self-harm, studies report physical exercise to be so powerful in managing symptoms, it often reduces the time patients spend in acute units and reliance on the prescription of strong medications (Tomasi, Gates & Rayns, 2019). The author of a recent study states *"the fantastic thing about these results is that, if you're in a psychotic state, you're sort of limited with what you can do in terms of talk therapy or psychotherapy. It's hard to receive a message through talk therapy in that state, whereas with exercise, you can use your body and not rely on emotional intelligence alone"* (Tomasi, Gates & Rayns, 2019).

Staff do amazing work on the wards but often struggle to find the time to research alternative strategies when treating mental illness. People with severe mental illness (SMI) experience a premature mortality of 10 -20 years, largely due to a higher risk of weight issues, metabolic syndrome and side-effects of potent medication (Ribe et al, 2014). In contemporary society, facilitating daily movement is one way of addressing this inequity in a compassionate and novel way, with the added benefits of engagement and therapeutic milieu. When communicating with patients or the multidisciplinary team, some of the health benefits from regular exercise and daily movement include:

- **Improved sleep**
- **Reduced cholesterol and risk of heart disease**
- **Improvement in mood**
- **Stress relief**
- **Weight management**
- **Increased energy and invigoration**
- **Increased sex drive**
- **Reduced muscle tension and pain**
- **Opportunities to socialise and make friends**

Of course, structured exercise is not for everyone and can be daunting, particularly within a PICU setting. There's no suggestion of exercise as a miracle cure, as with any treatment. Further research is needed to understand the impact of combining such interventions with traditional mental health treatment including psychopharmacology and psychotherapy. In general, however, getting active can be simple with PICU services already paving the way.

Good practice examples already happening in PICU units include:

- **Table tennis tables in ward gardens: patients reported using and enjoying this feature.**

- **Courtyards allowing good outside access.**
- **Staff members supported to gain qualifications in fitness instructing with a view to facilitating exercise classes on the ward or employment of exercise professionals for PICU wards.**
- **Detailed in a recent Newsletter, physiotherapists and occupational therapists trialled circuit-based exercise sessions on a PICU ward. A group protocol and risk assessment was completed by staff with the sessions requiring no equipment bar a chair.**
- **Many wards have introduced a gym or exercise space which individuals use in line with risk, staffing and MDT discussion.**
- **General awareness of and willingness to consider health promotion as part of a holistic approach to recovery.**

More fundamentally, cultural shifts within the mental health workforce could mean the promotion of health, exercise and general wellbeing as a significant part of the job role. A busy and sometimes chaotic working environment may mean PICU staff lack the confidence or knowledge to support improving physical health and exercise levels. An integrated approach would see admission to a PICU as an opportunity to improve that person's physical as well as mental health. Mental health staff are a resilient, motivated and creative bunch - can that creativity be harnessed in simple but meaningful ways? Taking the stairs instead of the lift? A pedometer with a daily step goal? Team games? A short stretching group in the mornings? A spontaneous dance when Beyoncé comes on the music channel?

Importantly, when people are unwell, exercise may be the last thing they feel able to do. So how do we offer movement without sounding preachy, naïve or reductionist? When exploring exercise with patients, the following tips could be helpful:

Collaboration – partnership between practitioner and patient, grounded in the experience of your patient

Evoking an individual's own ideas about physical activity – draw on the patient's own motivations

Emphasise the autonomy of the patient (offer choices within the remit of the service)

Practice compassion in the process - "I want to understand and respect you and your experience"

Patients can experience the benefits of exercise with 30-minutes of moderate intensity exercise, 5 days a week. For some, this still feels intimidating - even five minutes of activity is better than none at all. If the body tells someone to take a break after a few minutes, that's ok too. Start with 5-10 minute sessions and build up, increasing the time or intensity. The key is facilitating a little bit of exercise, most days. As it becomes a habit on the ward, the rewards will start to shine through.

Adele De Bono, Project Officer, QNPICU

For further information about QNPICU please visit

www.rcpsych.ac.uk

Updates from the Quality Network

We are looking to expand our Accreditation Committee and Advisory Group and are looking for professionals who can contribute and promote the work of QNPICU.

PICU Accreditation Committee (AC)

The accreditation committee (AC) comprises of professionals who represent key interests and areas of expertise in the field of psychiatric intensive care. Members of the AC review and consider evidence gathered about mental health service and makes recommendations about accreditation status to the Combined Committee for Accreditation.

PICU Advisory Group (AG)

The advisory group (AG) comprises professionals who represent key interests and areas of expertise in the field of psychiatric intensive care. The purpose of the group is to advice and further the work of QNPICU, whose purpose is to improve the quality of care by supporting standards-based peer-review and accreditation.

Both groups will comprise of a multi-disciplinary team and experts by experience. These groups will meet once a quarter at the Royal College of Psychiatrists' London office. Additional responsibilities will be to participate in peer-review visits and contribute to events, newsletters and publications.

If you would like to apply, please email PICU@rcpsych.ac.uk.

Upcoming Events

QNPICU Standards Consultation

We will be holding the PICU standards consultation event on **19 December 2019**, so please save the date! We will be sending out further information and the booking form shortly. Please see our website for more updates.

Managing Substance Misuse in Psychiatric Intensive Care

Join us on **24 January 2020** for a special interactive event focusing on substance misuse in psychiatric intensive care.

The event will be held at the Royal College of Psychiatrists, London.

Please put the date in your diaries and we'll be in touch with more information, including how to book, soon!

Quality Improvement in Practice Conference

The Royal College of Psychiatrists is holding its annual Quality Improvement in Practice conference on **18 November 2019**. We will be sharing successful examples of quality improvement (QI) work in mental health services, to develop further strategies to support embedding and spreading the philosophy and approach of QI to improving care in mental health services.

For more details about upcoming events, please visit our website.

Useful links

Care Quality Commission
www.cqc.org.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

Department of Health
www.doh.gov.uk

Health and Social Care Advisory Service
www.hascas.org.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

National Institute for Health and Care Excellence
www.nice.org.uk

NHS England
www.england.nhs.uk

National Association of Psychiatric Intensive Care Units
www.napicu.org

Revolving Doors
www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement
www.rcpsych.ac.uk/quality.aspx

Royal College of Psychiatrists' Training
www.rcpsych.ac.uk/traininpsychiatry.aspx

See Think Act (2nd Edition)
www.rcpsych.ac.uk/sta

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