



QNPICU

Thematic Report
CYCLES 2 & 3 2020 - 2022
ACCREDITATION 2018 - 2020

*Editors: Ciara McAree, Isabel Fenton,
Kelly Rodriguez and Maisie Webster*

CONTENTS

Foreword	3
Who We Are and What We Do	4
Membership	5
The Review Process	6
This Report	6
Developmental Membership Cycles 2 and 3.....	8
Membership	9
Data Collection.....	10
Executive Summary.....	11
Admission and Assessment.....	13
Care Planing and Treatment	15
Physical Healthcare	17
Referral, Discharge and Transfer	18
Safeguarding.....	19
Patient Experience	20
Family, Friends and Visitors.....	22
Environment and Facilities	24
Workforce.....	26
Governance	29
Accreditation Membership.....	31
Membership	32
Data Collection	33
Contextual Data	34
Admission and Assesment.....	37
Care Planning and Treatment	38
Referral, Discharge and Transfer	39
Patient and Carer Experience	40
Workforce.....	41
Environment and Facilities	42
Governance	43
Findings From The Accreditation Committee	44
Open Forum Discussion Sessions	45
Events.....	49
Resources.....	51
Project Team Contact Details	53

This publication is available at:

www.rcpsych.ac.uk/PICU

Any enquiries relating to this publication should be sent to us at:

picu@rcpsych.ac.uk

Artwork displayed on the front cover of this report:

Twilight in life

Patient from Devon Ward

Barnet, Enfield & Haringey Mental Health Trust

FOREWORD

As a patient representative and Chair of the QNPICU Accreditation Committee, I am delighted to be writing the foreword for the second thematic report published by the Royal College of Psychiatrists' Quality Network for Psychiatric Intensive Care Units (QNPICU).

The purpose of this report is to provide recommendations that are realistic and achievable actions for teams to consider in order to address any unmet standards within their service. Many recommendations are based on examples of good practice collated throughout the review cycles, as well as evidence requirements for accreditation.

Due primarily to COVID, this report is a large document, as it includes data collected from member services who completed their peer-review against the 2020 Standards for Psychiatric Intensive Care Units in Cycle 2 and 3, as well as data from services who underwent accreditation and were visited prior to COVID. Therefore, it covers the past two editions of the standards.

The report is divided into different standard sections as well as the 'Accreditation Key Findings' section, which uses data collected from member services who completed their accreditation review against the 2017 standards between 2018 and 2020.

Each section gives examples of good practice from member services as well as highlighting common areas requiring improvement. There is a summary of recommendations in each section which are aimed at psychiatric intensive care staff and senior management.

The report also includes the top five unmet Type 1 standards brought to the Accreditation Committee between 2018 and 2020.



Susan Denison
Patient Representative and
Chair of the QNPICU Accreditation Committee

WHO WE ARE AND WHAT WE DO

WHO WE ARE

The Quality Network for Psychiatric Intensive Care Units was established in 2017. This project was relaunched from the AIMS - PICU (Accreditation for Inpatient Mental Health Services - Psychiatric Intensive Care Unit) project, established in 2009 to enhance and support PICUs. It is one of nearly 30 quality improvement initiatives, research and audit projects within the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI).

Member services are reviewed against specialist standards for psychiatric intensive care units.

WHAT WE DO

We adopt a supportive, multi-disciplinary approach to quality improvement in PICU services at ward level.

We serve to identify areas for improvement through a culture of openness and enquiry, adopting a model of engagement rather than inspection. QNPICU facilitates quality improvement through a comprehensive peer review process, celebrating and sharing good practice as identified by staff, patients and carers. Our aim is to support PICUs to provide timely and purposeful admissions to patients in a safe and therapeutic environment, recognising high levels of compliance with the standards through accreditation.

OUR ADVISORY GROUP

The Quality Network is governed by a group of professionals who represent key interests and areas of expertise in the field of psychiatric intensive care, as well as patients and carers who have experience of using these services. The group is chaired by Maria Ivanov, Consultant Psychiatrist and Medical Director (Priory Group) along with representatives from NHS England, CQC and other organisations.



Salient ambience through the storm
Patient from Devon Ward
Barnet, Enfield & Haringey Mental Health Trust

OUR ACCREDITATION COMMITTEE

This is a group of professionals who work in member services, as well as patients and carers who have experience of using these services. The group's role is to make decisions about accreditation on the basis of services' reports and evidence. The committee is chaired by Sue Denison, Patient Representative (QNPICU), and comprises representatives from a range of member services from both the NHS and private sector.

JARGON BUSTER



QUALITY IMPROVEMENT: 'Quality improvement' throughout this report will refer to the process of working with and supporting psychiatric intensive care units to become effective, safe and patient-centred. We use our quality standards to assess performance and make realistic and achievable recommendations for service improvement.

MULTI-DISCIPLINARY: A multi-disciplinary team involves staff from many different disciplines or professional backgrounds, that work together to deliver care to a population of patients.

MEMBERSHIP

QNPICU currently offers two types of membership: developmental and accreditation. Both types of membership include a comprehensive review and local report, ongoing support through the project team and Knowledge Hub, free or discounted places at our events and webinars, and twice-yearly newsletters. More information on the benefits of joining QNPICU can be found [here](#).

Developmental membership

This membership option is ideal for services new to the quality network, and those who need additional support to achieve essential standards.

Developmental membership is a stepping stone towards accreditation and involves:

- Two-month self-review process
- Peer review visit
- Localised report specific to your service
- Action planning
- [Aggregated report](#)

Unlike accreditation, there is no threshold of standards to meet. This allows services to concentrate on improving their service and gives time for more open discussions.

Accreditation membership

Accreditation membership works on a three-year cycle, with services receiving an in-depth peer review visit and interim review within this time. This option is best suited for services familiar with the QNPICU standards, who have previously been through the peer review or accreditation process. The review day will be more concentrated on the triangulation of evidence (e.g. documentation and interview feedback) to assess compliance with the standards.

This process involves:

- Three-month self-review process
- Peer review visit
- Localised report specific to your service
- Review of report and evidence by the QNPICU Accreditation Committee
- Accreditation certificate (following AC decision)
- Interim review after 18 months
- [Aggregated report](#)

Services must meet 100% of type 1 standards, 80% of type 2 standards and 60% of type 3 standards in order to be awarded accreditation. Services are accredited for a period of up to three years from the date of the committee at which it is awarded, subject to a satisfactory interim review.



STANDARD TYPES

The standards are divided into three types:

Type 1: these are essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.

Type 2: these are expected standards that all services should meet.

Type 3: these are desirable standards that high performing services should meet.

THE REVIEW PROCESS

Both the accreditation and developmental memberships have a self-review and peer review stage. All new QNPICU members will begin as developmental members. Accreditation will be suggested to services when they are seen to be demonstrating high levels of compliance with the quality standards. See below for the review phases.

Self-review

The self-review will take place either over two months (developmental membership) or three months (accreditation membership) prior to the peer review day.

The multi-disciplinary team reviews their local procedures and practices through an online self-assessment against the standards and, if necessary. It can be helpful for teams to consider this as a gap analysis, and identify at this stage where changes may need to be made. Services are also required to collect survey responses from senior managers, frontline staff, patients and carers.

A summary of the findings from the self-review forms the basis of the discussion at the peer review visit.

Peer review

The peer review visit takes place roughly four weeks after services have completed their self-review. A team of up to four professionals (comprising staff from other member services), a patient or carer representative, and a network representative will undertake a peer review visit. During the peer review visit, the peer review team will conduct a tour of the unit and speak to patients, carers, staff and managers. In addition to validating the self-review scores, the peer review provides an opportunity for discussion, sharing of ideas and for the visiting team to offer advice and support.

Accreditation

After an accreditation review has taken place and a draft report has been sent to the service, they will have a four-week window to submit any further evidence requested before being presented to the Accreditation Committee (AC). The AC will review any evidence and commentary provided in conjunction with the service's draft

report and make a decision as to whether to accredit, defer, or not accredit the service.



Untitled
Patient from Haven Ward
Dorset Healthcare University NHS
Foundation Trust

Possible accreditation outcomes:

Accredited: 100% of type 1 standards met; 80% or above of type 2 standards met and 60% of type 3 standards met.

Deferred: One or more type 1 standards not met; less than 80% of type 2 standards met and/or less than 60% of type 3 standards met. Services can be deferred up to two times and for a maximum period of six months in total.

Not accredited: One or more type 1 standards or a significant number of type 2 standards not met, and failure to demonstrate the ability to meet these within a set period of time.

OVERVIEW

This is the second thematic report published by the Quality Network for Psychiatric Intensive Care Units, and uses the data collected from member services who completed their peer review against the Standards for Psychiatric Intensive Care Units (2020) in cycles 2 and 3.

The 'Accreditation Key Findings' section uses data collected from member services who completed their accreditation review against the Standards for Psychiatric Intensive Care Units (2017) between 2018 - 2020. It is aimed at frontline staff, senior management, patients and carers as well as anyone who has an interest in psychiatric intensive care units.

PURPOSE

This report then presents an analysis of how well member services are performing against standards. This was done by assessing whether they were marked as 'Met', 'Partly Met' or 'Not Met' against QNPICU standards.

The report is divided into the different standard sections, providing examples of good practice from member services as well as highlighting common areas requiring improvement. Each section includes a summary of recommendations which are aimed at psychiatric intensive care staff and senior management.

The purpose of this report is to provide recommendations that are realistic, achievable actions for teams to consider to address any unmet standards within their service. Many are based on examples of good practice collated throughout the review cycles, as well as evidence requirements for accreditation.

We hope that teams will be able to use these recommendations to improve their compliance against the standards and, in doing so, create a safer, more supportive environment for staff, patients and carers.



Red and white
Patient at Hamtun Ward
Southern Health NHS
Foundation Trust

Developmental Membership Cycles 2 and 3

MEMBERSHIP

Between 2020 – 2022, 26 peer reviews took place from a total of 21 psychiatric intensive care units. You can see the geographical footprint of our member services in Figure 1.

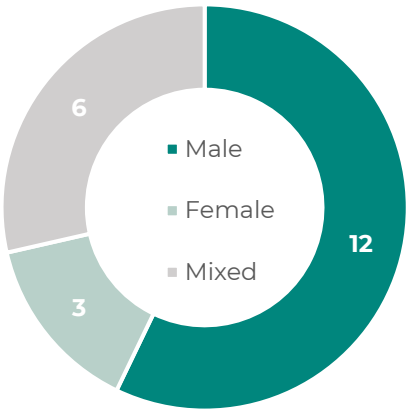


Figure 1: Geographical map of 21 member services that took part in Cycles 2 and 3 (2020-2022)

DATA COLLECTION



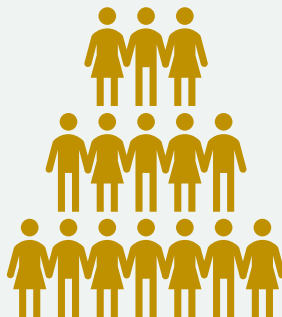
17

Trusts and
Organisations



21

Wards



89

Patients
completed
questionnaires



374

Staff completed
questionnaires



38

Carers completed
questionnaires

HOW WAS DATA COLLECTED?

The data in this report comes from 21 members who undertook their QNPICU self-review and peer review between 2020 to 2022. Together, they represent 17 Trusts and organisations across the UK.

Contextual data was obtained from the information completed by services at the beginning of their self-review period.

Data showing whether a service was marked as 'Met', 'Partly Met' or 'Not Met' against a given standard were taken from the decisions included in the final report written following

each service's peer review. Decisions as to whether a service had met, partly met or not met standards were made by the peer review teams based on evidence obtained from the self-review and subsequent peer review visit.

This evidence included:

- Discussions during the peer review
- Questionnaires
- Patient clinical notes
- Policy and documentation checks.

EXECUTIVE SUMMARY

This section provides an overview of the findings from Cycle 3 only. Due to COVID-19 challenges, quantitative data is not available from Cycle 2 reviews. This section will explore the key findings identified in terms of how services are performing against the QNPICU standards.

On average, member services fully complied with 70% of QNPICU standards.

Figure 2 offers a breakdown of how each member service performed against the

standards, in order of compliance. It illustrates the percentage of met, partly met and not met criteria per service.

The percentage of fully met criteria achieved spans from 57% to 85%. The average compliance across the 16 services who were reviewed against the QNPICU standards during Cycle 3 is 70%, as indicated by the final bar marked 'TNS' (total national sample) on the graph.

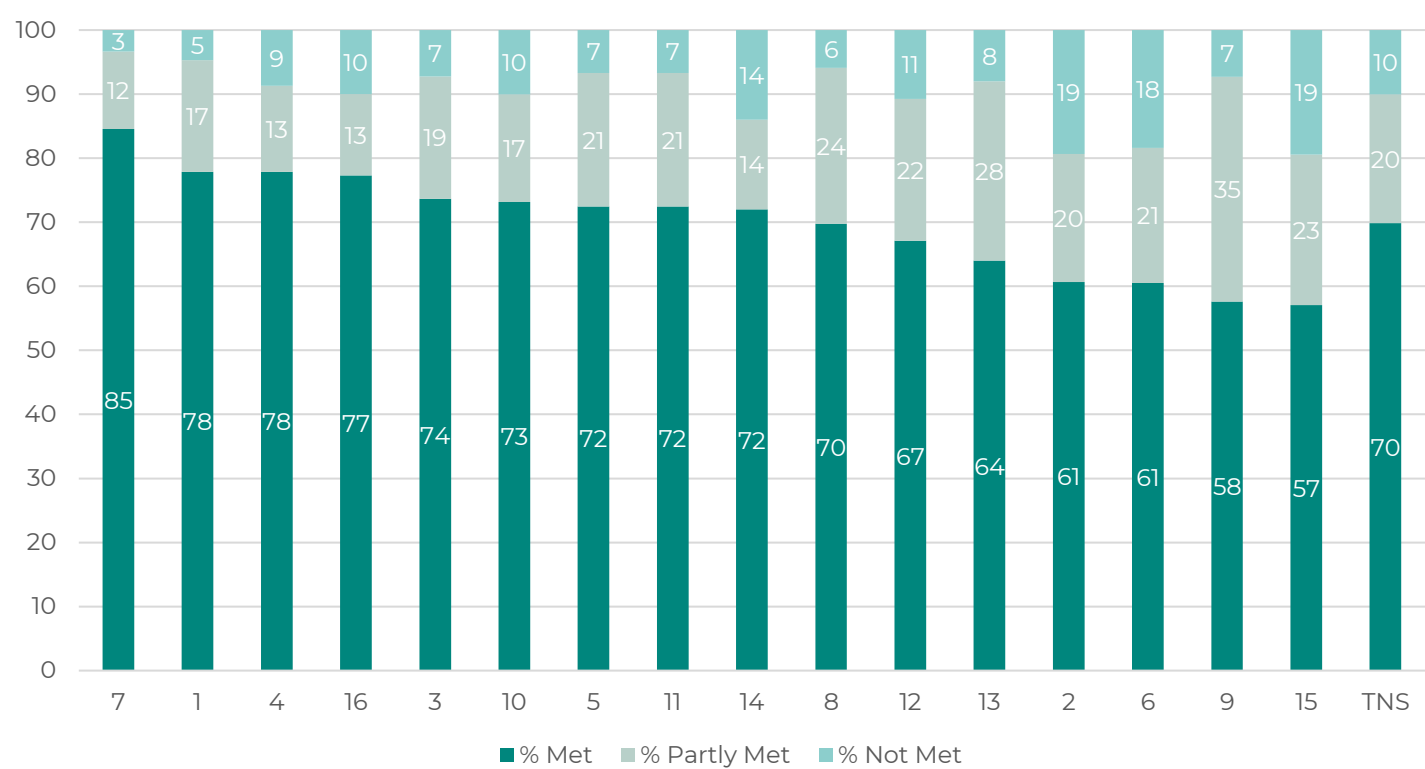


Figure 2: Percentage of met criteria by service

Figure 3 displays the average percentage of met criteria per section. Member services performed strongest overall in the areas of 'Referral, Discharge and Transfer', 'Environment and Facilities', 'Workforce', and 'Physical Healthcare'.

The areas in most need of improvement are 'Family, Friends and Visitors', 'Governance', 'Admission and Assessment', and 'Patient Experience'.

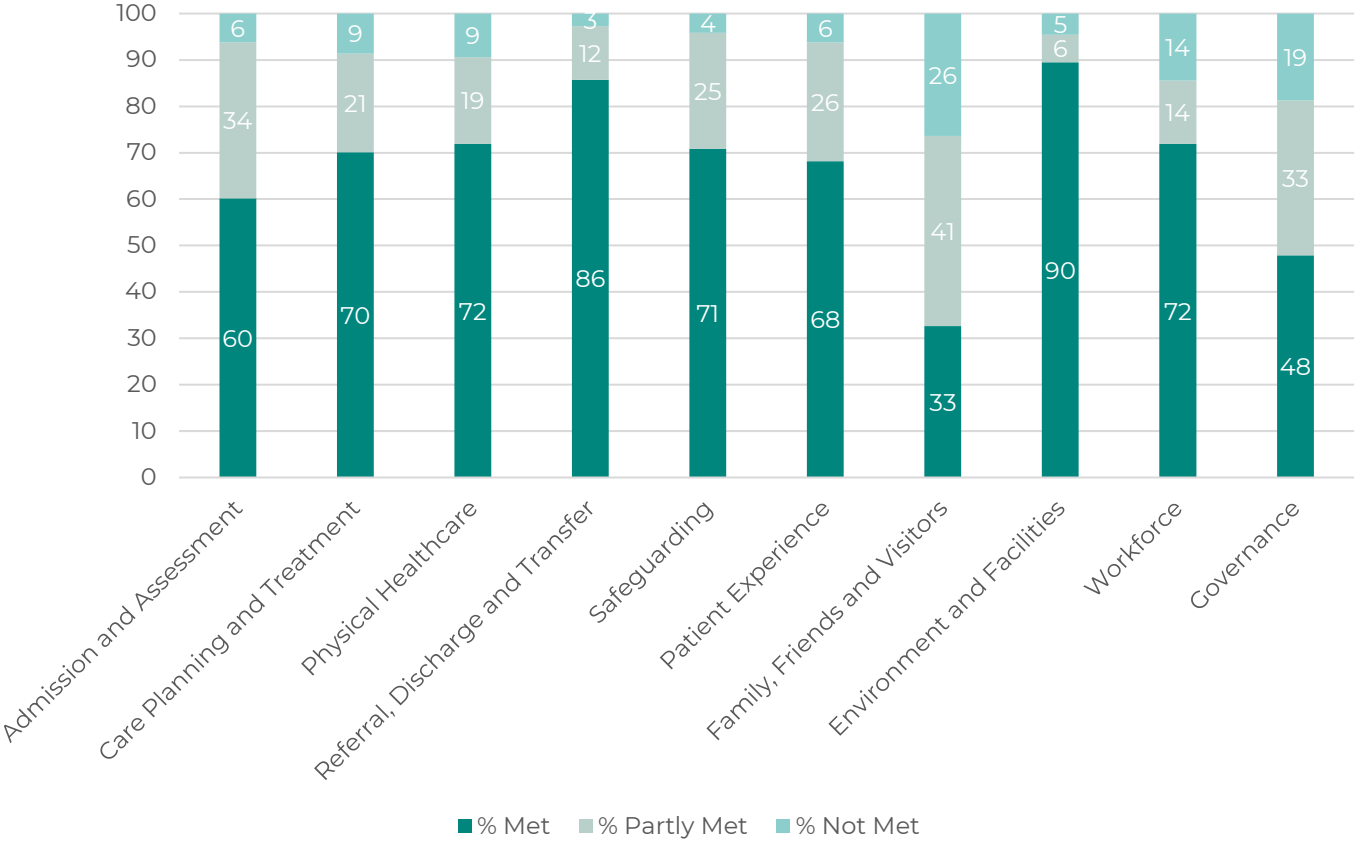


Figure 3: Average percentage of met, partly met and not met criteria per domain

ADMISSION AND ASSESSMENT



74% of patients

agree or strongly agree that, on admission to the ward, staff members introduced them to the other patients and showed them around the ward.

68% of carers

reported that they were contacted to inform them of their loved one's admission to the ward.

60% of patients

agree or strongly agree that the purpose of their admission was explained to them.

75% of patients

reported having received information on their rights regarding admission and consent to treatment.

GOOD PRACTICE EXAMPLES

The multi-disciplinary team (MDT) make decisions about patient admission or transfer. There are pathways with local acute and forensic services which means patients can be referred to those wards better able to support a patient whose admission has been declined elsewhere.

Nile Ward, 2020-2021

The team has created an admission pack with a new welcome booklet and essentials such as socks, toothbrush etc. They have also created individualised 'calm boxes' that might have things such as a facemask, notepad and pens, stress balls, snacks etc. depending on the likes of the patients.

Harplands Hospital, 2020-2021

The team are able to cap admissions if needed. When they do receive new admissions, they will work with the individuals closely from the start to get to know them so they are able to ensure they are on the right level of observations, not just based on information from the transferring service.

Wimpole Ward, 2020-2021

Staff support other wards within the Trust with their management of patients if they think the patient can be managed in their current ward, such as an acute ward. This, in turn, helps to reduce the admissions to PICU.

Sherbourne Ward, 2020-2021

The team are proactive about going to other wards to speak with patients who are becoming unwell to speak to both the patients and staff about the PICU ward. There is open communication and collaboration within the hospital site, particularly with the acute and PICU wards.

Harplands Hospital, 2020-2021

The service reported that the patient expert has worked with patients to coproduce the welcome pack and other resources for patients.

Kingston Ward, 2021-2022

If an admission is deemed unsuitable for the service, the pathway lead will be responsible for finding an appropriate placement. This helps develop and maintain good relationships with other PICU teams.

Cobden Unit, 2020-2021

AREAS FOR IMPROVEMENT

Welcome packs are not always available or provided to patients. Those that are sometimes include large amounts of information which patients can find difficult to understand and process.

Information is sometimes missed from the welcome packs. The packs should include, as a minimum, information about their rights, how to access interpreters and advocacy, how to access a second opinion, how to access their health records and how to make a complaint/give compliments.

RECOMMENDATIONS

Introduce an admission checklist which includes the provision of a welcome pack to patients. A staff member should talk through the information contained within the pack with patients. This should be done as frequently as needed to ensure full understanding of the information contained within the pack.

Devise a welcome pack which includes all key information as listed within the standard. Consider how this pack could be provided in languages other than English and in formats that are more accessible for people with sight/hearing/cognitive difficulties or learning disabilities.

“

I feel welcomed and supported in every way.

Hadley Unit, 2021-2022

”

CARE PLANNING AND TREATMENT

40% of patients

reported always being involved in developing their care plans.

93% of staff

agree or strongly agree there are clear and effective systems in place for communication and handover within and between the staff teams.

34% of carers

reported always feeling involved in discussions and decisions about their loved one's care plan.

43% of patients

reported their preferences are always taken into account when selecting medication, therapies and activities.



GOOD PRACTICE EXAMPLES

Handovers are detailed and robust. There is a significant amount of time dedicated to handovers so that all risk and safeguarding concerns are covered. In addition to this, there is a daily multi-disciplinary team (MDT) morning meeting and safety huddles throughout the day to ensure that staff are well informed of any changes on the ward.

Titian Ward, 2020-2021

An online system, called the Cambian system, is used for patient care. On this system, patients have individual card passes which can be scanned electronically to retrieve quick up-to-date patient information and provide easy access to their records.

Sherbourne Ward, 2020-2021

A comprehensive and detailed risk assessment tool, which has now been shared across the wider site and other hospitals, includes input from the whole MDT, patient and family. The patient will measure their own risk behaviour with a member of staff, and it is reviewed weekly. It informs the level of observations patients will be on and the patients are involved throughout the process.

Wimpole Ward, 2020-2021

The introduction of Risk, Assumptions, Issues and Dependencies (RAID) plans has created a positive outlook on treating patients. Plans are completed in collaboration with patients and allows for a more streamlined transition process when the patient is ready to move on.

PICU Harplands Hospital, 2020-2021

The Dynamic Appraisal of Situational Aggression (DASA) tool is used daily to assess patient risk status within a 24-hour period. This is fed into handovers to help staff understand challenging behaviour.

IPCU Tayside, 2020-2021

Sensory modulation, a therapeutic method for emotion regulation, has been implemented. It is linked with trauma-informed care. The method allows for staff to recognise patient trauma and support them with the management of their emotions. It also supports the use of safe wards and de-escalation techniques.

Bayley Ward, 2021-2022

A care-coordinator is allocated to each patient. This is a member of ward-based staff that meets with the patient regularly, liaises with external agencies and supports care pathways.

Heygate Ward, 2021-2022

AREAS FOR IMPROVEMENT

Written information is not always provided to patients surrounding their medication or diagnosis.

Patients do not always receive a copy of their care plan and do not have allocated time with their named nurse to go through their care plans and raise any concerns they may have.

Patients are not always involved in discussions surrounding their care, notably, those about their observation levels, risk assessments, medication and care pathway.



Patients described staff as “outstanding”. Patients feel staff are “really hard-working people” and describe the team pulling together to “do the best they can” daily.

Heygate Ward, 2021-2022



RECOMMENDATIONS

Provide written information to patients following discussions surrounding medication and diagnosis. The information provided should be easy to understand and, where possible, staff should go through this information with patients to ensure it is understood.

Include within care plan templates a section for staff and patients to sign to confirm a copy of the care plan has been offered. Allocate protected time for nurses and patients to review the care plan together so they can raise any concerns or request changes.

Develop a poster with a list of discussions/meetings patients should be involved in. This includes discussions around observation levels, risk assessments, medication risks and benefits, and patients’ care pathway. The poster should include tips on how patients can ensure their views are taken into account, including liaison with the ward advocate and holding discussions with staff prior to each meeting. Where appropriate, add a section for “patient views” on all relevant documentation templates.

PHYSICAL HEALTHCARE



69% of patients

have a comprehensive physical health review.

100% of patients

have follow-up investigations and treatment when concerns about their physical health are identified during their admission.

GOOD PRACTICE EXAMPLES

A member of staff is dual trained in mental health nursing and fitness instructing. Patients are supported to feel confident in accessing exercise, activities and sport. The ward facilitates excellent opportunities for exercise in the community, linking with local football teams. Moreover, physical health is incorporated into the care planning process.

Nile Ward, 2020-2021

There is a physical health lead at the service who promotes physical activity and use of the gym. Healthcare support workers have also been trained to supervise patients in the gym, increasing gym access for patients. Patients show good awareness of physical health and enjoyed using the gym.

Kingston Ward, 2021-2022

Emphasis is put on ensuring patients are aware of healthy eating and how to improve their physical health. Patients have activities such as yoga and smoothie groups, where every week staff and patients will make a new smoothie. Patients have access to a gym and a variety of keep fit exercise classes led by activity coordinators. The service has a physical health lead available to answer any queries staff or patients may have.

ES1, 2021-2022

AREAS FOR IMPROVEMENT

During physical examinations, patients are not always offered chaperones.

Staff understanding of the protocol for the management of an acute physical health emergency is varied.

RECOMMENDATIONS

Provide staff with training on physical examinations and the importance of a chaperone being present. Put up posters on the physical examination rooms with information regarding a chaperone and how patients can request this.

Develop a flowchart for staff on how to manage an acute physical health emergency and provide bite-size training on this. During supervision sessions, check staff's understanding of this process.

REFERRAL, DISCHARGE AND TRANSFER

84% of staff

agree or strongly agree there is a transition process in place to help patients move to another ward or in the community.

74% of staff

agree or strongly agree a discharge summary is sent within one week to the patient's GP.



GOOD PRACTICE EXAMPLES

Staff have access to many teams within the general hospital to help link with relevant agencies and organisations, including a team who organise a bed and breakfast for two weeks if housing is not ready. The service is proactive at following up patients within 72 hours after discharge and work closely with the receiving teams. For inter-ward transfers, a form is available to ensure therapeutic interventions, risk and patient-centred goals are continued on their recovery journey.

Titian Ward, 2020-2021

In response to a shortage of acute beds, the patient will be transferred to the locked rehab ward within the hospital, allowing for continuity of care and preventing delayed discharges for the patient. The social work team have good links with local charities and jobs and benefits centres, who will make reasonable adjustments to their processes to help the patient whilst they are in the inpatient ward.

Bearsted Ward, 2021-2022

Once a patient has been transferred, staff contact the patient to see how they are settling into the new service. An outreach service aids patients who are ready to be discharged into the community. There is also a float team available which supports the service with identifying barriers to discharge early on to minimise delays in discharge or transfer.

Sherbourne Ward, 2021-2022

AREAS FOR IMPROVEMENT

Inpatient teams do not always ensure that patients who are discharged from the ward have arrangements in place to be followed up within three days of discharge.

Not all services have a written process on the prevention and expedition of delayed discharges.

RECOMMENDATIONS

Develop robust discharge plans with patients which cover necessary arrangements for them, including accommodation and next point of contact. All patients should be followed up within three days of discharge. Agree with the next point of contact who is responsible for following up with the patient and record this in their case notes.

Liaise with the Trust/organisation to develop a written process on the prevention and expedition of delayed discharges. Use data from previous delays to inform the kinds of action that might be taken to reduce the occurrence.

SAFEGUARDING

90% of staff

reported there is a designated safeguarding lead at the service.

77% of staff

reported always being able to easily contact the safeguarding lead to get advice.



GOOD PRACTICE EXAMPLES

The team has a strong relationship with the Trust safeguarding team to allow for joint working with external agencies. Efforts have been made to clarify safeguarding procedures and the team also have safeguarding supervision to ensure clear lines of communication are kept throughout any safeguarding issue.

PICU Harplands Hospital, 2020-2021

The service have designated a safeguarding lead specifically to look at themes and trends and this is their main liaison for the local authority. The safeguarding lead will compile an action plan and share this with ward managers to support staff.

Furthermore, the team have developed a dashboard which they share in clinical governance meetings and thematic charts which are shared across all staff teams.

Radley Ward, 2021-2022

AREAS FOR IMPROVEMENT

Not all frontline staff feel empowered to raise and follow up safeguarding concerns themselves.

Safeguarding training compliance was not always at the 90% threshold required.

RECOMMENDATIONS

Consult with staff on how they can be made to feel empowered to raise and follow up safeguarding concerns. This can be done via an anonymous survey. Create safeguarding flowcharts and posters with information on who the safeguarding lead is and how to contact them. Put up the posters in staff areas. Additionally, introduce cards with this information which can be attached to the back of staff badges for easy access.

Provide staff with safeguarding training sessions and scheduled refreshers yearly. This can be brought to life with examples that may arise during clinical care. Training compliance should be audited and actions taken when the team is not compliant.

PATIENT EXPERIENCE

73% of patients

agree or strongly agree they are offered education on maintaining a healthy lifestyle and encouraged to remain active.

60% of patients

reported always feeling treated with compassion, dignity and respect.

77% of patients

agree or strongly agree they know how to access the advocate and how they can help.

64% of patients

agree or strongly agree there are a range of interesting activities on the ward seven days a week.

GOOD PRACTICE EXAMPLES

Following risk assessments, the service supports patient access to mobile phones on the ward. Both staff and patients have seen benefits to this, with patients being able to stay in touch with their loved ones. This is part of a series of ongoing positive projects within the service. Patients whose first language is not English are entitled to daily two-hour socialisation with an interpreter.

Titian Ward, 2021-2022

The service have involved patients in the design of their new building. There are photos of the new ward within Cobden Unit so patients can see what the new ward will look like and this is changed based on patient feedback. Patients' experiences were positive. They reported feeling involved in their care, listened to by staff and treated with compassion, dignity and respect. Further, food quality was reported as being good with various choices and cultural/religious meals being available, such as halal and Caribbean options.

Cobden Unit, 2020-2021

The peer support network available to patients is impressive. The network is called 'REAL Insight' and the peer worker works with staff and patients to make improvements at the service. They have collaborated with staff to analyse the way they work with patients and implement changes where needed.

Kingston Ward, 2020-2021

The service has physical health leads who actively prompt patients regarding sugar intake and encourages consumption of fruit and vegetables at mealtimes. They also have facilities to offer smoothies and healthier pudding options. The service has reviewed access to takeaways and offer this on a Tuesday and Saturday, with guidance being provided to support patients make healthier choices. The service also has access to dieticians and run a healthy living group. Patients can access body weight exercise machines in the courtyard and partake in boxing classes and dancing nights on the ward.

Willows Unit, 2021-2022

The service has developed a QR code for patients to feedback about the service. This has enabled patients to become more comfortable with using technology. It has also helped the service gain useful qualitative data from patients.

Junipers, 2021-2022

The service describes their relationship with the advocate as 'fantastic'. The mental health advocate is part of their multidisciplinary team (MDT). They are heavily involved in patient-related processes for example, they attend seclusion reviews and provide feedback to the MDT about how patients are feeling on the ward.

Holford PICU, 2021-2022

Care and treatment are culturally sensitive and there is good access to interpreters. For example, in addition to clinical meetings, an interpreter was booked for 3-4 hours a day on the ward recently. This supported a patient to speak with staff, make requests and build relationships. Further, staff report a patient has an upcoming baptism and Imams visit the ward to support worship and prayer.

South Hampton Ward, 2021-2022

AREAS OF IMPROVEMENT

Patient information can be made more accessible. Patients often found leaflets and information packs difficult to understand. Staff were not always proactive in explaining information to patients.

Activities do not always span over seven days, including bank holidays, weekends and evenings.

Food posed issues in many services. With variety and healthy options being the most common challenges.

Patient involvement in service development and improvement could be improved. Involvement and coproduction strategies were not cohesive.

“

They do activities with me all the time, they are brilliant in that way.

Holford PICU, 2021-2022

”

RECOMMENDATIONS

Offer patients easy-to-use formats that cater to those with sight/hearing/cognitive/learning difficulties. Provide information in languages other than English. Staff should invest time to explain written information to patients verbally.

Introduce a QI project on the activities provided at the service. The aim of this project is to review the current timetable and identify gaps in provision. Activities should span over seven days, including evenings and bank holidays. These can include self-directed activities. Patient input should be used to form activities and all staff should be encouraged to engage with patients. Consider employing an activities coordinator who can support with the implementation of the activities timetable and the delivery of evening and weekend activities.

Include food as an agenda item in community meetings and invite the catering team to meetings for patients to provide feedback. Incorporate menu consultations and tasting menus to improve food. This can be part of a 'food group'. Provide variety and healthy options.

A coproduction and involvement strategy for service users should be established and widely understood by staff. Involve patients in service development through quality improvement projects, survey feedback and recruitment.

FAMILY, FRIENDS AND VISITORS



60% of carers

reported always feeling listened to and supported by the ward staff.

63% of carers

reported rights and responsibilities around consent in relation to their loved one's care and treatment has been explained to them.

GOOD PRACTICE EXAMPLES

Carer champions are in place who attend carers meetings and have developed a new carers information booklet. Easter treats were sent to carers and email accounts have been set up for carers to contact, making the team more accessible.

Cobden Ward, 2020-2021

Carers spoke highly of staff and felt that they were approachable, accessible, and always available to speak to them, even if carers called during the night. A carer provided an example of this stating that when they brought items to their loved one, such as clothing or food, one of the staff members would come out to introduce themselves and provide an update on their loved one.

Sherbourne Ward, 2020-2021

A carer's centre on the same grounds as the service was signposted to carers. This is a place where carers can go to talk before or after their visit and is open throughout the whole week 9am-5pm, including weekends. Carers can also stay overnight in this centre in case they travel long distance to visit their loved one.

Heygate Ward, 2020-2021

A weekly carers clinic to help support carers has been developed. During this clinic, carers can talk to the staff team about their loved one and general hospital provision. There is also space to talk about the anxieties they may have as carers.

ES1, 2021-2022

The service have a carer group and peer support workers involved in governance and decision-making processes. This is endorsed from Trust to ward level.

IPCU Tayside, 2020-2021

Carers feel listened to and supported by staff. Carers expressed that they are regularly invited to meetings about their loved one's care and feel that their involvement and opinion is taken seriously by staff.

Skelbrooke Ward, 2021-2022

AREAS OF IMPROVEMENT

Carers are not always supported in accessing a statutory carer's assessment or support group.

Carer involvement in service development and improvement through the carer's engagement strategy could be improved.

Carers are not always supported in attending meetings and discussions important to their loved one's care, such as ward rounds, CPA meetings and discharge discussions.

Information packs are not always in place. Where they are, these are not routinely given to carers.

Time is not always given to carers to discuss their needs, concerns and family history.

RECOMMENDATIONS

Provide carers with information on what a statutory carer's assessment entails and how to access it. This can be included in the welcome pack or as a poster in the visiting rooms. Create an onsite support group for carers with the chance to meet face to face or virtually. If this is not possible, signpost carers to external support groups.

Develop a carer engagement strategy and provide all staff training on carer awareness. Involve carers in the development and delivery of this training. For further guidance on how to engage carers, please see the [QNPICU Carer Engagement and Involvement Guidance](#).

Foster a culture of open communication and, where consent is given, invite carers to meetings vital to their loved one's care. Make reasonable adjustments, such as video conferencing, to make these more accessible.

Create information packs for carers and provide this to all carers when their loved one is admitted. Information about the hospital and care provision should still be provided even if consent is withdrawn. Utilise a tracker to monitor when these have been given out. Offer paper copies and digital copies.

Provide dedicated time for carers to discuss their needs and concerns. Ask carers if there is information that could be provided to aid their loved one's treatment, such as family history. This opportunity should be provided as an in-person meeting, a virtual meeting or a phone call.

“ They really took the time to explain the medication and take my son's concerns seriously.

Nile Ward, 2020-2021 ”

“ The service goes above and beyond to alleviate my concerns, provide support and give me information over the telephone.

PICU Harplands Hospital, 2020-2021 ”

ENVIRONMENT AND FACILITIES



88% of patients

have an en-suite bathroom.

94% of patients

can adjust or request changes to the environment to maintain thermal comfort.

GOOD PRACTICE EXAMPLES

There have been changes made to the ward environment to make it feel more welcoming and homely for patients following Safewards. This includes introducing chalk boards within the communal areas for patients to use to write positive messages. Patients also have access to a chalkboard in their bedrooms to allow for personalisation.

Cobden Ward, 2020-2021

The involvement of the service with the Hospital Rooms charity is impressive. The aim of the project is to redecorate the ward and introduce artwork, involving patients on the ward in the creation of the artwork. During the virtual tour, the ward was observed to be bright, colourful and beaming with artwork on the walls which made it feel homely. Patients reflected positively on the ward environment.

Heygate Ward, 2020-2021

There is a range of information boards throughout the ward for both staff and patients. For patients, the boards include information on mutual expectations, Safewards, the use of body worn cameras, advocacy and the Eatwell plate. There are small boards outside each patient bedroom which include their named nurse and laundry day. Staff boards include specific ward information, health and safety, freedom to speak, safeguarding and supervision tree. There is also an information board in the visitors' room with leaflets, the welcome pack, safeguarding, advocacy, chaplaincy, sexual safety, smoke free and compliments and complaints information. Further, the service has introduced new alarms with electronic panels throughout the hospital showing where the alarm is coming from. Finally, the ward has introduced the use of OxeHealth in the seclusion room, which is a device capable of taking people's vital signs without physical interventions.

Titian Ward, 2021-2022

The recent refurbishment at Skelbrooke Ward allows for natural light and provides a warm and modern environment for patients. The refurbished en-suites have Safehinge Primera saloon doors that are anti-ligature. These doors detach from the pivots if a weight of 8kg is applied and can only be re-attached using a staff-only lifeline key. Gaps at the top and bottom of the doors allow for partial observation whilst retaining patient's privacy and dignity. The service has also installed Safehinge Primera anti-barricade doors which allows for quick access to patient bedrooms if necessary.

Skelbrooke Ward, 2021-2022

The seclusion room and de-escalation space are particularly impressive, with large bright murals of sunsets and oceans to help calm patients.

Bearsted Ward, 2021-2022

The use of space at the service is well thought out and the sensory room is impressive. Corridor space has been utilised to allow for extra seating and rooms have been sectioned off to allow for gender-specific areas. One of the corners on the female corridor was a blind spot and was being used to self-harm, the corner is now visible and a cushioned block was placed there which provides a soft surface patients can use as a punching bag. The sensory room was installed recently which is a therapeutic space for patients and staff. There are bean bags, sofas which can also become beds, a projector with Apple TV, YouTube and Netflix, aromatherapy, yoga mats and fiberoptic tubes.

The Hadley Unit, 2021-2022

Access to the sensory room provides the opportunity for relaxation, rest and de-escalation. Wind down boxes are being created for staff and patients. These include lavender, stress balls and weighted blankets for patients.

South Hampton Ward, 2021-2022

AREAS OF IMPROVEMENT

Visitor areas were often described as not homely, welcoming or private.

Not all wards had a de-escalation space or quiet space for patients which made it difficult to manage challenging behaviour.

Ward spaces were not always personalised and made to feel like a welcoming space. Some spaces were described as 'cold' or 'bare'.

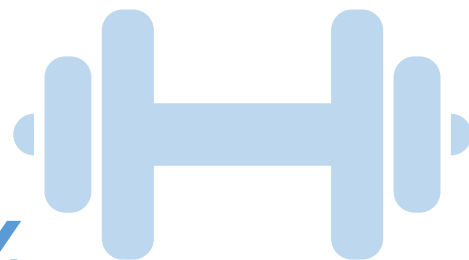
RECOMMENDATIONS

Introduce a QI project to review and improve the visiting rooms. This should be carried out in consultation with patients and carers. The aim is for visitor spaces to be as homely, welcoming and private as possible. This could include comfortable seating, patient artwork, plants and refreshments. Where it is risk assessed, allow for visits to be private.

Conduct room audits to identify available space for a dedicated quiet room or de-escalation space for patients to use to manage challenging behaviour. Consider introducing a sensory room to aid with managing behaviour. Research on the use of sensory rooms in PICUs can be found here: <https://onlinelibrary.wiley.com/doi/10.1111/inm.13065>

Allow patients to personalise ward spaces, as well as their bedrooms. Introduce patient artwork, information boards and bright colours onto the ward. Hospital Rooms support services with this and information can be found here: <https://hospital-rooms.com/>

WORKFORCE



89% of staff

agree or strongly agree they are offered debriefs and effective post incident support following a serious incident.

67% of staff

reported receiving monthly clinical supervision.

78% of staff

agree or strongly agree they feel safe and able to challenge decisions within the team.

70% of staff

agree or strongly agree the service looks after their wellbeing.

GOOD PRACTICE EXAMPLES

Staff have access to a wellbeing college through the Trust and reported leave and breaks are encouraged to be taken. They highlighted if they see someone who is burning out, they will change the shift rota so that the person burning out can have some extra time off to help recover.

Cobden Ward, 2020-2021

Staff report they have strong peer support and can ask for help or support from their colleagues at any time. In addition to this, staff state they have a strong management lead and there is an open-door policy culture of an open-door policy. Furthermore, staff reported their wellbeing is a priority, they are always encouraged to take their breaks and are offered counselling services if needed.

Kingston Ward, 2020-2021

Staff morale is high and the team feel well-supported and listened to by management. They receive monthly supervision, hold regular staff meetings and have an open-door policy.

Heygate Ward, 2020-2021

Newly qualified staff feel safe and supported on the ward. There is good access to monthly supervision, training and development. Staff spoke highly of their training budget with frontline staff currently on various training courses. The ward has daily planning meetings with the patients to help plan their days, encourage participation in the activity programme and action any maintenance issues to alleviate potential aggression from boredom and frustration.

Nile Ward, 2020-2021

The staff team present as cohesive and supportive of one another. They feel well supported by management, praising an open door policy, flexibility and accommodating line managers. Newly qualified staff feel well supported when managing challenging parts of the role such as violence and aggression. Daily huddles support a quick response to low staffing levels, which was particularly salient in the pandemic when staffing levels can fluctuate. The daily huddles also look 72 hours ahead to identify potential staffing issues.

IPCU Tayside, 2020-2021

Staff feel supported by managers and reported strong peer support. They get two-hour breaks which they are encouraged to take and are able to split. They have access to external support, including a psychology drop-in and one-to-one sessions. They also have helpful handovers which include informal reflective practice discussions. There is a workforce co-ordinator who will ensure staff are not doing too much overtime.

Wimpole Ward, 2020-2021

Staff have good learning and development opportunities. They have a protected learning day on a regular basis. They are divided into three groups and each group receives a learning day every two weeks. Information between the three groups is regularly shared after protective learning days. These days are used for learning and activities, such as team building days, discussions, workshops and outside speakers. Staff really enjoys those; they were particularly fond of a team building day that was held outside of the ward.

Sherbourne Ward, 2020-2021

The service is in the lowest quartile in the use of seclusion across the country. The team have achieved this by managing challenging behaviours and ensuring safety on the ward. The service uses a colour-coding system (yellow, purple, green) to indicate safety levels on the ward which is updated daily. This helps staff to understand how the patients are feeling on the ward and be aware of any challenging behaviour. They are also using the red-green-yellow system for individual patient observations.

Holford PICU, 2021-2022

Staff reported there are a number of wellbeing initiatives offered at the service, such as a masseuse and a wellbeing lunch which is protected time for the multi-disciplinary team to come together. Staff feel comfortable to challenge decisions they do not agree with. Further, staff development opportunities are positive. The service has looked at new and innovative ways at upskilling staff. The team upskilled one of their nurses to be a multi-professional approved clinician who works alongside the psychiatrist. This allows patients to have a choice and helps relieve the workload of the psychiatrist. In addition to this, the service has developed the “Grow Your Own Programmes” initiative which encourages staff to work on their own professional development. Examples include occupational therapy apprenticeships and encouraging health care assistants to become nursing associates.

Junipers, 2021-2022

Staff speak highly of training and development opportunities. The psychology team have offered internal sessions exploring trauma informed approaches and reflected on monthly learning objectives. There is funded nurse training available, and the ward clerk felt their development was supported through the creation of an honorary assistant psychologist role.

South Hampton Ward, 2021-2022

AREAS OF IMPROVEMENT

It is commonly reported that staff are not always able to take their breaks or that they are shortened.

Clinical and managerial supervision was not as often as monthly.

Training opportunities could be developed. This notably includes working with individuals with learning disabilities and autism. Carer awareness training was not always part of staff induction.

Wellbeing initiatives, further to peer support, were not always in place.

Staffing shortages continued to be a challenge which impacted on staff wellbeing, safety, training, morale and patient care.

“

This is the best team I have worked with. Staff are committed to the dynamic team and good working spirit.

Nile Ward, 2021-2022

”

“

The team is brilliant; we do what is best for patients.

Bayley Ward, 2021-2022

”

RECOMMENDATIONS

Implement a system to allocate breaks and protect this time for staff. Audit the use of breaks to identify the reasons for breaks being missed. Develop an action plan based on the findings. Where possible, management can support staff taking their breaks by covering the wards. If the ward is based at a larger hospital, request cover from the sister wards to ensure breaks take place.

Provide clinical and managerial supervision monthly. Staff should be aware of who their supervisor is and sessions should be recorded. Provide supervisors with appropriate training on supervision. Audit the frequency of supervision sessions and develop an action plan based on the findings. If not already available, jointly develop a template for supervision sessions with staff.

Utilise the standards to ensure staff are receiving comprehensive training relevant to their role. Where possible, involve patients and carers in training for staff. Introduce a programme of bite-size training sessions. The programme can be informed by staff feedback as well as staff knowledge and expertise. This will provide staff the opportunity to share their knowledge with colleagues and also to learn from colleagues.

Introduce a programme of wellbeing initiatives. This could include wellbeing helplines, staff counselling, protected breaks, staff coffee morning and encouraging the use of annual leave. Use staff feedback to inform the programme of wellbeing activities. Additionally, identify a wellbeing champion on the ward who can share information with staff on what is available through the Trust as well as being involved in the development of a wellbeing programme.

GOVERNANCE

90% of staff

agree or strongly agree lessons learned from incidents are shared with the team.

94% of services

collect data on the safe prescription of high risk medications.



GOOD PRACTICE EXAMPLES

Sherbourne PICU is involved in a research project called Oxehealth. Oxehealth involves technology for monitoring patients' vital functions such as heart rate, blood pressure sleep patterns and any movements. If there is an alert showing on the computer, indicating that a patient might be at risk, staff can see into a patient's room through a camera which is activated only for a couple of seconds. This is considered a less restrictive practice, allowing staff to receive necessary information about patients without having to disturb them. Staff reports that since they have been using Oxehealth, there has been a reduction in the number of assaults, both on staff and patients.

Sherbourne PICU, 2020-2021

The service's quality improvement project to reduce violence and aggression is impressive and effective. So far, the ward has reduced aggression by 43%. As part of the project, the service began to plan activities and think about issues that might lead to violence or aggression.

Nile Ward, 2020-2021

IPCU Tayside have successfully reduced levels of enhanced observations. The service used money invested by Health Improvement Scotland to reduce constant observation through interventions such as meditation, therapeutic engagement and person-centred care planning. The team has a good working relationship with the local police and have an appointed officer they can call directly if there are any problems. This has helped as previously they were spending a long time going through 101 calls.

IPCU Tayside, 2020-2021

The hospital has good links with the local police force and A&E department. A local police officer comes onsite most weeks to support the service in reviewing any incidents, assaults or verbal abuse that happens onsite. They will support with any MAPPA meetings, and they attend the monthly risk meeting with the local safeguarding team as well. There are supportive and proactive relationships in place.

Bearsted Ward, 2021-2022

The quality improvement projects at the service are impressive. The service has run projects on observational zoning, reducing restrictive practices and monitoring rapid tranquilisation.

Titian Ward, 2020-2021

The service work with 'Real Insight' who provide an expert by experience. The patient expert visits the service weekly and hosts workshops with both staff and patients to promote patient involvement in service development. Staff workshops include mental health first aid training, boundaries and therapeutic relationships.

Kingston Ward, 2021-2022

The service works collaboratively with other PICUs and are currently part of a service evaluation project to reduce the length of stay for PICU patients. The service reported that they were involved a variety of projects such as the introduction of clozapine injections for patients with psychosis, are currently introducing body worn cameras to the ward, have introduced non smart phones to patient bedrooms and have led the Trust on the Safewards project whereby rapid tranquilisation, seclusion and restrictive practice have been reduced.

Croydon PICU, 2021-2022

AREAS OF IMPROVEMENT

Many services did not have any QI or research projects in place.

There was a lack of local research strategies in place. Further, where research strategies were in place, these did not all outline how staff, patients and carers could be involved in projects.

Agency staff were not always assessed as competent to administer medications.

RECOMMENDATIONS

Empower staff to be QI/research champions to run projects and involve other staff, patients and carers. Additionally, provide appropriate training to the champions. Alternatively, liaise with the wider organisation's QI/research team to support the team's QI and research plans. QI topics can be identified through analysis of feedback received or areas identified through the review process as requiring further development.

Develop a local research strategy. This should cover how patients, staff and carers can be involved in research and how research findings will be disseminated. Liaise with the wider organisation's research team to support with this.

Develop a competency tool to assess agency staff's competency to administer medication. Additionally, liaise with the appropriate agencies to ensure the training provided to their staff is in line with the requirements of the ward.

Accreditation Membership

MEMBERSHIP

Between 2018 – 2020, 16 accreditation reviews took place. The geographical footprint of our member services can be seen in Figure 4.



Figure 4: Geographical map of 16 services that took part in accreditation reviews (2018-2020)

DATA COLLECTION



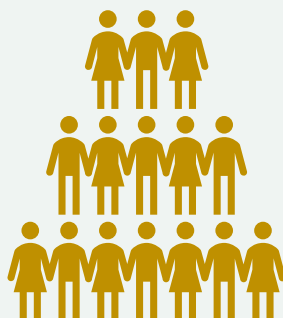
12

Trusts and
Organisations



412

Staff completed
questionnaires



99

Patients
completed
questionnaires



16

Wards



73

Carers completed
questionnaires

HOW WAS DATA COLLECTED?

The data in this report comes from 16 members who undertook their QNPICU self-review and peer review between 2018 to 2020. Together, they represent 12 Trusts and organisations across the UK.

Contextual data was obtained from the information completed by services at the beginning of their self-review period.

Data showing whether a service was marked as 'Met' or 'Not Met' against a given standard were taken from the decisions included in the final report written following each service's

accreditation review. Decisions as to whether a service had met or not met standards were made by the peer review teams based on evidence obtained from the self-review and subsequent accreditation visit.

The Accreditation Committee made decisions on compliance with standards based on the evidence provided after the accreditation visit took place. The Committee also made the decision to accredit services based on the information contained within the report and the evidence presented.

CONTEXTUAL DATA

This section provides an overview of the contextual information gathered from the 16 services reviewed against the QNPICU standards between 2018 and 2020. We collect this information to help gain an overview of the ward size, staffing numbers and occupancy. As staffing levels are usually higher on a PICU, this helps get an understanding of the ward.

The following data has been collected from those services that provided this information, where the data has not been provided or is unclear, this has not been included in the figures.

LENGTH OF STAY

The data shows that the average length of stay appears to be higher in male wards. Female PICUs have a significantly lower average length of stay, however it is worth noting that there was only two female only PICUs from our data set. There were 10 mixed wards and four male wards.

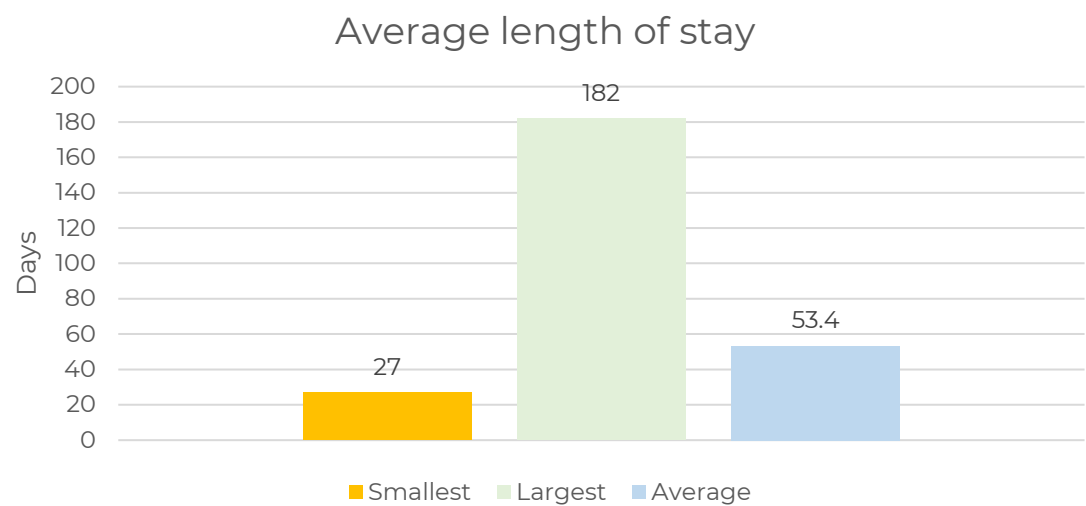


Figure 5: Average length of stay

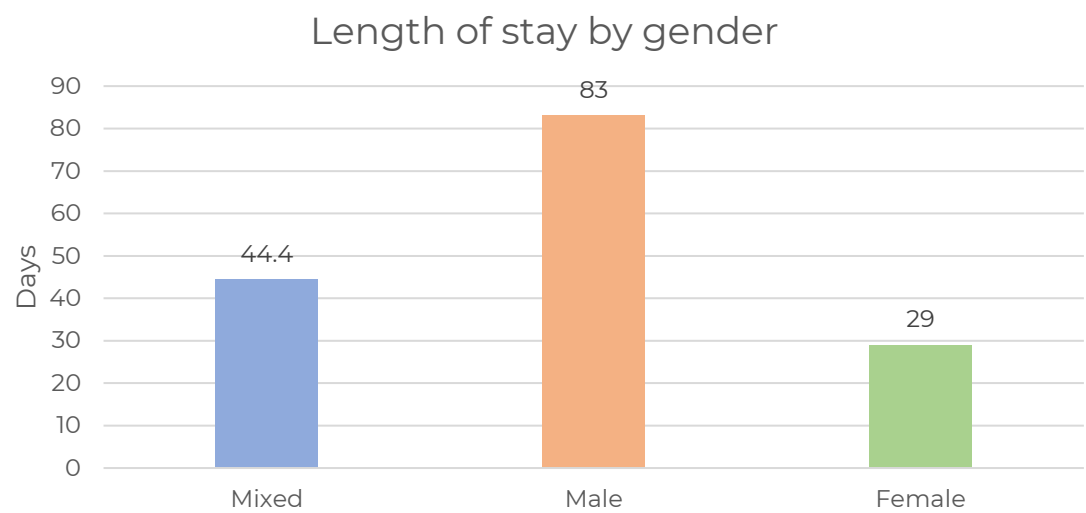


Figure 6: Length of stay by gender

BED OCCUPANCY

The number of beds of wards undertaking an accreditation review varied from six to 15, with the average being 11 beds. The data shows that the average bed occupancy rate is 89%, with 70% being the lowest occupancy rate and 100% being the highest. When separating this by gender, the bed occupancy in male wards appears to be higher than the average. This data was taken from eight mixed wards, three male wards and two female wards.

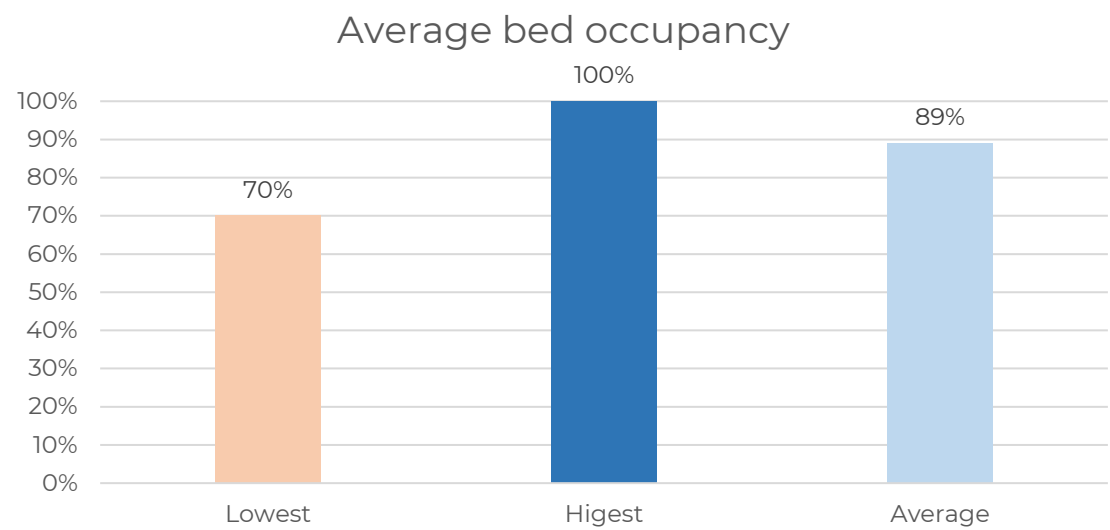


Figure 7: Average bed occupancy

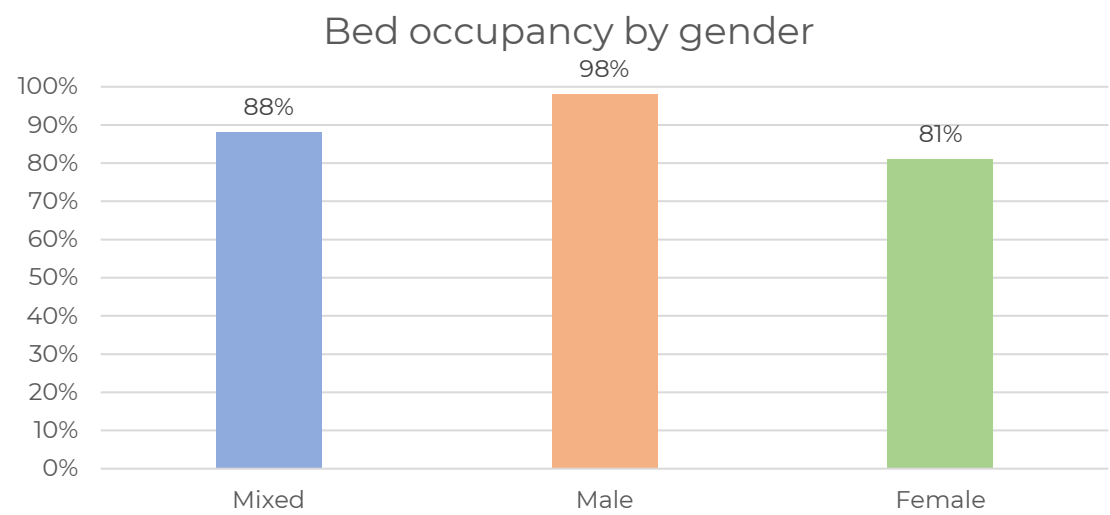


Figure 8: Bed occupancy by gender

STAFFING

Data was collected on the staffing whole time equivalent (WTE) of each ward. The average staffing numbers, including the highest and lowest numbers, can be seen on the table below.

Table 1: Staffing Whole Time Equivalent (WTE)

Staffing	Average WTE	Lowest WTE	Highest WTE
Nursing	11.1	5	18
Nursing/Healthcare Assistants	14.0	8	29
Psychiatry	1.3	0.2	3
Psychology	0.9	0.2	2
Occupational Therapy	0.9	0.45	2
Occupational Therapy Support Worker	1.2	0.4	3
Pharmacy	1.5	4	1
Admin	1.1	0.6	2

Some wards highlighted having other clinical staff as part of their team. Those ward who completed this information highlighted having access to specialist doctors, associate practitioners, art therapists, drama therapists and social therapists.

Similarly, some wards selected having non-clinical staff as part of their staffing team, stating access to activity co-ordinators, peer support workers, Shiatsu practitioners, chaplains, healthy lifestyle co-ordinators and service user involvement leads.



Untitled

Patient from Sherbourne PICU
Coventry and Warwickshire
Partnership Trust



ADMISSION AND ASSESSMENT

GOOD PRACTICE EXAMPLES

The team take a proactive approach to avoid unnecessary admissions. The team follow an initiative called 'PICU to the people' where they will support and provide advice to the other acute wards on-site to manage patients to avoid admitting that patient to the PICU. Part of this is using the PICU pyramid which involves working with patients and staff on other wards to help patients stay in the 'green' zone and identifying when a patient may need the extra support of a PICU once they reach the 'red' zone. This allows the team to be aware of potential patients that may need to be admitted to the unit before this happens, and to prevent unnecessary admissions.

Bedale Unit, 2019

The ward recently ran a six-week trial called the Health Promotion Group, where pre- and post-outcome measures were collected. This initiative has produced a number of positive outcomes, and the results are due to be disseminated highlighting this. The trial includes facilitating physical exercise by physiotherapy staff, having a focus on healthy eating as well as education on healthy lifestyles. The trial was done in consultation with the patients to focus on the areas of physical health and health promotion that would benefit them the most.

Leverndale IPCU, 2019

AREAS FOR IMPROVEMENT

Not all patients have received an explanation for their admission or a description of the ward. Some patients said that they were unclear on their rights and sectioning, especially when changes are made to their circumstances.

Carers were not notified of the patients' admission for up to a week. This has caused distress and results in carers not knowing where their loved one is.

RECOMMENDATIONS

Provide written information to patients on admission criteria, clinical pathways, how the service involves patients and carers and contact details of the service. This should be provided in easy-read formats for patients who require it.

Create an Excel sheet on patient admissions and a designated deadline to notify carers of patient admission to ensure that this takes place. Include notifying carers as a step in the admissions checklist. Employ a carers champion responsible for communicating with carers about admission.

“Staff are very friendly and approachable. I was made to feel welcome.

Bedale Unit, 2019



CARE PLANNING AND TREATMENT



GOOD PRACTICE EXAMPLES

Care plans are comprehensive, detailed and focused on the patient as an individual. The ward's care plans have been shared with the wider organisation and other wards in the Trust as examples of best practice in order to improve the care planning of other services.

Chaucer Ward, 2018

A commendable initiative in place is the use of the 'My Mental Health' and 'My Ward Round' documents for patients. This demonstrates a collaborative approach to involve patients in the development of their recovery and outcome goals and an ability to reflect on their own needs.

Walton PICU, 2018

The service has a volunteer co-ordinator who creates links and ties to the local community, the third sector and religious services. Shared between the hospital, this person will organise art therapy sessions, gardening groups and yoga sessions with volunteers from the local area.

IPCU Gartnavel, 2019

Patients are involved in their own care planning and as far as possible they are supported to develop their own goals. Care plans have also recently been reviewed to make them more patient-focused and to ensure they look at patients' individual recovery pathways. Patients are also involved in co-producing their own clinical formulations.

Beckfield Ward, 2019

AREAS FOR IMPROVEMENT

Not all services benefit from a perinatal pathway specific to the ward, or for a PICU setting.

Care plans were noted to be generic and did not appear to be patient centred. Many patients reported not being involved in the development of their care plans.

Some patients were unaware of the medication and treatments they are having.

RECOMMENDATIONS

Liaise with the local perinatal team to coproduce a shared care pathway for patients in the perinatal period.

When developing individual care plans for patients, ensure this is done collaboratively. Consider adding a 'my views' section to reflect patient views and goals.

Discuss medications and their side effects with patients during CPA meetings. Allow patients to put their preferences forward to the selection of medication.

REFERRAL, DISCHARGE AND TRANSFER



GOOD PRACTICE EXAMPLES

Delayed discharges are effectively managed and lines of communication with referrers are maintained, with the safety of the ward and patient dynamic at the forefront of admission decisions.

Denholme Ward, 2018

The service engages in the PICU pyramid process, which ensures consistency and continuity of communication between PICUs, community teams and acute wards when considering referrals for admission.

Cedar Ward, 2018

Regarding discharge, there is a clear spreadsheet indicating the location the patient will be moving onto, details of their community team, discharge date and days to discharge. It also has details of any barriers to discharge enabling the team to plan for any potential delays, such as housing, guardianship and discharge destination, and the team works to resolve any issues to prevent delayed discharges.

Caspian Ward, 2018

AREAS FOR IMPROVEMENT

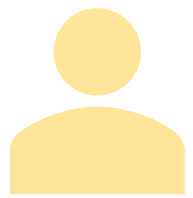
In a number of services handovers often overrun, especially when the ward is particularly unsettled.

Not all teams provide specific transition support to patients when their care is being transferred to another ward, community mental health team, or back home under the care of their GP.

RECOMMENDATIONS

Audit how often handovers are overrunning and use that data to determine whether more time needs to be allocated. Additionally, review the agenda for handover with an aim to make it more concise. Where possible, introduce a handover template that all staff adhere to during handover sessions to ensure no information is missed and handovers run to time.

Introduce transition mentors who can work with patients prior to their discharge. Additionally, develop and deliver training for patients on how to manage transitions. The transition mentor and/or peer-support workers should be involved in the design and delivery of this training. Utilise the information from the training to develop transition support packs for patients.



GOOD PRACTICE EXAMPLES

There are a range of activities available to patients; they have access to a therapy room which is used for music therapy and drama therapy groups, and also an art therapy room.

Oak Ward, 2019

Carers are invited to one of the twice weekly community meetings to update them of goings-on in the ward, and be more involved with their loved one's care. There are two independent carer assessors who are onsite regularly.

Pavilion Ward, 2018

There are clear, trusting, therapeutic relationships between staff and patients. One patient highlighted the professionalism of staff, and patients explained how supportive staff are throughout their stay on the IPCU. The ward staff demonstrated a good understanding of how to protect the dignity and safety of patients.

Leverndale IPCU, 2019

AREAS OF IMPROVEMENT

Many carers are not aware of their loved one's care plan, have not been involved in discussions about care planning and are not offered a written copy of this. Information about their loved one's diagnoses and treatment is also not offered, with a number of carers being unsure of which staff members are involved in their loved one's care.

Patients were not always clear on who their care co-ordinator or key worker was.

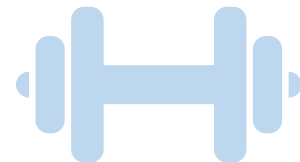
Some wards have blanket restrictions in place. For example, hot and cold drinks, as well as snacks, were not available for patients to make themselves in some services.

RECOMMENDATIONS

Following patient consent, invite carers to attend care and treatment planning meetings with their loved one and offer them a written copy of their loved one's care plan.

Inform all patients regularly of who is co-ordinating their care and key staff members as a hand-written section within their welcome pack.

Consider installing a hot water dispenser where the water temperature can be controlled. Provide patients with access to cold water via a cold water tap or jugs with fresh water. Support patients to make their own snacks.



GOOD PRACTICE EXAMPLES

The process in place for managing violence and aggression is effective, as all staff are trained in the prevention and management of violence and aggression. A new initiative called Talk First has also been implemented, which is a Trust-wide strategy for reducing violence and aggression by using de-escalation techniques and this is also guided by Safewards.

Beckfield Ward, 2019

Staff were positive about the management and leadership team and the support they are providing. Staff feel they are given plenty of opportunities to reflect on their work and for supervision, including the weekly group supervision sessions. Staff reported that their line managers are supportive and if they are feeling overwhelmed or burnt out, they know they can take some time out.

Bedale Unit, 2019

Staff receive monthly line management and clinical supervision, as well as reflective practice sessions which are facilitated by a psychologist.

Denholme Ward, 2018

Throughout the week there are three multidisciplinary team (MDT) meetings (including ward rounds) to ensure that decisions are made as a whole team. The domestic staff are included in the safety huddles and staff reported no hierarchy within the ward.

Jade Ward, 2018

The staff use SafeCare Live as an overview of staffing levels. This allows staff to identify any issues with staffing, any gaps in the team, and can also enable them to record the use of bank and agency staff, as well as recording when staff members are pulled from other wards at the service.

Oak Ward, 2019

AREAS OF IMPROVEMENT

Reflective practice sessions did not take place at some of the services.

On some wards, staff morale was low due to short staffing and there is room for more wellbeing initiatives. Many staff reported not always being able to take their breaks and an increase in burnout.

RECOMMENDATIONS

Hold regular reflective practice sessions for staff. In order to allow ward staff to attend reflective practice, have members of the MDT or ward managers step in to allow other staff to come off the ward.

Implement a system to allocate breaks to staff and identify the frequency that staff miss breaks so that they can request to take time back. Consider implementing team building days to address low morale.



GOOD PRACTICE EXAMPLES

Notice boards around the service were observed to have good information on display, such as 'you said, we did' boards, information on advocacy services and therapy groups and community meeting minutes.

Hooper Ward, 2019

The environment and facilities at the service are impressive. It has wide corridors with ample light, and it was observed to be clean and tidy. There is a large communal area, a big lounge and a smaller lounge that can be made gender-specific if needed. The activity room has various materials for arts and crafts and painting and also has a guitar and ukulele. There is a gym which patients can use within the ward and an assisted bathroom, for those with mobility issues, in which the bathtub will tilt and move as needed. The courtyard has had a new mural installed with images of a landscape and anti-slip floors. There is also a communal garden within the hospital where visitors can bring their pets.

Melton Suite, 2020

There are excellent, purpose-built developments that have been made at the service to minimise ligature risks and promote safety on the wards. This includes patient bedroom doors which are designed to be anti-barricade, parabolic mirrors are installed in areas where sightlines are limited, and the seclusion facility meets all requirements set out in the Mental Health Act. Additionally, the ward is clean, bright and spacious, providing a welcoming and homely atmosphere.

Priestners Unit, 2018

AREAS OF IMPROVEMENT

Not all wards had a de-escalation space or quiet space for patients which made it difficult to manage challenging behaviour.

Ward spaces were not always personalised. Some spaces were described as 'cold' and lacking artwork.

RECOMMENDATIONS

Conduct room audits to identify available space for use as a dedicated quiet room or de-escalation space for patients to use to manage challenging behaviour. Consider introducing a sensory room to aid with managing behaviour. Research on the use of sensory rooms in PICUs can be found here:

<https://onlinelibrary.wiley.com/doi/10.1111/inm.13065>

Allow patients to personalise ward spaces, as well as their bedrooms. Introduce patient artwork, information boards and bright colours onto the ward. Hospital Rooms support services with this and information can be found here: <https://hospital-rooms.com/>



GOOD PRACTICE EXAMPLES

The team are passionate about violence reduction and are trying to embed least restrictive practice. De-escalation techniques are prioritised, and one of the staff members is an in-house trainer on violence reduction and will provide training/refresher training on an annual basis.

IPCU Gartnavel, 2019

The ward has a transparency board for patients, staff and visitors to see. This gives information on clinical outcome reviews such as the number of risk assessments and care plans being done, information on 132 rights and seclusion use.

Pavilion Ward, 2018

There has been a great emphasis on reducing restrictive practice at the service. Staff make every effort to conduct individualised risk assessments and minimise the use of blanket restrictions.

Priestners Unit, 2018

The ward has recently introduced safety huddles; these are quick meetings with the whole MDT to discuss concerns about patients that are agitated or distressed.

Jade Ward, 2018

Staff have recently revamped the incident report checklist to include prompts from the Mental Health Act and to encourage detailed and consistent reporting from staff.

Denholme Ward, 2018

AREAS OF IMPROVEMENT

Some services did not have a formalised process to ensure that lessons learned are reviewed and shared.

Staff did not always have access to carer awareness training sessions.

A number of services had room for more training opportunities in relation to working with individuals with cognitive impairments and learning disabilities.

RECOMMENDATIONS

Develop a lessons learned poster that includes the nature of the challenge/incident and the action to be taken. Put up the lessons learned poster on staff areas and discuss it during staff meeting.

Obtain input from family members in the design and delivery of carer awareness training. Provide this training to staff regularly.

Liaise with the Trust to incorporate training on working with individuals with cognitive impairments and learning disabilities into staff induction. If this training is not available, liaise with the Trust's learning disabilities team to develop this.

FINDINGS FROM THE ACCREDITATION COMMITTEE

This section explores the top five unmet Type 1 standards brought to the Accreditation Committee between 2018 and 2020. Included below is the equivalent standard in the Third Edition of the Standards for Psychiatric Intensive Care Units (2023), along with recommendations to support services to meet these standards.

Care Planning and Treatment

Standard 34 (2017 Edition)

Each patient is offered a pre-arranged up to 1-hour session at least three times a week with their named nurse to discuss progress, care plans and concerns. These sessions are documented.



Standard 16 (2023 Edition)

Each patient is offered a one-hour session at least once a week with any nominated member of their care team to discuss progress, care plans and concerns. These sessions are documented.



Recommendation: Allocate staff members to meet with patients weekly for a minimum of one hour and record this within patients' case notes. This should be scheduled as part of patients' individual, seven-day timetables. Audit this to identify difficulties in providing regular sessions.

Standard 41 (2017 Edition)

The ward/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: Assessment; Care and treatment (particularly relating to prescribing psychotropic medication); Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.



Standard 19 (2023 Edition)

The service has a care pathway for patients who are pregnant or in the postpartum period.

Guidance: Patients who are over 32 weeks pregnant or up to 12 months postpartum should not be admitted to a general psychiatric ward unless there are exceptional circumstances.



Recommendation: Work with the local perinatal team to develop and implement a care pathway for patients who are pregnant or in the postpartum period. This should include guidance around treatment and referrals to other services.

Standard 106 (2017 Edition)

Staff receive training in recognising and communicating with patients with cognitive impairment or learning disabilities.

**Standard 126.5 (2023 Edition)**

Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes recognising and communicating with patients with cognitive impairment and learning disabilities.



Recommendation: Liaise with the Trust's learning team to develop training in recognising and communicating with patients with cognitive impairment and learning difficulties. This could be the [Oliver McGowan training](#). Deliver this training to all staff and record this within a training log. Compliance should be over 90% at all times.

Standard 109 (2017 Edition)

Staff receive training on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

**Standard 126.7 (2023 Edition)**

Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.



Recommendation: Provide all staff with training in carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality. Employ a carer representative/expert by experience to design and deliver/co-deliver this training. Record this within a training log and ensure compliance is over 90% at all times. For further guidance on how to engage carers, please see the [QNPICU Carer Engagement and Involvement Guidance](#).

Standard 136 (2017 Edition)

Patients have access to lockable storage facilities within patient bedrooms.



Standard 81 (2023 Edition)

Lockable facilities are provided for: Patients for their personal possessions (with a staff override feature) with maintained records of access; Staff away from the patient area for the storage of any items not allowed within patient areas (which are locally determined); Visitors away from patient areas to store prohibited or restricted items whilst they are in the service.



Recommendation: Conduct an environmental audit to identify areas to install lockable facilities for staff and visitors to store their personal possessions/prohibited items. This should be located away from patient areas. Additionally, provide patients with lockable storage which they can access without staff input, but with staff override (where risk assessed). This could take the form of a safe that is kept in patient bedrooms.



Untitled
Patient from Walton Ward
South West Yorkshire Partnership
NHS Foundation Trust

OPEN FORUM DISCUSSION SESSIONS

During the first wave of the pandemic, the Quality Network took the decision to organise a series of open forum groups for individuals working within member services to discuss common issues arising from working within psychiatric intensive care units. These sessions were also open to patients and carers to discuss challenges they have experienced in relation to the pandemic. Each forum had a specific theme based on feedback that we were receiving from member services around key priority and challenge areas.

The sessions were facilitated by the Quality Network team and the purpose was mostly for individuals to access peer support and engage in helpful conversations about particular issues and to learn from each other. The open forum discussion sessions that took place were on the following themes:

- Managing acute disturbances
- Staff support, wellbeing and resilience
- Restoration and recovery

A summary of the key themes that arose from these sessions can be found below.

STAFF WELLBEING

There had been anxiety among staff relating to COVID-19 management. Generally, staff reported good teamwork and support. There were a range of novel ways of supporting staff introduced including a 'recharge room', pampering products and food being provided.

Services have implemented a range of initiatives to support staff wellbeing. As well as usual support such as reflective practice and supervision, services have been creative in thinking of ways to improve staff wellbeing. Lots of good ideas were shared. For example, holding a wellbeing day, rolling out resilience and wellbeing packages, connecting with local business such as cafes for discounts or donations, putting together 'self soothe' boxes, and themed grab bags (e.g. film, games).

Some services have held themed days for staff and patients, for example a broccoli day. This were great for bringing staff and patients together for something fun, during such a difficult time.

Staff in some services were being encouraged to take annual leave to reduce stress. Peer support has been impressive and MDT involvement on the wards was appreciated.

KEY CHALLENGES

PPE - wearing facemasks limits verbal communication and the use of meaningful facial expressions. For PICUs, this is particularly challenging as patients who are acutely unwell find it difficult to recognise staff which can increase feelings of paranoia.

Testing for COVID-19 - some services are able to test effectively and rapidly. Others report they do not have capacity to do so and focus on those displaying symptoms.

Uncertainty around visits - PICU's are taking individualised approaches to facilitating visits based on their specific circumstances. One service is facilitating socially distanced visits for an hour whilst other services do not facilitate visits on hospital grounds. All staff are mindful of ethical implications and aim to review policy in line with government guidelines.

Individuals getting sick or needing to isolate have led to staff shortages and increased issues with staff turnover. In addition to this, there has been an increase in the level of acuity of patients being admitted to services, increasing the pressure on staff. Many services were struggling with recruitment, including nursing and occupational therapy (OT) staff.

POSITIVE OUTCOMES

Services have noticed increased motivation in patients to give up smoking.

Many services have been flexible in their approach to the use of grounds and outdoor space. Some services note an increased emphasis on health promotion and actively facilitate exercise, outdoor activities, walking and cycling.

Staff have been good at rallying together and the sense of team spirit and working together has also led to a valuable source of peer support.

CARER IMPACT

The technology now in place for patients who are unable to access leave or visits has been positive in terms of increasing virtual connectedness between patients and their loved one. Carers hope this initiative carries on post COVID.

Carers have been able to see their loved one's bedrooms and patients have been able to see their family home which has improved patient morale. Carers are also able to attend meetings for their loved ones with the technology that is available.

USE OF TECHNOLOGY

Services report positive experiences of using technology. One service introduced a patient laptop set up with internet calling—this has enabled patients to call loved ones with the added extra of visual communication. Most services agree the use of technology has been helpful and likely to be carried on post COVID. Additionally, technology has had a positive affect on staff who no longer need to travel long distances for meetings.

Services are using Microsoft Teams to communicate with patients which is proving to be a success. The MDT teams have been using patient iPads to support patients to connect with their families as well as CPA meetings and mental health tribunals.

It was highlighted that the use of technology has been positive with psychology sessions being done over the phone which has improved engagement. Other psychology teams have had remote contact with patients on the ward.

The implementation of technology has allowed for greater carer engagement. Carers have been able to see their loved one's bedrooms and patients have been able to see their family home which has improved patient morale. Carers are also able to attend meetings for their loved ones with the technology that is available.

PATIENT IMPACT

Most PICUs have seen an increase in the acuity of patient presentation and suggest it could be due to less available inpatient beds and reduced community provision – patients are becoming more unwell in the community before interventions and medications are made available.

The MDT teams have been using patient iPads to support patients to connect with their families as well as CPA meetings and mental health tribunals.

FUTURE

The importance of keeping physically active was highlighted throughout the pandemic. Services went above and beyond to provide patients with more access to outdoors and kept patients informed of the changing restrictions.

Services became creative in thinking of ways to provide socially distanced therapy sessions to patients as well as increasing the support provided to staff.

The innovative use of technology during the pandemic has paved the way for close working with other teams and carers.

EVENTS

Annual Forum for Psychiatric Intensive Care Services

22 OCTOBER 2020

The Quality Network hosted its third annual forum for prison mental health services. This event included presentations from experts within the field and was interactive and engaging with the audience, despite being virtual. The programme looked at several themes including sustainable mental healthcare, open dialogue and family engagement, implementing peer-support and Quality Network updates.

Emerging Drug Trends and Their Impact on Mental Health Services

01 & 02 JUNE 2021

This two-day event was hosted in joint partnership with the Quality Networks for Forensics, Prison and PICU mental health services, with East London Foundation Trust (ELFT) and Traverse. This event 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. There were sessions dedicated for front line professionals to share their work and for service users to share their experiences. There were also opportunities to develop discussion points within breakout rooms and share these during whole forum discussion sessions.

Annual Forum for Psychiatric Intensive Care Services

19 OCTOBER 2021

The Quality Network hosted its fourth annual forum for psychiatric intensive care units. This event included presentations from experts within the field and was interactive and engaging with the audience, despite being virtual. The programme looked at several themes including a quality improvement project promoting sustainable mental healthcare, developing a trauma informed approach, celebrating equality and diversity and Quality Network updates.

WEBINARS

We hosted a series of webinars and discussion groups where individuals can come together to learn and discuss certain topics. Each webinar had a specific theme and were free to join. Please see [our website](#) to

watch any of our webinars on demand. Click on the titles to view the recordings.

Managing Acute Disturbances

02 APRIL 2020

The first QNPICU webinar was jointly run with NAPICU on managing COVID-19. RCPsych/RCN provided an overview of the guidance issued this week and NAPICU shared their guidance on managing acute disturbances.

PPE And Hospital Escorts

16 APRIL 2020

This session focused on managing COVID-19 and PPE. Laura Woods discussed guidance on which PPE to wear for PMVA, how the Public Health England guidance can be applied to acute mental health settings and managing violent COVID patients. Sandeep Mathews from the QNFMHS network talked about safely escorting patients to acute hospitals; use of PPE in such circumstances, use of mechanical restraints and communicating and liaising with acute hospitals about patients in secure care.

Hospital Rooms

11 MAY 2020

This webinar was aimed at Inspiring Patients to Get Creative During Covid-19. Tim A Shaw and Niamh White are the co-founders of arts and mental health charity Hospital Rooms. Since the COVID-19 pandemic, Tim and Niamh have been working on ways to continue to encourage creative activities in inpatient units and have released a series of simple art activities PDFs that have been shared with more than one hundred mental health wards.

Exercise Professionals for Mental Health

29 MAY 2020

The founder of the Exercise Professionals in Mental Health Network, introduced the network, discussed the importance of physical activity and exercise, especially during Covid-19 and provided thoughts on meaningful health activity for patients on the ward. Drawing from forensic and PICU settings, ideas were shared around the 'achieving a healthy weight CQUIN' and developing a physical health passport. Speakers included Jack Phillips, a Lead Physical Health Practitioner at Devon Partnership NHS Trust, Gareth Connell, a Sports Instructor from Midlands Partnership NHS Trust, and Anthony MacDonald, an Exercise Therapist from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

Staff Health and Wellbeing During the Pandemic

04 JUNE 2020

Throughout the current crisis, many healthcare workers (HCWs) have worked long hours in high-pressured novel circumstances characterised by trauma and moral dilemmas. Many have faced the risk of infection, and by extension infecting their families, with outcomes seemingly worse for some, including black, Asian, and minority ethnic staff. Additionally, remote working is likely to have brought its own challenges. Some staff will undoubtedly thrive in such circumstances, but many will not. Professor Neil Greenberg and Dr Derek Tracy outline the risks to the mental health of HCWs posed by the crisis and also what the scientific evidence says should be done to help.

Communicating with Carers

09 JUNE 2020

The webinar posed the following question: How might mental health professionals engage with carers? Ian Henwood, Together Associate Director, gave practical examples from the 'advice to carers during the coronavirus' document. Sheena Foster, Carer Representative, Royal College of Psychiatrists, discussed engaging with carers from a secure service perspective.

Oxehealth

16 JULY 2020

Dr Faith Ndebele, from Coventry & Warwickshire Partnership NHS Trust, shared first-hand experience and preliminary data in how digital technology can change practice on the PICU. The webinar highlighted how technology can enhance patient safety, including real-world examples, and consider the relationship between clinicians, patients and novel technology.

Infection Prevention and Control

15 APRIL 2021

This webinar was aimed at discussing the challenges when managing the effects of the COVID-19 pandemic in acute mental health settings, including environmental, practice and clinical issues. Presenters included 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

Safety In Mental Health Settings

17 SEPTEMBER 2021

This was the first QNPICU/QNWA joint webinar covering the London Safety in Mental Health Settings project, run by the Cavendish Square Group. The group spoke 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. Speakers included Tim Bryson, Programme Manager, London Safety in Mental Health Settings Project, Jane Carthey, Human Factors and Patient Safety Consultant and Ony Vambe, Nurse Professional lead, Central and North West London NHS Foundation Trust.



JARGON BUSTER

PPE: This stands for personal protective equipment and it includes items such as gloves, masks, eye protection and aprons.

PMVA: This stands for prevention and management of violence and aggression. It is a method of conflict management to 'breakaway' from patients and/or to execute physical restraint. Healthcare workers use PMVA when dealing with potentially dangerous patients, who can harm others and/or can cause harm to themselves.

Oxehealth: This is the name of a provider of vision-based patient monitoring and management systems. These systems are aimed at helping clinicians to deliver safer, higher quality and more efficient care. This includes cameras which are able to monitor patient's pulse and breathing rate, for instance.

RESOURCES

Involving Patients and Carers on Virtual Reviews

As a team we have been working hard to recreate all the elements of an in-person review in a virtual environment.

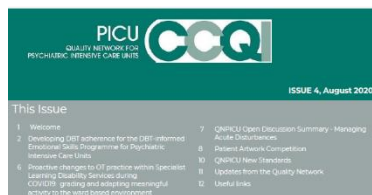
The involvement of patients and carers on our peer review days remains vital and is something we do not wish to let slip given the circumstances with virtual reviews. We would like to work collaboratively with our member services to engage patients and carers in a meaningful, confidential way.

For some recommendations on how best to involve patients and carers in your service's virtual peer review, please see our guidance document below.

Newsletters

We have published four issues of our newsletter for psychiatric intensive care units, where we invite staff, patients and carers from psychiatric intensive care units to submit articles demonstrating good practice based on our set themes.

You can see the themes and access the newsletters by clicking the images below.



WELCOME

Welcome to the 4th edition of the Quality Network for Psychiatric Intensive Care Unit 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 acute events. 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 DfT informed emotional safety within PICUs and during COVID-19. In addition, we have included the winning piece of an accreditation appeal to enjoy. They really are excellent and we look forward to using the winning piece in 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 resuming 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 are pleased to detail some of the progress achievements. The second edition of the QNPICU standards is ready to be published in the next few days. Furthermore, we are moving on progress 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 very extended and very well received. Thank you to everyone who has contributed and enabled us to keep supporting PICU services during this uncertain time.

Finally, Megan Georgiou is stepping down as programme manager in July, having worked at the College since 2016. Kate Townsend has been appointed to take over the role and is looking forward to further developing the programme with you.

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.



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 a positive note and highlight stories, so please do take a look through our 5th published newsletter!

This edition we have some great submissions from our staff, with a focus on staff wellbeing from the QNPICU staff support and wellbeing group. A positive article about supporting physical health and also a journey into the development of an accreditation appeal. 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 has been a real success in the introduction of our QNPICU.

If you have any questions about how your review will go, or if you have any concerns 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 newsletters. 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.

Issue 04 – No theme

Issue 05 – No theme

Involving patients and carers on virtual reviews



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 we hope you are reaching 50% 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 points on this topic, and also information on local 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 that!

In other news, we have recently done our biggest QNPICU virtual event! This was in collaboration with BLFT, Transcare, QNPIHMS and QNPIHMS projects (CCQI) to discuss the topic of 'Emerging Drug Trends and their impact on 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—we 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 [on-demand hub](#).

Preparations are now underway to begin Cycle 3 of our QNPICU membership. We want our 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 in the best practice of virtual working, and not automatically returning to the way things were.



WELCOME

Hello and welcome to the Winter Edition of the newsletter. I cannot believe it is the festive season again! As the year is drawing to a close, it is a good opportunity to reflect on what we have done as a Network. Since the last newsletter we have had our fourth annual forum. We had some amazing speakers focusing on sustainable healthcare, trauma informed care, peer-support for carers and equality, diversity and inclusion. It really was a fantastic and engaging programme, a big thank you to those who spoke at our event and for everyone who attended.

We also did a joint webinar with our sister Network, Quality Network for Working Age Adults, on the Safety in Mental Health Settings project, which is a pan-London project on relational security and trauma informed care within acute and PICU wards. This generated a lot of interest and is something we are hoping to focus on next year in more detail. Watch this space.

This newsletter is on carer engagement within psychiatric intensive care units. This is a notoriously difficult area for mental health services in general, but particularly within PICUs where patients are there for a shorter length of stay. It's really positive to see such good practice examples included within this newsletter.

Included in this newsletter is also details of the Green Rooms campaign we did in the run up to CCQI. The gives detailed tips and advice on how to make your ward sustainable. This is available on [KNPIU](#) if you would like to see more.

Finally I would also like to mention that this will be the last newsletter from me, as I will be leaving the College at the end of the year. It has been wonderful working here for the last five years, and I have learned so much. The QNPICU programme was the first programme I developed my skills and creativity with, and will always have special memories for me. Thank you to all members for the wonderful teaching and innovative experiences I have had.



Issue 06 – Sustainability in Mental Healthcare Settings

Issue 07 – Carer engagement within PICUs

Produced by the QNPICU project team



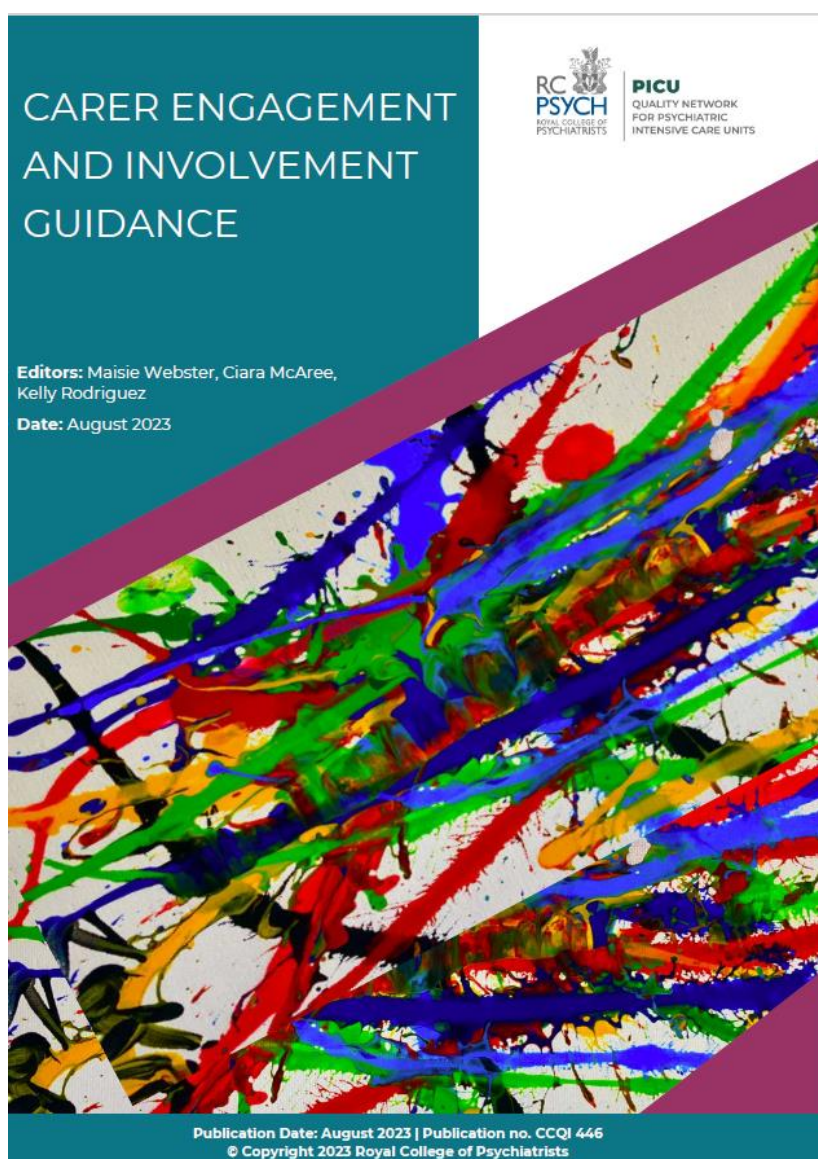
Carer Involvement and Engagement Guidance

Psychiatric Intensive Care Units (PICUs) face a number of barriers to engaging carers due to the nature of services. Carer engagement is frequently an item for discussion during QNPICU peer-reviews, with services looking for ways in which they could increase their engagement with carers.

There have also been barriers to engaging carers in QNPICU processes. As a result of this, a QNPICU Carers Working Group was introduced. The group explored the barriers PICU services face when trying to engage carers and identified good practice examples. Additionally, the group

reviewed the Family and Friends section of the QNPICU standards as part of the wider standards revision processes.

A guidance document (below) was created which aims to provide PICU services with good practice examples to help improve their engagement with carers. Within the document, the Family and Friends standards from the QNPICU third edition (2023) have been included, with examples outlining what services can implement in order to meet these.



PROJECT TEAM CONTACT DETAILS

Team contact information

Kelly Rodriguez, Programme Manager

kelly.rodriguez@rcpsych.ac.uk

0208 618 4063

Maisie Webster, Deputy Programme Manager

Maisie.webster@rcpsych.ac.uk

0208 618 4023

Address

Quality Network for Psychiatric Intensive Care
Units

Royal College of Psychiatrists

21 Prescott Street

London

E1 8BB

Website

www.rcpsych.ac.uk/picu

PICU

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB