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WELCOME

Half way into the year and time for our summer edition of the QNPICU newsletter. I was really pleased to hear that this year's mental health awareness week was on Nature and Mental Health. It aligns very much with the QNPICU standards and the Sustainability Principles recently included in Version 2. From now on, we will be measuring services against the Sustainability Principles, and wards who are reaching 90% will also get a Certificate of Sustainability. For more information, please see our [QNPICU standards](#).

At the back of this newsletter, I have written a resources page on both Sustainable Healthcare, and the impact of nature on mental health. There are some really interesting podcasts on this topic, and also information on social prescribing. We would love to hear from you if you and your team are doing anything in this area. Our plan is to also do a Green Month in the next few months. This will be aimed at promoting good practice in Sustainable Healthcare, sharing top tips on how to be sustainable, and sharing resources. Please keep an eye out for this!

In other news, we have recently done our biggest QNPICU virtual event! This was in collaboration with ELFT, Traverse, QNFMHS and QNPMHS

projects (CCQI) to discuss the topic of 'Emerging Drug Trends and their Impact of Mental Health Services'. This was a fantastic and engaging two-day event that covered a range of topics. We had international speakers, experts by experience, researchers and community projects share their knowledge and stories—a huge thank you to the presenters for their hard work. It was such an enjoyable two days. The recordings are now available on our online platform [Knowledge Hub](#).

Preparations are now underway to begin Cycle 3 of the QNPICU membership. We sent out information to all members about the plans for virtual working for the remainder of the year. Although we do miss visiting services, a real positive will be the impact on the environment as we reduce printing and travel. As we plan into 2022 and what that will look like, we will certainly want to take on the best practice of virtual working, and not automatically returning to the way things were.

Why are we talking about drug policy?

- "[T]he United Kingdom, and in particular Scotland, have amongst the highest drug death rates in Europe . . . UK drugs policy is failing . . . a public health emergency"
- 57% increase in drug-misuse related death rate in England and Wales since 2010

(COP, 2020)

(EMECOA, 2019)

Adam Holland

Devon Ward: Towards a New Community

Devon ward is a PICU consisting of 12 single male bedrooms located in Chase Farm Hospital in Enfield. In the past few years, Devon ward team has been engaging and participating in a number of projects to improve the quality of care for patients and enable mental health professionals to acquire and apply important capabilities such as managing violent and aggressive behaviour and developing skills to build therapeutic relationships with patients.

Our team has been and is currently involved in the following projects:

1 - Reducing violence and aggression on the

ward;

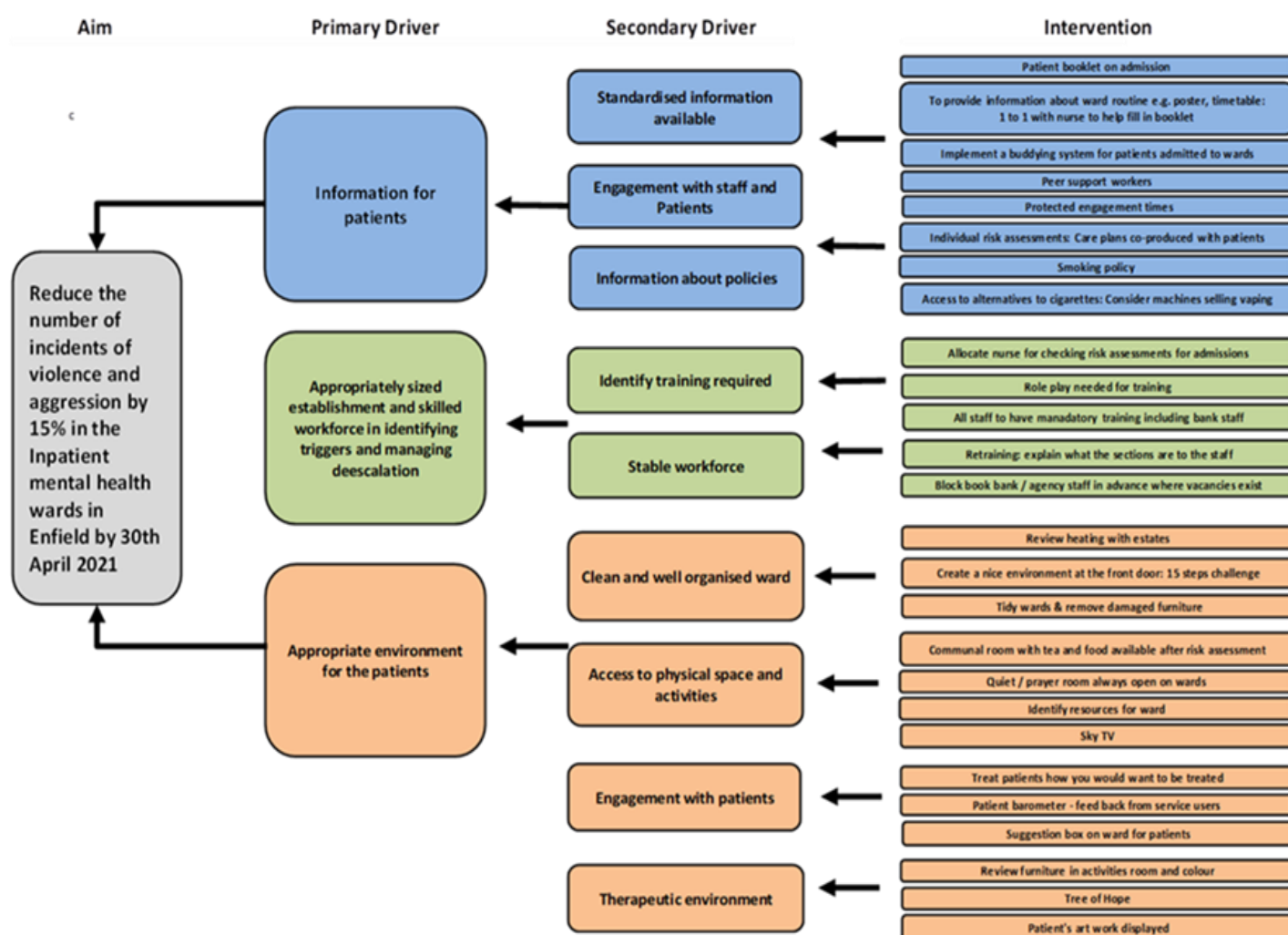
2 - Relationship as medicine;

3 - Improving the ward design and appearance: patients and staff involvement in the design of the new seclusion room and the improvement of the ward environment;

4 - System used to keep track of discharge dates and any delays.

Reducing violence and aggression on the ward

Aggression and violence are common in psychiatric intensive care units and among patients with psychotic symptoms and personality issues. Several studies have shown that boredom, lack of activities and poor staff engagement with patients may either trigger or exacerbate the aggression and violence on the ward.



Devon ward has created and implemented a variety of activities to address this problem. The ward offers a range of therapeutic and recreational activities and groups facilitated by occupational therapist, associate mental health workers, physical instructor, health care assistants and nurses. Each group aims to promote the wellbeing, recovery and social inclusion of service users. Our activity program includes:

Art: we have two art project groups where service users can express themselves artistically. Artworks are mounted and displayed around the ward or taken away for personal use.

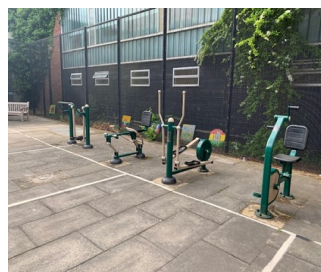
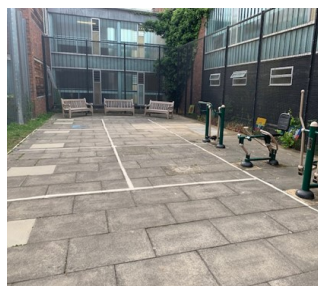
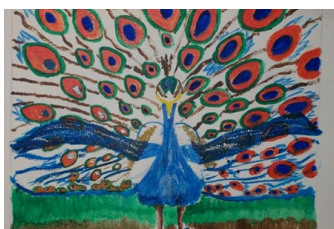
Music: this activity is designed for service users who have an interest in music such as singing, rapping and learning how to play an instrument. Occupational therapist (OT) and the associate mental health worker (AMHWs) support them to develop their own personal style, ideas or even recording their work.

Sports group: we offer a variety of sporting activities such as badminton, short tennis, football, volleyball and basketball as well as a range of warm up and cool down exercises. The physical instructor (PI) and AMHWs facilitate most of the groups and individual physical activities in the garden where service users can also access the gym or just relax on the bench.

Cooking groups and self-catering groups: these cooking groups facilitated by AMHWs allow patients to learn and improve their cooking/baking skills and enjoy the freshly made meals.

Discussion groups: these are an opportunity to discuss different areas of recovery and wellbeing as well as sharing personal

experiences with fellow peers and staff.



Relationship as medicine

As part of the strategy to change culture and improve therapeutic engagement with patients, Devon ward has been participating in the new quality improvement (QI) project “Relationship as medicine”. This emphasises the importance of therapeutic relationship to create a safe and collaborative environment which supports people recovering from mental illness to engage with their medical treatment and recovery goals more effectively.

In order to implement this strategy, we planned a daily protected engagement time (PET) which is a dedicated time where service users have individual sessions with members of staff to discuss their progress and concerns on the ward as well as their recovery and contingency plan. Furthermore, we hold “plan your day” meetings every morning where service users can report any issue, concerns and suggestions and structure their day on the ward.

Improving the ward design and appearance: patients and staff involvement in the design of the new seclusion room and the improvement of the ward environment

Evidence shows that the design of the psychiatric ward as well as the appearance of the ward environment may contribute to patient’s wellbeing and recovery. We held discussion groups where patients were asked for suggestions and ideas to improve the ward environment. The most popular request was to have plants and flowers displayed on the ward and in the internal garden.

We then organised gardening groups where patients could seed and plant flowers and herbs. Finally, we placed the pots in a

greenhouse visible in the main hub area and in the garden.

Furthermore, patients were involved in the design of a new seclusion room including the de-escalation area. We held two workshops where they expressed their preferences and ideas like a stress relief corner cushion, a rainbow lightbar, liquid floor tiles and window with outdoor view in the seclusion room.

System used to keep track of discharge dates and any delays

Devon ward currently uses the Pride and Joy patient flow system to monitor patient activity/length of stay and delays to discharge. During the daily MDT meetings, the system is updated and clinicians are able to track any delayed patients.

The Trust currently has in place three daily bed conferences where any patients who are ready to leave the PICU are discussed and allocated open wards. Delays in transferring service users on from Devon ward are escalated through the Trust internal command structure. The ward also works proactively with the local discharge intervention team who will also escalate any delayed discharge patients on the ward.

The division have a weekly delay transfer of care (DTC) meeting with local stakeholders such as the CCG and local authority and any patients who are delayed discharges are discussed and a resolution is found to expedite their discharges.

Conclusion

We keep updating our timetable to meet the service users’ needs and preferences and offer new exciting and meaningful activities

on a regular basis. We have also taken important steps in changing the dichotomic culture of “us vs them” into a culture where patients and professionals work together and belong to the same community.

We are on the path to achieving our goal to reduce the violence and aggression on the ward and we also aim to become an example

of good practice and innovation among psychiatric inpatients settings.

Maria Ivanov, Consultant Psychiatrist

Elias Sferazza, Approved Mental Health Practitioner

Devon Ward

QNPICU Standards

The second edition of the QNPICU standards has been mapped against Sustainability Principles developed by the Royal College of Psychiatrists Sustainability Committee. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the

resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention. For more information on the Sustainability Committee, please [click here](#).

The five Sustainability Principles are: Prioritise prevention; Empower individuals and communities; Improve value; Consider carbon; and Staff sustainability.

For more information, or to access the QNPICU standards, please click on the image below.



Services that meet **90%** or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a **Sustainable Service Accreditation certification** in recognition of provision of a sustainable mental health service.



Standards for Psychiatric Intensive Care Units – Second Edition

Quality Network for Psychiatric Intensive Care Units

Editor: Kate Townsend and Megan Georgiou
Publication Number: CCQI 342

Date: July 2020

Patient Artwork Competition

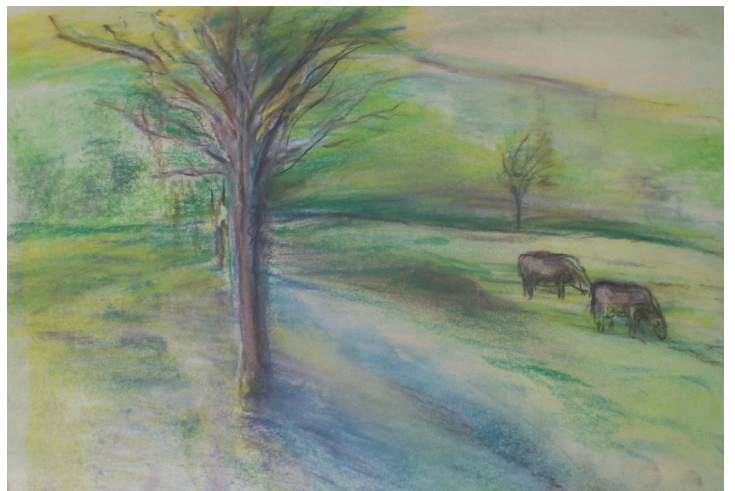
This summer we launched a patient artwork competition at QNPICU and welcomed all patients in PICU's to contribute in submitting their artwork for a chance to be featured on the cover of our reports, standards and other network publications.

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

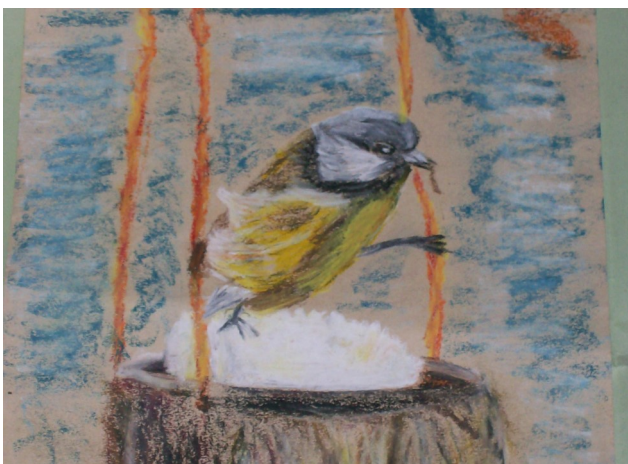
Below are the winners and runners-up for this summer's competition.



WINNER - *Tranquil into the song of the morn*, by patients from Devon Ward in occupational therapy groups.



WINNER - *The landscape summons the day*, by patients from Devon Ward in occupational therapy groups.



WINNER - *At home at rest*, by patients from Devon Ward in occupational therapy groups.



WINNER - *At ease*, by patients from Devon Ward in occupational therapy groups.



WINNER - *Twilight in life*, by patients from Devon Ward in occupational therapy groups.



RUNNER-UP - *To the landscapes of adventure and rest*, by patients from Devon Ward in occupational therapy groups.



RUNNER-UP - *World in motion*, by patients from Devon Ward in occupational therapy groups.



RUNNER-UP - *The world together we are*, by patients from Devon Ward in occupational therapy groups.

RUNNER-UP - *My journey in Ward 4*, by a patient from Ward 4, PICU, Acute Mental Health Inpatient Centre.





RUNNER-UP - *Untitled*, by patients from Ward 4, PICU, Acute Mental Health Inpatient Centre.



RUNNER-UP - *Untitled*, by a patient from Ward 4, PICU, Acute Mental Health Inpatient Centre.



RUNNER-UP - *Untitled*, by patients from IPCU Leverndale.



RUNNER-UP - *Untitled*, by patients from IPCU Leverndale.



RUNNER-UP - *Untitled*, by patients from IPCU Leverndale.



RUNNER-UP - *Untitled*, by patients from IPCU Leverndale.



RUNNER-UP - *Untitled*, by patients from IPCU Leverndale.

Dedicated Therapeutic Activity, IPCU Leverndale Hospital

I have recently started a new role within Leverndale Hospital's intensive psychiatric care unit (IPCU). I work as a therapeutic activity health care support worker. The posts are new to the hospital and it is the first time IPCU have had this position. I deliver and facilitate therapeutic activities for the patients who are living in a restricted environment due to their care needs. I began my post during COVID-19, where the hospital patients and staff have become even more restricted e.g. not being able to have direct contact from family and friends.

The therapeutic activity role has become an increasingly important position within the ward to alleviate the pressures of mental illness. I also liaise with a wide range of professionals such as ward based staff but also occupational therapy, physiotherapy and recreational therapy and assist in sessions as needed. I offer a wide range of therapeutic activities such as – music sessions (listening and group performing), arts and crafts (please see pictures), bingo, quizzes, movie nights, board games, computer games, pool tournaments and walking sessions.

These activities offer many benefits and have become an integral part of the patient's recovery plan and journey to better health and wellbeing. Here is some further information about the groups and one-to-one sessions I deliver...

Music sessions

The benefits of music therapy allows the patient to access their creative side.

Patients can gain new skills or revisit skills they have become unacquainted with. With music therapy, music is used to improve the

environment of the ward and the patient's mood. It can be as simple as listening to a song that reminds the patient of a positive time in their life which in turn can alleviate anxiety and stress. Within a music group a patient can participate by singing, hitting a drum/shaker or playing a musical instrument together with other patients. This can improve communication skills working as part of a group and take ownership of their own instrument given the chance to lead the group. This again can alleviate stress and improve self-esteem. Patient feedback:

“

I had the most incredible experience, this has really made my day.

”

Art sessions

Art can be used to help a patient express themselves on paper if the individual finds it hard to communicate. I have had experience of supporting patients who cannot speak English. Art sessions have proven successful with non-English speakers as the pressure of verbal communication is not essential. Art sessions can help a patient relax and take them away from their negative symptoms of mental illness and promotes recovery. Patient feedback:

“

I used to be very passionate about art years ago but just stopped. Being involved in these art sessions has reignited my love for art and have given me the confidence to start again, Thank you for this opportunity.

”

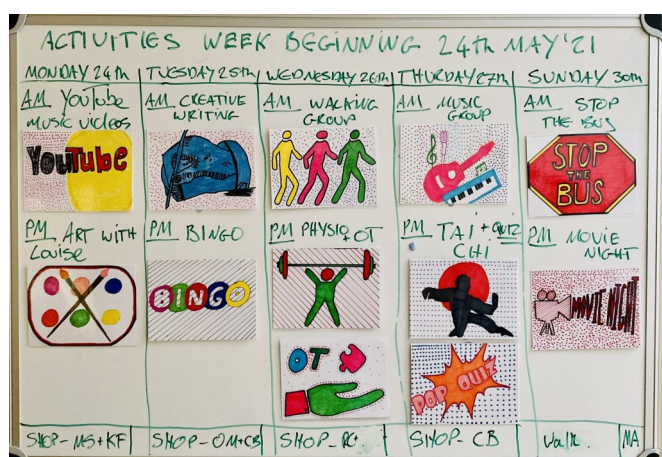
In-house games/walking sessions/movie nights

Bingo has proved to be one of the most popular activities in the ward. This gives the

patients a chance to get together with their peers, a chance to win a prize and simply have fun. The feeling of winning a prize gives the patients a sense of achievement. Patients are encouraged to applaud their peers when a prize is won. This improves social participation and gives the feeling of togetherness. Games like quizzes and board games boost cognitive abilities and give the opportunity to learn or revisit skills. I use a projector for the movie nights, this creates a sense of normality and a positive distraction from negative thoughts. Quote from a patient playing board games:

Rummikub! This game helps my mind focus and gives the feeling of great achievement when I win.

Having the opportunity of going for a walk outside the ward whether it be around the grounds or using local walk ways can be extremely beneficial. This will improve the physical health of the patient and will give the opportunity get out into the fresh air away from the restrictive environment of the ward. This can also be a good opportunity for the patient to have a one to one conversation with staff member. I have found that patients will open up to me when out on a one to one walk. Patient feedback:



I love the feeling of getting some fresh air and to have that sense of freedom just going for a walk. You appreciate nature more after spending time in the ward.

The staff have been supportive of my post within the ward and I have been able to approach them for guidance with regards to patients but also with any projects that I wish to undertake on/off the ward. Staff feedback:

Mark has been a fantastic asset to the ward since his arrival. He plays a pivotal role within the team, creating a therapeutic environment which benefits the patients and their care greatly. At times it has been difficult during the COVID pandemic to engage patients while restrictions have been in place, leaving options limited. The addition of the therapeutic activity health care support worker has seen a marked reduction in the number of significant ward incidents, making it a more settled environment for both staff and patients.

Mark O'Donnell, Health Care Support Worker Therapeutic Activity, IPCU Leverdale.

A special mention to the therapeutic activity provision staff across the disciplines at IPCU Leverdale Hospital.



Follow us on Twitter @ccqi_@rcpsych and use #qnpicu for up-to-date information

News

Enjoying Work Collaborative

The Royal College of Psychiatrists' National Collaborating Centre for Mental Health (NCCMH) and Centre for Quality Improvement (CCQI) are launching a brand new national Quality Improvement (QI) collaborative to support wellbeing and enjoying work in teams across mental health services in the UK. The aim of the enjoying work collaborative will be to improve wellbeing and support teams to measure and make changes to enhance everyone's experience at work. For further information please see the [Enjoying Work webpage](#).

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Become a Peer Reviewer

Have you thought about becoming a peer reviewer? There are many reasons why you might want to do so.

- Being a peer reviewer gives you the chance to visit and assess other services similar to your own, and to become part of a dynamic network where you can share ideas, examples of best practice, new innovative work and resources.
- You can share good practice from your own service, learn from other peer reviewers, and find out how the service being reviewed meets certain standards you may be struggling with.
- Attending reviews is also a good way to learn more about the network and the quality standards used to review and accredit services. And many of our professional reviewers really value this experience in preparation for their own peer reviews.

More information can be found [here](#).

College Centre for Quality Improvement (CCQI)

The QNPICU Network sits within a wider department, the CCQI. The aim is to work with mental health services to assess and improve the quality of care they provide. We work with more than 90% of mental health service providers in the UK and focus on four key areas: quality networks, accreditation, national clinical audits, and research and evaluation.

The QNPICU Network is one of many Quality Network and Accreditation Networks within the College. If you would like to learn more about the department and other Networks, please click [here](#).



Upcoming Events

QNPICU Annual Forum

Our QNPICU Annual Forum will take place on **19 October 2021** at 9.30am.

This virtual event will provide an opportunity for professionals from all disciplines, patients and family and friends discuss key service development issues relevant to PICUs to share ideas about the future.

If you would like to attend, please complete the [online registration form](#). This event is **free** for members and £55 for non-members.

The draft programme will be available soon. If you would like to present at this event, please email PICU@rcpsych.ac.uk.

QNPICU/QNWA joint event: The London Safety in Mental Health Settings Project - Progress update

We are excited to announce the first QNPICU/QNWA joint webinar! This will take place on **17 September 2021**, 12pm to 1pm.

The webinar is on the London Safety in Mental Health Settings project, run by the Cavendish Square Group. The group will be speaking about the sharing of learning from the project work on addressing issues of violence and aggression in London's acute care and PICU services, and future project plans.

The event will take place virtually via Zoom.

If you would like to attend, please complete the [online registration form](#). This event is **free** to attend.

Previous Events

Infection prevention and control within acute inpatient mental health facilities: a new challenge requiring a new approach

The Network held a webinar on 15 April 2021. During this webinar Lisa Mclean, Senior Infection Control Nurse, and Louise Forrester, Lead Nurse for Infection Control for Mental Health and Learning Disability, Gloucestershire Health and Care NHS Foundation Trust presented on their challenges with managing the effects of the COVID-19 pandemic in acute mental health settings, including environmental, practice and clinical issues. This was followed by discussions held with the delegates.

More information, including the slides and recording, can be found on [Knowledge Hub](#).

Quality Networks, ELFT and Traverse: Emerging Drug Trends and Their Impact on Mental Health Services

This event took place on 01 and 02 June 2021. This brought together national and international experts to share their work on new policy, new trends and new developments in the field of substance use and addictions.

Sessions dedicated for front line professionals to share their work and for service users to share their experiences were available.

The slides for both days can be found on Knowledge Hub. The slides for day one can be accessed [here](#). The slides for day two can be accessed [here](#).

IPCU's Daily Monitoring of Violence and Aggression Following the Implementation of DASA

As part of our Quality Improvement work within the IPCU Tayside and in line with the Sustainability Principles, we have recently looked at how we can reduce the frequency of violence and aggression within the ward. Since September 2020 we have implemented the dynamic appraisal for systematic aggression (DASA) tool. This tool had been implemented within Mersey Care with whom our senior charge nurse had been liaising with to help support with training and implementation of the tool on the ward.

What is it and how does it work?

DASA is a tool used to predict the likelihood of violence and aggression within the IPCU setting. This is broken down into seven domains which are scored either 0 or 1. We calculate this score at our afternoon handover each day so we have a clear picture of the previous 24 hours for each individual patient. We opted to utilise the tool at this particular time as our data had indicated that evenings were the most likely time for an episode of violence and aggression to occur within the ward (see [Appendix A](#)). Scoring 0 – LOW ; 1-3 MODERATE; 4-7 HIGH.

How was this implemented?

Back in September we initiated conversations within the multidisciplinary team and we carried out mock scoring for a two-week period until staff felt comfortable and confident to carry out the scoring. In order to keep scoring consistent, staff that had been on shift for the previous 24 hours would be central to the scoring process and could lead

on the discussion, ensuring that scoring would be accurate and be a true reflection of the patients' presentation over the 24 hour period. This process has now become a cornerstone of our nursing handover and how we predict and manage violence and aggression as a team.

What happens with the scoring process?

Each new admission is automatically attributed a score of 7 (high) for the first 24 hours, predominantly because nursing staff are less aware of the potential risk factors and recent presentation of a new admission. It does become apparent over time that a patient who has consistently scored highly for a period of time is more in need of a medication review and more intensive interventions from multidisciplinary staff. In contrast, a patient who scores in the low category is more likely to be heading for step-down to a less intensive environment as their mental health may be improving.

Team feedback?

Questionnaires were devised and distributed to the nursing team in order to identify positive and negative opinions surrounding the tool. Initial feedback showed a 91 percent return rate within the group, each returned questionnaire highlighting the correlation between the introduction of DASA and the increased staff awareness of violence and aggression, and the accompanying risk factors that individual patients pose. The positivity surrounding nursing staff opinions demonstrates the efficacy of collaborative working where each staff member has a part to play with regards to identifying nursing interventions, including the use of additional medications, that could alleviate or reduce the likelihood of violence and aggression.

Review of DASA?

Our review of the DASA tool has certainly been a conversation generator within the

multidisciplinary team. This is due for review in May 2021 as it has been in use for approximately seven months now. We have started the review process by analysing two patient profiles in order to identify any discrepancies within the tool and to make any comparisons between varying diagnoses. So far, there does appear to be differing results between a patient who has been experiencing acute psychosis and a patient who presents with more evident behavioural issues and personality disorder traits.

As shown by our data collection and accompanying visible graphics, the patient journeys of Patients A and B are slightly different (see [Appendix B](#) and [Appendix C](#)).

Since implementation of DASA, we have seen a 66 percent decrease in incidents of violence and aggression within the IPCU (see [Appendix D](#)). Our data collection compared a seven-month period before DASA, and

likewise a similar period following its introduction. However, we are aware that the introduction of this tool cannot be solely responsible for this statistic. Other factors such as Covid-19 restrictions and patient demographics within this timeline mean that the figures cannot be compared precisely. However, the early interventions that have been implemented as a result of the generated DASA score are of great importance and have had an immediate impact on the reduction of violence and aggression.

Craig Borsch, Charge Nurse

Lisa Walker, Charge Nurse

Vicky Dyer, Staff Nurse

IPCU Tayside

Knowledgehub

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

Knowledge Hub is a free to join, online platform which allows members 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. 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.

Previous Newsletters

If you enjoyed reading this newsletter, you can click on the images below to access previous editions.



WELCOME

We are almost coming to the end of what has been an extraordinary year. One that we will remember forever, but not for the most positive reasons. However, the Quality Network wants to finish this year on some positive news and festive stories, so please do take a look through our 5th published newsletter.

This edition we have some great submissions including a focus on staff wellbeing from the Midlands Partnership Trust and an article about the results from the QNIPICU staff support and wellbeing group. A positive article about supporting physical health and also a journey into the development of an accreditation app. Increased access to technology is definitely a positive to come from COVID, and there are some great examples within this newsletter to give more detail about this.

Since the last edition of the newsletter we had our first virtual annual forum in October. This was a huge success and we heard about a variety of topics, including sustainable healthcare. This ties in nicely with the introduction of our QNIPICU



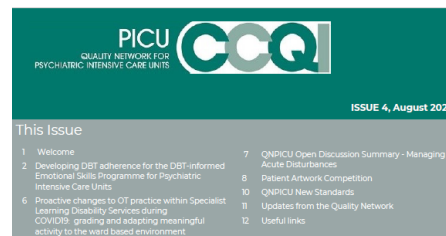
sustainable standards that will be coming out on 2021—please keep your eyes out for more information on this in the New Year. The annual forum also brought us information on findings from infection control studies, giving us greater insight into PPE use within wards. And we had two wonderful presentations about Peer-Support, both on a national level and local level from Devon Partnership Trust. It was inspirational.

An update on our Quality Network reviews—we have begun virtual reviews in the last few weeks. A huge thank you to the project team and member services for their patience whilst we trial some of the processes. I can update that they are going really well, and continue to help and support services during this difficult time. We will be working hard to arrange the accreditation visits for 2021, these will still be virtual for the first half of the year at least, but we are piloting with two wards (Norbury House and Cadden Unit) to trial virtual tours and sharing of evidence. We will be updating the Network about these soon.

If you have any questions about how your review will go, or if you have any concern about available technology, please do get in touch at the earliest possible time. The more time we have to trial and test the technology, the better!

I wanted to finish on a festive note—we have done our first ever festive card competition! This is part of our agenda to increase patient input throughout our Networks. I am really pleased with the submissions (and thank you to everyone who took part). The winner can be seen on page 3.

From me and the Quality Network team, I hope you all have a wonderful festive period, and happy New Year.



WELCOME

Welcome to the 4th edition of the Quality Network for Psychiatric Intensive Care Units newsletter. The year so far has largely been dominated by COVID-19 and the challenges a pandemic brings. PICUs have had their own set of challenges over the past few months, with many services reporting a noticeable increase in acuity levels. The Quality Network would like to take this opportunity to thank all of the staff working in services for their efforts in managing the pandemic and keeping everyone safe.

This edition contains articles relating to DBT informed emotional skills within PICUs and providing specialist occupational therapy services during COVID-19. In addition, we have included the entries to our artwork competition for you all to enjoy. They really are excellent and we look forward to using the winning pieces on our publications over the next year. Thank you to everyone that contributed!

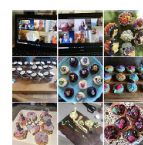
As a result of COVID-19, we sadly had to postpone all peer-review and accreditation visits from mid-March 2020. We are happy to be restarting the second cycle again, with reviews being held in December-January. Initially, visits will occur virtually until it is safe to conduct reviews face-to-face again. We will be working closely with services to anticipate in advance any potential issues and ensure the review visits run as smoothly as possible.

As a team we have been busy working in the background and am pleased to detail some of the project's achievements. The second edition of the QNIPICU standards is ready to be published in the

next few days. Furthermore, we are moving our processes to our online College Accreditation and Review System (CARS). We will be contacting services individually to give further guidance on this. Lastly, we have been hosting a number of webinars and online discussion forums that have been well attended and very well received. Thank you to everyone who has contributed and enabled us to keep supporting PICU services during this unsettled time.

Finally, Megan Georgiou is stepping down as programme manager in July, having worked at the College since 2014. Kate Townsend has been appointed to take over the role and is looking forward to further developing the programme of work.

We wish you all the best over the coming months and hope it won't be too long before we can see you all in person.



Issue 5 - December 2020

Issue 4 - August 2020



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

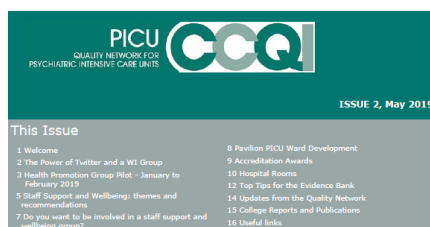
opportunity to network with other PICU colleagues.

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 Buxton Lodge



WELCOME

Welcome to the summer edition of the Quality Network for Psychiatric Intensive Care Units' newsletter. We have an excellent collection of articles for you, as well as some fantastic artwork. Thank you to everyone that made a contribution to this edition.

Since the last newsletter, we've launched a developmental membership option. This is for services that would like to engage in a supportive review process without having to achieve accreditation status. We currently have five services participating in this cycle and we will be rolling this out more widely from 2020.

At the beginning of this year, we hosted a special interest day on staff support and wellbeing. We had excellent presentations, including: Faye McGuinness, Mind, on workplace wellbeing; Hannah Andrews on the experience of self-care and self-compassion from the University of Warwick; Liz Allen, founder of See Think Act, on relational security; and Louise Hall, University of Leeds, on the importance of support for staff wellbeing.

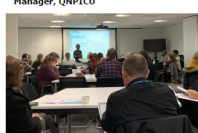
Due to the popularity of this event, we have started a staff support and wellbeing group. The group is supported by Faye at Mind and is designed to help service managers track

progress on items relating to wellbeing. More information is available inside on how to be involved.

Also included in this edition are top tips from the Quality Network on how to complete your service's evidence bank. Take a look at those services that have recently been awarded accreditation. Huge congratulations to them; we know how much hard work and dedication goes into obtaining the award!

Finally, we're currently planning our 2nd QNIPICU Annual Forum in October. Please get in touch if you would like to showcase your service's good practice as a workshop or poster presentation!

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



Issue 3 - November 2019

Issue 2 - May 2019

If you are interested in contributing to a future edition of our newsletter, contact us on

PICU@rcpsych.ac.uk

Sustainability Resources

Websites:

[RCPsych Sustainability and working sustainably](#)

[RCPsych resources](#)

[Centre for Sustainable Healthcare](#)

[Green Walking Project](#)

[NHS Forest](#)

[Walking for health](#)

[Nature and Health: Resources](#)

[Sustainable Healthcare Coalition](#)

[WHO guidance for climate resilient and environmentally sustainable health care facilities](#)

[Moving Medicine](#)

Papers:

[Health care's response to climate change: a carbon footprint assessment of the NHS in England](#)

[Residential green space in childhood is associated with lower risk of psychiatric disorders from adolescence into adulthood](#)

[Wellbeing benefits from natural environments rich in wildlife](#)

[Guidance for commissioners of financially, environmentally, and socially sustainable mental health services](#)

[Social Prescribing - Understanding what works in, and supporting provision of, nature - based therapeutic interventions for people with an identifiable mental illness](#)

[Centre for Sustainable Healthcare Publications](#)

[Towards sustainable healthcare system performance in the 21st century in high-income countries: a protocol for a systematic review of the grey literature](#)

[The environmental footprint of health care: a global assessment](#)

[Sustainable psychiatry in the UK](#)

Apps and Podcasts:

[What would a sustainable health and care system look like?](#)

[Urban Mind](#)

[Connecting with nature to support our mental health](#)

[Collection of Podcasts](#)

['Sustainable health': the podcast](#)

[CodaPodcast: Sustainable Healthcare](#)

Useful links

Care Quality Commission
www.cqc.org.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

Centre for Sustainable Healthcare
<https://sustainablehealthcare.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

Contact the Network

Kate Townsend, Programme Manager
Kate.Townsend@rcpsych.ac.uk
0203 701 2701

Kelly Rodriguez, Deputy Programme Manager
Kelly.Rodriguez@rcpsych.ac.uk
0207 780 5751

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Royal College of Psychiatrists (CCQI) QNPICU

21 Prescott Street
London
E1 8BB