Clinical Governance Support Service
promoting excellence in mental health and learning disability services

Clinical Governance Support Service

CLINICAL GOVERNANCE STANDARDS
for Mental Health and Learning Disability Services

Enabling Front-line Staff:
Turning clinical governance strategies into practice

Foreword
Development of the standards
The standards
  1. Environment and Facilities
  2. Staffing and Recruitment
  3. Monitoring and Management of Performance
  4. Staff Training and Development
  5. Services and Resources to Support Staff
  6. Involving Staff and Keeping them Informed
  7. Organisational Culture
Feedback form

November 2002, CRU No. 025. Edited by Adrian Worrall.

©2002 The Royal College of Psychiatrists for further information contact Enquiries@cru.rcpsych.ac.uk
Foreword

Policy-makers are more explicit now about what is required than they have been at any other time during my 20 years working in mental health services. The National Service Framework and NHS Plan list the service components that should be put in place and define the values that should be adhered to. Guidance about the CPA, and from NICE about clinical practice, describe the process of care that should be followed, sometimes in minute detail. Performance indicators are being piloted that the Commission for Health Improvement will use to ensure that the desired outcomes are achieved.

Last year’s CGSS reviews confirmed that managers in mental health services have responded to these top-down demands and have translated national requirements into local policies and procedures, usually under the broad umbrella of clinical governance. However, one consistent theme to emerge from peer-review visits was doubt amongst trust managers about whether their ambitious plans had been translated into improvement at grass-roots level.

The mechanisms by which clinical teams can be influenced to adopt new or changed practices are complex to the extent that these teams can appear to be “black boxes”. Inputs in the form of new policies and procedures sometimes do not result in outputs that demonstrate change in the direction desired.

In our view, this black box must be the focus of this year’s work for CGSS. We have therefore reformatted the standards and now present them from the perspective of front-line staff. The standards and criteria continue to represent all of the components of clinical governance but they are written in language that will resonate with practitioners. The central question they address is does this service have a culture and practices that enable its staff to work in a way consistent with the principles of clinical governance?

Professor Paul Lelliott
Director
College Research Unit
The Development of the Standards

Background
These standards aim to help trusts that provide mental health and learning disability services turn clinical governance strategies into practice. They describe the actions managers can take to enable front-line staff’s clinical governance work.

The standards are the basis for the CGSS self- and external peer-reviews. The aim of the reviews is to gradually improve the quality of services using the principles of the clinical audit cycle. The standards represent ideal practice and as such the level of service they describe is not expected to be found universally.

These standards do not replace CGSS’ preceding set of standards, Clinical Governance Standards for Mental Health and Learning Disability Services (August 2001, CRU No. 017), but rather specify clinical governance work at a different service level.

Methods
The development involved three main processes: a review of key documents; consultation with CGSS members; and editing. We used the information from members to supplement the standards derived from the literature review. This ensured that the standards were up-to-date and that they took account of the views of relevant staff.

i. Review of key documents
Many standards were adapted from CGSS’ preceding set of standards (CRU No. 017). These focus on structures and strategies but have implications for management support for front-line staff. The review also included standards and information from the Health Advisory Service (HAS); the Commission for Health Improvement (CHI); the Royal College of Psychiatrists; and Clinical Accountability, Service Planning and Evaluation (CASPE). The CHI’s Clinical Team Self-Assessment tools were particularly relevant. Some local trust documents were very useful including South London and Maudsley NHS Trust’s modular workbook, Clinical Governance and the Clinical Team.

In particular, some standards on staffing levels were derived from the Royal College of Psychiatrists’ report of the working group on the size, staffing, structure, siting and security of new acute adult psychiatric in-patient units, Not Just Bricks and Mortar (CR62, 1998), and the Department of Health’s Mental Health Policy Implementation guidance covering adult inpatient care (http://www.doh.gov.uk/mentalhealth/inpatientcp.pdf) and community mental health teams (http://www.doh.gov.uk/mentalhealth/cmht.pdf). We derived about 320 statements that formed the basis of the first draft of the standards.

ii. Consultation
Feedback from CGSS members was particularly valuable to this set of standards. Members were asked to rate each standard as “very important”, “important” or “not important”. They were also asked to suggest new standards.

iii. Editing
Low rated standards were removed. Other editing criteria included: ease of measurement; achievability, e.g. how achievable statements were; and local adaptability, e.g. how adaptable statements were to variations in local practice. These reduced standards have been adapted into data collection tools for use on self- and external peer-reviews.

Format
Section headings have been chosen to reflect the action managers can take to support front-line staff. General statements are classified as standards, and more specific statements as criteria.
within these. Each standard has typically four or five criterion statements. In this document standards are in bold text and relevant criteria are given in plain text below these.

Many of these standards directly refer to managers’ responsibilities and their actions to enable front-line staff. It would be a mistake, however, to think of managers and front-line staff as two distinct groups. There are managers at many levels of the service from clinical and administrative team managers to service managers and medical directors. Then, of course, there are many staff who have both clinical and managerial roles. It would probably be more helpful to think of “management” as a function rather than “managers” as a distinct group. Good standards, however, specify the person/people responsible for the action described, and for this reason and for the sake of simplicity we have decided refer to “managers” rather than the “management” function.

Important note and disclaimer

Mental health and learning disability services are organised and provided in many different ways. These standards attempt to be generic but may not apply well to all services. We have classified the standards to describe various topics within clinical governance, but they could be classified in other equally appropriate ways. Criteria are not comprehensive, but are generally given as examples of good practice relating to the standard.

These are best practice statements and consequently we would not expect services to meet every standard. There are some statements that are based upon legal requirements. This document is not intended to act as a legal guide in any way. This is not intended to be a guide to the CHI review or to represent any methods CHI are using.

If you have any questions about these standards please contact Adrian Worrall at the Royal College of Psychiatrists’ Research Unit; Email: adrian.worrall@virgin.net; telephone: 020 7227 0844.

Acknowledgements

We would like to thank all the CGSS members who gave feedback on the first draft of these standards. Anne Wise and Paul Lelliott from the College Research Unit and Ceri Diffley of the Work Foundation (Formerly the Industrial Society) have also helped with advice and the editing.

The development of these standards has been funded by network subscriptions.
1. Environment and Facilities

1.1 Premises are well designed and maintained

1.1.1 Premises are clean, well decorated, and have a welcoming atmosphere

1.1.2 There is a waiting area with appropriate reading material, e.g. information sheets and magazines

1.1.3 The service entrance and key clinical areas are clearly sign-posted

1.1.4 There is sufficient car parking space for staff, service users and visitors

1.1.5 Ward-based staff have access to a separate staff room

1.2 Premises are designed and managed so that service users’ rights, privacy and dignity are respected

1.2.1 In-patients and other residential clients have the option of a single bedroom

1.2.2 In-patients and other residential clients may sleep, bathe and wash in privacy and in areas separate from the opposite sex

1.2.3 Wards have a specific room for physical examination and minor medical procedures

1.2.4 There are private rooms for in-patients to meet with relatives and friends

1.2.5 In-patients have access to quiet rooms

1.2.6 In-patients and other residential clients may choose to eat in a communal dining area or in a smaller alternative area

1.2.7 In-patients and other residential clients have a choice of well prepared meals and special options are available for vegetarians and those from certain religious groups

1.2.8 There are facilities for in-patients and other residential clients to make their own hot and cold drinks and snacks

1.2.9 Front-line staff encourage in-patients and other residential clients to personalise their bedroom spaces

1.2.10 Wards and residential settings have a telephone for service users in a private area

1.2.11 All confidential case material, e.g. notes, is kept in locked cabinets or locked offices

1.2.12 The environment meets the needs of people with physical disabilities

1.3 The trust provides facilities to enable practitioners to provide good clinical care

1.3.1 There are sufficient numbers of large and small rooms for individual and group work when needed
1.3.2 There are identified interview rooms

1.3.3 There are rooms in community settings which service users can use for formal meetings

1.3.4 Drugs are kept in a secure place with the dispensary book

1.3.5 The facilities for ECT are provided according to the standards set by the Royal College of Psychiatrists

1.4 Service users have the opportunity to engage in a range of activities which are interesting, sociable, recreational and therapeutic

1.4.1 There is a timetabled programme of activities for the day, evenings and weekends

1.4.2 There is sufficient space inside and outside for service users' recreation

1.4.3 Books and magazines are provided in recreation areas for service users

1.4.4 There are facilities for playing games appropriate to the client group, e.g. a pool table and board games are provided

1.4.5 A television, video and audio system are provided

1.5 The trust provides a working environment that is safe for staff and service users

1.5.1 There is an alarm system or quick way for service users or staff to raise an alarm in an emergency

1.5.2 Exits and entrances have clear lines of sight to enable staff to see who is entering or leaving

1.5.3 Equipment for communication and personal safety is available to all community staff, e.g. mobile phones and/or personal alarms are provided

1.5.4 There are areas with clear lines of sight to enable staff to monitor service users who require a high level of observation

1.5.5 There are appropriate facilities for security within hospital wards and residential settings, e.g. certain doors may be locked if needed

1.5.6 Security staff are available to support front-line staff in the event of a violent incident

1.5.7 Resuscitation equipment which staff are able to use is easily accessible and its location is clearly identified

1.5.8 Clinical settings provide minimal environmental risk, e.g. possible ligature points have been identified and dealt with

1.5.9 Wards and residential settings have facilities for the safe-keeping of in-patients' property including their money

1.5.10 Wards, residential settings and community settings have facilities for the safe-keeping of staff property including their money

©2002 The Royal College of Psychiatrists for further information contact Enquiries@cru.rcpsych.ac.uk
2. Staffing and Recruitment

2.1 There are sufficient numbers of skilled staff to safely meet the needs of service users

2.1.1 Clinical staff and managers have agreed minimum ‘safe’ numbers and staff mix for all service areas, e.g. each shift always has an agreed minimum number of qualified staff

2.1.2 A system of case load management and support is available for staff

2.1.3 A typical CMHT includes 1.0 consultant psychiatrist, 1-1.5 non-consultant medical staff, 1-3 mental health support workers, 1-1.5 administrative assistant or secretary and additional reception staff

2.1.4 A typical CMHT has 8 care co-ordinators including: 3-4 community mental health nurses; 2-3 social workers, including ASW’s; and 1-1.5 occupational therapists (The Care Programme Approach does not operate in Wales, although similar arrangements may be found as part of Care Planning)

2.1.5 In a typical CMHT, care co-ordinators have a maximum caseload of 35

2.1.6 A typical CMHT has a maximum caseload of between 300-350 service users (This may be considerably less and will depend on case mix and availability of other staff such as assertive outreach teams)

2.1.7 Clinical teams based in wards or day units include mental health nurses, support workers, ward/day unit managers and psychiatrists as a minimum, and there is access to other practitioners as appropriate to the needs of the client group

2.1.8 A typical three ward unit (e.g. 30-45 beds in total) has a minimum staffing during the day of three registered nurses per shift

2.1.9 One junior doctor is provided per ward of 15 places when community and out-patient work is allowed for

2.1.10 In-patient services and day units have input from psychological therapies staff (art, drama, music, psychology, psychotherapy) and occupational therapists

2.1.11 There is an identified duty doctor available at all times

2.1.12 Ward shifts are managed so that each has sufficient staff trained in behaviour management techniques according to the needs of the client group, e.g. control and restraint or other de-escalation techniques

2.1.13 Staff operate a lone worker procedure for staff operating alone in community settings

2.1.14 Staff whereabouts are logged and missing staff are followed up

2.2 Staff work effectively as a multi-disciplinary team

2.2.1 There are regular multi-disciplinary clinical team meetings
2.2.2 Community teams have integrated health and social care staff, e.g. the team uses one set of notes

2.2.3 CMHT’s have fully integrated consultant staff, e.g. consultants attend team meetings

2.3 **There is sufficient flexibility in staffing numbers to accommodate services' changing needs**

2.3.1 Staff receive help from surrounding hospital-based services in the event of untoward incidents, e.g. If staff need to escort a service user to an accident and emergency department, then staff from other services help provide cover

2.3.2 Extra staff are available to services with unusually high numbers of high dependency service users, e.g. bank staff are available to support teams that are caring for a particularly high risk in-patient

2.4 **There is a clear management structure which works effectively to support services**

2.4.1 There are clear lines of accountability

2.4.2 There is clear clinical and managerial leadership

2.4.3 The roles and responsibilities of front-line staff are clearly defined, e.g. in job descriptions and in operational policy

2.4.4 Front-line staff are aware of their level of authority and what decisions they can and cannot take

2.5 **Recruitment practice ensures that the full staffing complement is maintained**

2.5.1 Staff vacancies are advertised promptly, i.e. as soon as resignation is accepted, rather than when the post becomes vacant

2.5.2 When posts are vacant or in the event of long-term sickness, prompt arrangements are made for temporary staff cover

2.5.3 Reasons for staff leaving are established, particularly for positions where there is a high staff turnover, e.g. exit questionnaires or interviews are used

2.5.4 Managers and front-line staff have identified critical posts which must be immediately filled should positions become vacant

2.5.5 Service users and carers are involved in interviewing candidates where appropriate

2.6 **Staffing budgets are devolved, e.g. team leaders manage staffing budgets**
3. Monitoring and Management of Performance

3.1 Staff performance is monitored and managed within the trust

3.1.1 All staff receive annual appraisal and personal development planning

3.1.2 Managers and front-line staff have agreed clear and realistic clinical performance targets

3.1.3 Managers have informed staff of their obligation to report cases of poor performance

3.1.4 Retraining, shadowing and supervision are provided to address any poor performance identified

3.1.5 Each service area (e.g. CAMHS, AMH and EMI) has a dedicated human resources advisor

3.1.6 There are clear procedures for managing complaints from staff

3.2 Good performance, e.g. innovative practice or sustained high levels of patient safety, is recognised and rewarded

3.2.1 Managers have a mechanism for formally recognising good performance, e.g. at events, in newsletters and with achievement awards

3.3 The use of clinical outcome measures and other clinical data is promoted and supported. These measures include:

3.3.1 Outcome measures, e.g. HoNOS

3.3.2 Risk indicators

3.3.3 Measures of team performance, e.g. percentage of known carers present at review meetings, hours of face to face clinical supervision, attendance at whole team clinical reviews

3.3.4 Measures of service user satisfaction and experience

3.3.5 Discharge questionnaires to collect service user feedback
4. **Staff Training and Development**

4.1 Training needs are systematically identified, e.g. from clinical audit and risk management reports, a skills audit, staff appraisal, individual development plans and support and supervision systems

4.2 Effective staff training methods are used

4.2.1 There is an induction training programme for all new staff

4.2.2 Wherever appropriate staff training is multi-disciplinary and multi-agency

4.2.3 Service users and carers are directly involved in training, both as participants and as trainers when appropriate

4.2.4 Community team induction training includes a primary care placement

4.3 Managers support practitioners’ continuing professional development and those looking to gain further relevant professional qualifications

4.3.1 Training budgets enable front-line staff to meet requirements for their continuing professional development

4.3.2 There are arrangements for staff cover to allow staff to attend training

4.3.3 All clinical staff participate in programmes that support continuing personal and professional development

4.3.4 There is equity of access to training for all staff groups

4.3.5 There are established links with higher education institutions

4.4 Staff are trained in components of clinical governance that are relevant to their work

4.4.1 Basic training is provided and updated to meet mandatory requirements. This includes basic life support, handling and moving, dealing with fire, general health and safety, and the management of violence

4.4.2 Practitioners have been trained in evidence-based practice, e.g. how to make use of library and database facilities, search techniques, critical appraisal and specific clinical guidelines

4.4.3 Practitioners have been trained in how to conduct and participate in clinical audit

4.4.4 Practitioners have been trained in risk management and risk assessment

4.4.5 Practitioners have been trained in suicide awareness and prevention techniques

4.4.6 Practitioners are trained in, and informed about, how to involve service users and carers

4.4.7 Practitioners have been trained in care planning as part of their care management

©2002 The Royal College of Psychiatrists for further information contact Enquiries@cru.rcpsych.ac.uk
programme, e.g. Care Programme Approach (or Care Planning in Wales) including discharge planning

4.4.8 Practitioners have been trained in the use of appropriate service user outcome measures such as HoNOS or HoNOS-LD

4.4.9 All relevant staff receive regular updates on the Mental Health Act and its Code of Practice

4.4.10 Front-line staff, and particularly administration staff, are provided with training to manage distressed, angry, demanding or otherwise challenging people

4.4.11 Performance appraisal is provided by trained appraisers

4.4.12 Clinical supervisors are provided with training on clinical supervision

4.4.13 All staff have been trained in the use of clinical information and confidentiality and receive regular updates

4.4.14 Practitioners have been trained in procedures for assessing carers' needs

4.4.15 There is a training programme for the development of staff in clinical leadership

4.4.16 Training and support is provided in budget management for key front-line staff

4.4.17 Training is provided on trust policy, procedure and guidelines
5. **Services and Resources to Support Staff**

5.1 All clinical staff receive clinical supervision in line with trust policy, e.g. for specified amounts of time and from approved supervisors

5.2 The trust provides front-line staff with appropriate information technology

5.2.1 All practitioners have access to the trust's intranet including "out of hours" access

5.2.2 All practitioners have access to the Internet including "out of hours" access

5.3 The trust provides front-line staff with study facilities

5.3.1 Front-line staff have access to a trust library staffed by librarians or trained information officers

5.3.2 Facilities are provided for study, seminars and training events

5.4 Front-line staff have protected time to engage in clinical governance activity relevant to their work, e.g. time for clinical audit and researching clinical guidelines

5.5 The trust supports clinical audit

5.5.1 Audit support staff are available to provide practical help to clinical teams engaged in audit

5.5.2 Managers support clinical teams' participation in national audits, e.g. managers fund teams' participation in multi-centre audits

5.5.3 A specialist clinical effectiveness worker is available to support clinical teams and specific clinical audit projects

5.5.4 There is a commitment to support changes identified by audit work

5.6 The trust supplies a range of written material that staff can give to service users, e.g. booklets and leaflets

5.6.1 Information is up to date and regularly supplied to all relevant service areas in sufficient quantity

5.6.2 Information materials are easily understood, e.g. they are jargon-free and in translation where necessary

5.6.3 The material includes information about diagnosis and condition, treatment alternatives, services and expected waiting times, facilities, advocacy services, and local support organisations

5.6.4 A "welcome pack" or introductory booklet is provided when people first use the service

5.6.5 Relevant posters are displayed in appropriate places in community and hospital-based services

©2002 The Royal College of Psychiatrists for further information contact Enquiries@cru.rcpsych.ac.uk
5.6.6 The complaints procedure is clearly advertised, e.g. in posters and leaflets

5.7 **Administrative support is provided to meet the needs of each service**

5.7.1 Front-line staff have sufficient administrative support to discharge their responsibilities under the Care Programme Approach (care planning in Wales)

5.7.2 Administrative support is provided to copy and disseminate care plans and to arrange review meetings

5.8 **Service users and front-line staff have access to interpreters**

5.8.1 Interpreters understand basic signs and symptoms of major diagnoses and needs of different groups

5.9 **Service users can access general primary and secondary care and they are informed how to do this if required**

5.10 **A range of written policies and procedures is available to guide and support staff. These include documents that cover:**

5.10.1 Prescribed medication

5.10.2 Medication errors

5.10.3 Care programme approach, including clinical risk assessment and management and discharge planning

5.10.4 Prevention and management of violence

5.10.5 Use of illicit substances by patients

5.10.6 Health and safety

5.10.7 The reporting of poor performance or "whistle-blowing"

5.10.8 Clinical supervision

5.10.9 Staff appraisal

5.10.10 Bullying, harassment and discrimination

5.10.11 Reporting and learning from accidents and untoward incidents

5.10.12 Medical emergencies, such as cardiac arrest

5.10.13 Complaints from staff

5.10.14 Complaints from service users and carers

5.10.15 Child protection roles and responsibilities of staff

©2002 The Royal College of Psychiatrists for further information contact Enquiries@cru.rcpsych.ac.uk
5.11 A range of written policies and procedures is available to guide and support hospital-based staff. These include documents that cover:

5.11.1 Implementation of the Mental Health Act
5.11.2 Admission
5.11.3 Visitors
5.11.4 Searches of service users and their property
5.11.5 Absence without leave
5.11.6 Transfer of service users between services
5.11.7 Service user use of the telephone
5.11.8 Close observation
5.11.9 Discharge against medical advice

5.12 A range of written policies and procedures is available to guide and support community-based staff. These include documents that cover:

5.12.1 Patients in the community causing concern
5.12.2 Lone worker procedure for staff operating alone in community settings
5.12.3 Caring for service users that are difficult to engage or make contact with
6. **Involving Staff and Keeping them Informed**

6.1 **Front-line staff are consulted in the development of policies, procedures and guidelines that relate to their practice**

6.1.1 Managers and practitioners have agreed treatment guidelines, e.g. for the management of service users with schizophrenia and depression

6.1.2 Managers and practitioners have agreed standards for elements of the main care pathways, e.g. admission process, elements of ongoing care and treatment, and discharge

6.2 **Middle managers relay information in both directions between senior management and front-line staff**

6.2.1 Managers represent the needs of front-line staff to senior trust management, e.g. there are regular opportunities for front-line staff to raise concerns and express opinions and these are relayed to senior management meetings

6.2.2 Front-line staff clearly state their support needs and contribute to local debate about service development

6.3 **Policies, procedures and guidelines are formatted, disseminated and stored in ways front-line staff find accessible and easy to use**

6.3.1 Staff in community-based services have access to all relevant policies and procedures, e.g. relating to Care in the Community

6.4 **Staff have access to up to date information about evidence-based practice**

6.4.1 Current relevant professional and technical journals are available to staff

6.4.2 All staff have access to information about clinical effectiveness and evidence-based practice from dedicated staff, and through online facilities, e.g. NeLMH, Cochrane and NICE databases

6.4.3 Staff have access to national information and resource centres, e.g. NeLMH

6.4.4 Staff have access to information about relevant standards and results of projects completed within the organisation

6.4.5 Local guidelines have been disseminated, e.g. on the management of schizophrenia and depression

6.4.6 Information has been disseminated on integrated care pathways, e.g. for the management of schizophrenia and depression

6.5 **The trust routinely gives feedback to front-line staff about issues that can inform their practice**

6.5.1 Managers feedback relevant complaints and the outcome of the complaints process to
front-line staff

6.5.2 The findings of local audit and research projects are disseminated in an easy-to-read format using a range of methods, e.g. via an R&D newsletter, notice boards, intranet and Internet

6.5.3 Managers feedback the findings of incident reviews and other information on clinical risk to front-line staff

6.5.4 Managers monitor uptake of training, and feedback this information to front-line staff

6.5.5 Managers regularly generate summary reports of key measures for practitioners to discuss at team meetings including referrals, admissions, emergency re-admissions, length of stay, DNA's, caseloads and outcome measures

6.5.6 Service user satisfaction is monitored and the findings of surveys, focus groups and other exercises are feedback to front-line staff

6.5.7 Managers monitor the implementation of policies and procedures and provide feedback to front-line staff

6.5.8 The implementation of clinical guidelines is monitored and feedback is provided to front-line staff

6.6 Practitioners are involved in identifying priority audit topics in line with national and local priorities, and agree standards. The clinical audit programme includes:

6.6.1 The use and side effects of major treatments, e.g. the dose for antipsychotic and antidepressant drugs

6.6.2 Aspects of the Care Programme Approach care plan or, in Wales, aspects of the written management plan or care plan

6.6.3 Rates of emergency readmission to psychiatric units

6.6.4 Implementation of the Mental Health Act, e.g. Section 5(2) required by the Mental Health Act Commission

6.6.5 NICE guidance

6.6.6 Delivery of electro-convulsive therapy

6.6.7 Use of procedures for the management of violence

6.6.8 Priorities from the National Service Frameworks and NHS Plan

6.7 The findings of clinical audit projects are used to develop action plans

6.7.1 Practitioners and managers agree action plans in response to audit reports and recommendations

6.7.2 Topics are re-audited to monitor improvements, e.g. audits are continued for 2 or more cycles
7. Organisational Culture

7.1 The trust promotes a "service user-friendly" culture

7.1.1 Service users are told the name of their key worker, care co-ordinator, primary nurse or named nurse, e.g. this is written down and given to service users when they first use the service

7.1.2 Service users can meet with members of staff, particularly their key worker and/or care co-ordinator, and are told how to do this

7.1.3 Service users can make themselves at home, e.g. they can make drinks, watch television etc. without asking staff first

7.2 There is an open, blame-free culture for reporting incidents

7.2.1 Managers use a systems approach to critical incident analyses, i.e. managers look for opportunities for system improvements rather than scapegoats

7.2.2 Managers have provided information to staff regarding anonymous reporting of adverse events and "near misses" (this information may also relate to "whistle-blowing" and reporting unsafe practice)

7.3 The trust promotes a learning culture

7.3.1 Staff meet to critically reflect on their practice and identify and support each others' learning needs

7.4 Managers recognise staff morale as important and make efforts to improve morale when necessary

7.5 Trust leaders at all levels support clinical governance

7.5.1 Leaders develop and communicate clear values and priorities for the trust, e.g. in meetings, at events and in newsletters

7.5.2 Leaders ensure service and staff development work is sufficiently resourced

7.5.3 Leaders promote training and provide training according to their area of expertise

7.5.4 Leaders make themselves accessible to trust staff

7.5.5 Leaders actively participate in quality improvement initiatives

7.5.6 Leaders use appraisal and promotion systems to support improvement and involvement

7.6 Responsibility is devolved to enable front-line staff to make key decisions about the service they provide

7.6.1 Managers are "results orientated" and do not dictate how front-line staff should achieve targets
7.7 The trust provides an equitable and non-discriminatory environment for staff and service users

7.7.1 The trust has an equal opportunities policy

7.7.2 The trust has a policy and procedure for dealing with bullying and harassment
Feedback Form

Any comments you may have will be incorporated, with the approval of network members, into future editions of this publication.

1. Have you found these standards useful?  [ ] Yes  [ ] No
   Comments:____________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

2. Do you have suggestions for new sections or topic areas you would like to see included in future versions?
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

3. Do you have suggestions for new standards or criteria you would like to see included in future versions?
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

4. Do you have any general suggestions about this document that would improve its usefulness?
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

5. What is your job title/profession?
   _____________________________________________________________________________

Thank you for taking the time to complete this form. Your comments will be considered carefully. Please photocopy and return to:

Adrian Worrall, Royal College of Psychiatrists' Research Unit, 6th Floor, 83 Victoria Street, London SW1H 0HW. Fax: 020 7227 0850