



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



CLINICAL GOVERNANCE STANDARDS

for Mental Health and Learning Disability Services

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

Foreword

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Feedback form

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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?***

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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 acute 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.

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1. Environment and Facilities

1.1	Premises are well designed and maintained	U2
1.1.1	Premises are clean, well decorated, and have a welcoming atmosphere	U3
1.1.2	There is a waiting area with appropriate reading material, e.g. information sheets and magazines	U4
1.1.3	The service entrance and key clinical areas are clearly sign-posted	U5
1.1.4	There is sufficient car parking space for staff, service users and visitors	U24
1.1.5	Ward-based staff have access to a separate staff room	U26
1.2	Premises are designed and managed so that service users' rights, privacy and dignity are respected	U6
1.2.1	In-patients and other residential clients have the option of a single bedroom	U7
1.2.2	In-patients and other residential clients may sleep, bathe and wash in privacy and in areas separate from the opposite sex	U8
1.2.3	Wards have a specific room for physical examination and minor medical procedures	U9
1.2.4	There are private rooms for in-patients to meet with relatives and friends	U10
1.2.5	In-patients have access to quiet rooms	U11
1.2.6	In-patients and other residential clients may choose to eat in a communal dining area or in a smaller alternative area	U12
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	U13
1.2.8	There are facilities for in-patients and other residential clients to make their own hot and cold drinks and snacks	U14
1.2.9	Front-line staff encourage in-patients and other residential clients to personalise their bedroom spaces	U15
1.2.10	Wards and residential settings have a telephone for service users in a private area	U16
1.2.11	All confidential case material, e.g. notes, is kept in locked cabinets or locked offices	U17
1.2.12	The environment meets the needs of people with physical disabilities	U18
1.3	The trust provides facilities to enable practitioners to provide good clinical care	U19
1.3.1	There are sufficient numbers of large and small rooms for individual and group work when needed	U20

1.3.2	There are identified interview rooms	U21
1.3.3	There are rooms in community settings which service users can use for formal meetings	U22
1.3.4	Drugs are kept in a secure place with the dispensary book	U23
1.3.5	The facilities for ECT are provided according to the standards set by the Royal College of Psychiatrists	U25
1.4	Service users have the opportunity to engage in a range of activities which are interesting, sociable, recreational and therapeutic	U27
1.4.1	There is a timetabled programme of activities for the day, evenings and weekends	U28
1.4.2	There is sufficient space inside and outside for service users' recreation	U29
1.4.3	Books and magazines are provided in recreation areas for service users	U30
1.4.4	There are facilities for playing games appropriate to the client group, e.g. a pool table and board games are provided	U31
1.4.5	A television, video and audio system are provided	U32
1.5	The trust provides a working environment that is safe for staff and service users	U33
1.5.1	There is an alarm system or quick way for service users or staff to raise an alarm in an emergency	U34
1.5.2	Exits and entrances have clear lines of sight to enable staff to see who is entering or leaving	U35
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	U36
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	U37
1.5.5	There are appropriate facilities for security within hospital wards and residential settings, e.g. certain doors may be locked if needed	U38
1.5.6	Security staff are available to support front-line staff in the event of a violent incident	U300
1.5.7	Resuscitation equipment which staff are able to use is easily accessible and its location is clearly identified	U39
1.5.8	Clinical settings provide minimal environmental risk, e.g. possible ligature points have been identified and dealt with	U40
1.5.9	Wards and residential settings have facilities for the safe-keeping of in-patients' property including their money	U41
1.5.10	Wards, residential settings and community settings have facilities for the safe-keeping of staff property including their money	U42

2. Staffing and Recruitment

2.1	There are sufficient numbers of skilled staff to safely meet the needs of service users	U44
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	U45
2.1.2	A system of case load management and support is available for staff	U46
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	U50
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)	U49
2.1.5	In a typical CMHT, care co-ordinators have a maximum caseload of 35	U48
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)	U47
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	U51
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	U52
2.1.9	One junior doctor is provided per ward of 15 places when community and out-patient work is allowed for	U53
2.1.10	In-patient services and day units have input from psychological therapies staff (art, drama, music, psychology, psychotherapy) and occupational therapists	U54
2.1.11	There is an identified duty doctor available at all times	U55
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	U56
2.1.13	Staff operate a lone worker procedure for staff operating alone in community settings	U57
2.1.14	Staff whereabouts are logged and missing staff are followed up	U58
2.2	Staff work effectively as a multi-disciplinary team	U59
2.2.1	There are regular multi-disciplinary clinical team meetings	U60

2.2.2	Community teams have integrated health and social care staff, e.g. the team uses one set of notes	U61
2.2.3	CMHT's have fully integrated consultant staff, e.g. consultants attend team meetings	U62
2.3	There is sufficient flexibility in staffing numbers to accommodate services' changing needs	U63
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	U64
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	U65
2.4	There is a clear management structure which works effectively to support services	U66
2.4.1	There are clear lines of accountability	U67
2.4.2	There is clear clinical and managerial leadership	U68
2.4.3	The roles and responsibilities of front-line staff are clearly defined, e.g. in job descriptions and in operational policy	U69
2.4.4	Front-line staff are aware of their level of authority and what decisions they can and cannot take	U70
2.5	Recruitment practice ensures that the full staffing complement is maintained	U72
2.5.1	Staff vacancies are advertised promptly, i.e. as soon as resignation is accepted, rather than when the post becomes vacant	U73
2.5.2	When posts are vacant or in the event of long-term sickness, prompt arrangements are made for temporary staff cover	U74
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	U75
2.5.4	Managers and front-line staff have identified critical posts which must be immediately filled should positions become vacant	U76
2.5.5	Service users and carers are involved in interviewing candidates where appropriate	U77
2.6	Staffing budgets are devolved, e.g. team leaders manage staffing budgets	U78

3. Monitoring and Management of Performance

3.1	Staff performance is monitored and managed within the trust	U111
3.1.1	All staff receive annual appraisal and personal development planning	U113
3.1.2	Managers and front-line staff have agreed clear and realistic clinical performance targets	U71
3.1.3	Managers have informed staff of their obligation to report cases of poor performance	U114
3.1.4	Retraining, shadowing and supervision are provided to address any poor performance identified	U115
3.1.5	Each service area (e.g. CAMHS, AMH and EMI) has a dedicated human resources advisor	U116
3.1.6	There are clear procedures for managing complaints from staff	U117
3.2	Good performance, e.g. innovative practice or sustained high levels of patient safety, is recognised and rewarded	U118
3.2.1	Managers have a mechanism for formally recognising good performance, e.g. at events, in newsletters and with achievement awards	U119
3.3	The use of clinical outcome measures and other clinical data is promoted and supported. These measures include:	U200
3.3.1	Outcome measures, e.g. HoNOS	U201
3.3.2	Risk indicators	U202
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	U203
3.3.4	Measures of service user satisfaction and experience	U204
3.3.5	Discharge questionnaires to collect service user feedback	U205

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** U80
- 4.2 **Effective staff training methods are used** U81
 - 4.2.1 There is an induction training programme for all new staff U82
 - 4.2.2 Wherever appropriate staff training is multi-disciplinary and multi-agency U83
 - 4.2.3 Service users and carers are directly involved in training, both as participants and as trainers when appropriate U84
 - 4.2.4 Community team induction training includes a primary care placement U85
- 4.3 **Managers support practitioners' continuing professional development and those looking to gain further relevant professional qualifications** U86
 - 4.3.1 Training budgets enable front-line staff to meet requirements for their continuing professional development U87
 - 4.3.2 There are arrangements for staff cover to allow staff to attend training U88
 - 4.3.3 All clinical staff participate in programmes that support continuing personal and professional development U89
 - 4.3.4 There is equity of access to training for all staff groups U90
 - 4.3.5 There are established links with higher education institutions U91
- 4.4 **Staff are trained in components of clinical governance that are relevant to their work** U92
 - 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 U93
 - 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 U94
 - 4.4.3 Practitioners have been trained in how to conduct and participate in clinical audit U95
 - 4.4.4 Practitioners have been trained in risk management and risk assessment U96
 - 4.4.5 Practitioners have been trained in suicide awareness and prevention techniques U97
 - 4.4.6 Practitioners are trained in, and informed about, how to involve service users and carers U98
 - 4.4.7 Practitioners have been trained in care planning as part of their care management U99

	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	U100
4.4.9	All relevant staff receive regular updates on the Mental Health Act and its Code of Practice	U101
4.4.10	Front-line staff, and particularly administration staff, are provided with training to manage distressed, angry, demanding or otherwise challenging people	U102
4.4.11	Performance appraisal is provided by trained appraisers	U103
4.4.12	Clinical supervisors are provided with training on clinical supervision	U104
4.4.13	All staff have been trained in the use of clinical information and confidentiality and receive regular updates	U105
4.4.14	Practitioners have been trained in procedures for assessing carers' needs	U106
4.4.15	There is a training programme for the development of staff in clinical leadership	U107
4.4.16	Training and support is provided in budget management for key front-line staff	U108
4.4.17	Training is provided on trust policy, procedure and guidelines	U109

5. Services and Resources to Support Staff

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| 5.1 | All clinical staff receive clinical supervision in line with trust policy, e.g. for specified amounts of time and from approved supervisors | U112 |
| 5.2 | The trust provides front-line staff with appropriate information technology | U121 |
| 5.2.1 | All practitioners have access to the trust's intranet including "out of hours" access | U123 |
| 5.2.2 | All practitioners have access to the Internet including "out of hours" access | U122 |
| 5.3 | The trust provides front-line staff with study facilities | U124 |
| 5.3.1 | Front-line staff have access to a trust library staffed by librarians or trained information officers | U125 |
| 5.3.2 | Facilities are provided for study, seminars and training events | U126 |
| 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 | U127 |
| 5.5 | The trust supports clinical audit | U128 |
| 5.5.1 | Audit support staff are available to provide practical help to clinical teams engaged in audit | U129 |
| 5.5.2 | Managers support clinical teams' participation in national audits, e.g. managers fund teams' participation in multi-centre audits | U130 |
| 5.5.3 | A specialist clinical effectiveness worker is available to support clinical teams and specific clinical audit projects | U131 |
| 5.5.4 | There is a commitment to support changes identified by audit work | U132 |
| 5.6 | The trust supplies a range of written material that staff can give to service users, e.g. booklets and leaflets | U133 |
| 5.6.1 | Information is up to date and regularly supplied to all relevant service areas in sufficient quantity | U134 |
| 5.6.2 | Information materials are easily understood, e.g. they are jargon-free and in translation where necessary | U135 |
| 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 | U136 |
| 5.6.4 | A "welcome pack" or introductory booklet is provided when people first use the service | U137 |
| 5.6.5 | Relevant posters are displayed in appropriate places in community and hospital-based services | U138 |

5.6.6	The complaints procedure is clearly advertised, e.g. in posters and leaflets	U139
5.7	Administrative support is provided to meet the needs of each service	U140
5.7.1	Front-line staff have sufficient administrative support to discharge their responsibilities under the Care Programme Approach (care planning in Wales)	U141
5.7.2	Administrative support is provided to copy and disseminate care plans and to arrange review meetings	U142
5.8	Service users and front-line staff have access to interpreters	U143
5.8.1	Interpreters understand basic signs and symptoms of major diagnoses and needs of different groups	U144
5.9	Service users can access general primary and secondary care and they are informed how to do this if required	U145
5.10	A range of written policies and procedures is available to guide and support staff. These include documents that cover:	U146
5.10.1	Prescribed medication	U147
5.10.2	Medication errors	U148
5.10.3	Care programme approach, including clinical risk assessment and management and discharge planning	U149
5.10.4	Prevention and management of violence	U150
5.10.5	Use of illicit substances by patients	U151
5.10.6	Health and safety	U152
5.10.7	The reporting of poor performance or "whistle-blowing"	U153
5.10.8	Clinical supervision	U154
5.10.9	Staff appraisal	U155
5.10.10	Bullying, harassment and discrimination	U156
5.10.11	Reporting and learning from accidents and untoward incidents	U157
5.10.12	Medical emergencies, such as cardiac arrest	U158
5.10.13	Complaints from staff	U159
5.10.14	Complaints from service users and carers	U160
5.10.15	Child protection roles and responsibilities of staff	U161

5.11	A range of written policies and procedures is available to guide and support hospital-based staff. These include documents that cover:	U162
5.11.1	Implementation of the Mental Health Act	U163
5.11.2	Admission	U164
5.11.3	Visitors	U165
5.11.4	Searches of service users and their property	U166
5.11.5	Absence without leave	U167
5.11.6	Transfer of service users between services	U168
5.11.7	Service user use of the telephone	U169
5.11.8	Close observation	U170
5.11.9	Discharge against medical advice	U171
5.12	A range of written policies and procedures is available to guide and support community-based staff. These include documents that cover:	U172
5.12.1	Patients in the community causing concern	U173
5.12.2	Lone worker procedure for staff operating alone in community settings	U174
5.12.3	Caring for service users that are difficult to engage or make contact with	U175

6. Involving Staff and Keeping them Informed

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| 6.1 | Front-line staff are consulted in the development of policies, procedures and guidelines that relate to their practice | U177 |
| 6.1.1 | Managers and practitioners have agreed treatment guidelines, e.g. for the management of service users with schizophrenia and depression | U178 |
| 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 | U179 |
| 6.2 | Middle managers relay information in both directions between senior management and front-line staff | U180 |
| 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 | U181 |
| 6.2.2 | Front-line staff clearly state their support needs and contribute to local debate about service development | U301 |
| 6.3 | Policies, procedures and guidelines are formatted, disseminated and stored in ways front-line staff find accessible and easy to use | U182 |
| 6.3.1 | Staff in community-based services have access to all relevant policies and procedures, e.g. relating to Care in the Community | U183 |
| 6.4 | Staff have access to up to date information about evidence-based practice | U184 |
| 6.4.1 | Current relevant professional and technical journals are available to staff | U185 |
| 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 | U186 |
| 6.4.3 | Staff have access to national information and resource centres, e.g. NeLMH | U187 |
| 6.4.4 | Staff have access to information about relevant standards and results of projects completed within the organisation | U188 |
| 6.4.5 | Local guidelines have been disseminated, e.g. on the management of schizophrenia and depression | U189 |
| 6.4.6 | Information has been disseminated on integrated care pathways, e.g. for the management of schizophrenia and depression | U190 |
| 6.5 | The trust routinely gives feedback to front-line staff about issues that can inform their practice | U191 |
| 6.5.1 | Managers feedback relevant complaints and the outcome of the complaints process to | U192 |

	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	U193
6.5.3	Managers feedback the findings of incident reviews and other information on clinical risk to front-line staff	U194
6.5.4	Managers monitor uptake of training, and feedback this information to front-line staff	U195
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	U196
6.5.6	Service user satisfaction is monitored and the findings of surveys, focus groups and other exercises are feedback to front-line staff	U197
6.5.7	Managers monitor the implementation of policies and procedures and provide feedback to front-line staff	U198
6.5.8	The implementation of clinical guidelines is monitored and feedback is provided to front-line staff	U199
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:	U206
6.6.1	The use and side effects of major treatments, e.g. the dose for antipsychotic and antidepressant drugs	U207
6.6.2	Aspects of the Care Programme Approach care plan or, in Wales, aspects of the written management plan or care plan	U208
6.6.3	Rates of emergency readmission to psychiatric units	U209
6.6.4	Implementation of the Mental Health Act, e.g. Section 5(2) required by the Mental Health Act Commission	U210
6.6.5	NICE guidance	U211
6.6.6	Delivery of electro-convulsive therapy	U212
6.6.7	Use of procedures for the management of violence	U213
6.6.8	Priorities from the National Service Frameworks and NHS Plan	U214
6.7	The findings of clinical audit projects are used to develop action plans	U215
6.7.1	Practitioners and managers agree action plans in response to audit reports and recommendations	U216
6.7.2	Topics are re-audited to monitor improvements, e.g. audits are continued for 2 or more cycles	U217

7. Organisational Culture

7.1	The trust promotes a "service user-friendly" culture	U219
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	U220
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	U221
7.1.3	Service users can make themselves at home, e.g. they can make drinks, watch television etc. without asking staff first	U222
7.2	There is an open, blame-free culture for reporting incidents	U223
7.2.1	Managers use a systems approach to critical incident analyses, i.e. managers look for opportunities for system improvements rather than scapegoats	U224
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)	U225
7.3	The trust promotes a learning culture	U226
7.3.1	Staff meet to critically reflect on their practice and identify and support each others' learning needs	U227
7.4	Managers recognise staff morale as important and make efforts to improve morale when necessary	U228
7.5	Trust leaders at all levels support clinical governance	U229
7.5.1	Leaders develop and communicate clear values and priorities for the trust, e.g. in meetings, at events and in newsletters	U230
7.5.2	Leaders ensure service and staff development work is sufficiently resourced	U231
7.5.3	Leaders promote training and provide training according to their area of expertise	U232
7.5.4	Leaders make themselves accessible to trust staff	U233
7.5.5	Leaders actively participate in quality improvement initiatives	U234
7.5.6	Leaders use appraisal and promotion systems to support improvement and involvement	U235
7.6	Responsibility is devolved to enable front-line staff to make key decisions about the service they provide	U236
7.6.1	Managers are "results orientated" and do not dictate how front-line staff should achieve targets	U237

7.7	The trust provides an equitable and non-discriminatory environment for staff and service users	U239
7.7.1	The trust has an equal opportunities policy	U240
7.7.2	The trust has a policy and procedure for dealing with bullying and harassment	U241

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:

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