

SUMMARY OF FINDINGS FROM THE ACCREDITATION FOR WORKING AGE INPATIENT MENTAL HEALTH SERVICES (AIMS-WA) THEMATIC REPORT: 2017 - 2019

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1. INTRODUCTION

BACKGROUND

The Accreditation for Working Age Inpatient Mental Health Services (AIMS-WA) was established in 2006 to promote better standards of care within mental health inpatient wards. The Network is one of around 30 quality networks, accreditation and audit projects organised by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI).

The AIMS-WA Network was created as a result of the findings of the National Audit of Violence 2003-2005 which highlighted the concerning high prevalence of violence on acute wards, but also concluded that examples of good practice were going unrecognised. Since the first set of AIMS-WA standards were published in September 2006, the Network has grown to include over 130 member wards/units.

AIMS

The first edition of the AIMS-WA Thematic Report primarily aimed to explore the performance of member wards who completed both the self-review and peer-review stages of the accreditation process in 2017 to 2019, against the AIMS-WA 6th Edition Standards.

A second aim of the report was to then produce recommendations of action to help support wards to review their own areas for improvement and to continuously improve the quality of care that they provide. In turn, it was hoped this would help increase the likelihood that working age individuals who use acute inpatient services would have a good experience.



2. METHOD

SAMPLE

45 member wards who undertook their AIMS-WA self-review and peer-review in 2017 to 2019. Together, they represented 17 Trusts and organisations across England and Scotland. As of July 2020, 16 of these wards were Accredited; 24 wards had had their 'Accreditation Deferred'; and 5 wards were 'Not Accredited' (Figure 1.).

DATA COLLECTION

Contextual data, which comprised number of beds, bed occupancy, and average length of stay, were obtained from the 'starter forms' which were completed by wards at the beginning of their self-review period.

Data showing whether a ward was marked as 'Met' or 'Not Met' against a given standard were taken from the decisions included in the draft report written following each ward's peer-review visit.

Decisions as to whether a ward had met or not met standards were made by the peer-review teams based on evidence obtained from both a ward's self-review and subsequent peer-review visit. This evidence included: (1) patient questionnaires; (2) carer questionnaires; (3) staff questionnaires; (4) health record audits; and (5) policy and documentation checks.

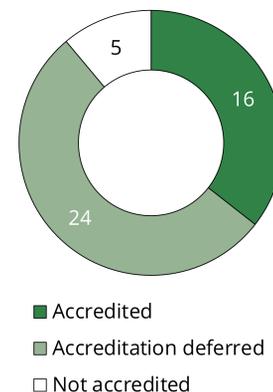
ANALYSIS

An analysis of how well member services performed against standards was done by assessing whether they were marked as 'Met' or 'Not Met' on thirty-one (mostly Type-1) standards. These standards were shortlisted on the basis that they represented best practice and could be grouped into six themes deemed central to acute inpatient care for working age adults. These were:

REPORT THEMES

- > Patient Experience
- > Patient Centred Care
- > Carer engagement
- > Staff Experience and Wellbeing
- > Safety
- > Therapies and Activities

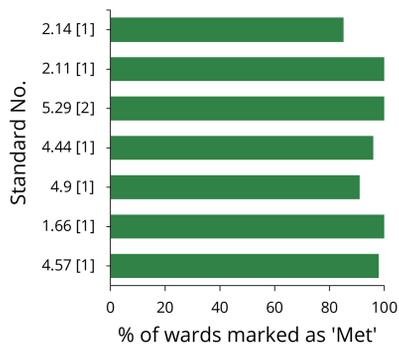
FIGURE 1. Overall performance of member wards



3. RESULTS

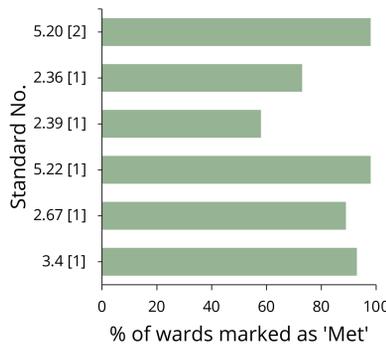
The standards are a way to measure how well a ward is performing. For the purpose of this report, standards were shortlisted on the basis that they most evidenced each of the six key themes. Each standard is identified by its standard number followed by a 1, 2 or 3 in a square brackets, which defines the type of standard it is. To see the standards in their entirety, please view the report [here](#).

THEME 1: PATIENT EXPERIENCE



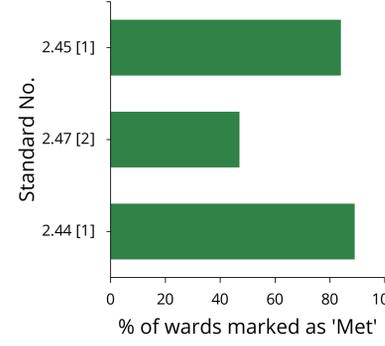
Overall, wards performed well in relation to patient experience. However, only 85% of patients reported receiving a 'welcome pack'/ introductory information upon being admitted, meaning 15% of patients said they did not.

THEME 2: PATIENT CENTRED CARE



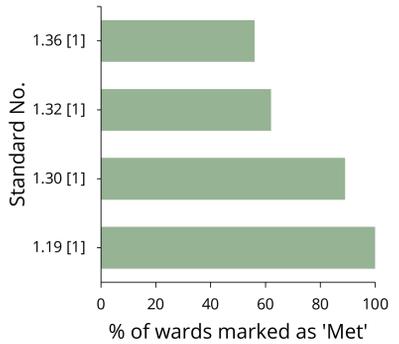
Though wards generally performed well in relation to patient centred care, a large proportion of patients (42%) reported that they were not offered a copy of their care plan; and 27% indicated they did not feel their care plan was developed collaboratively.

THEME 3: CARER ENGAGEMENT



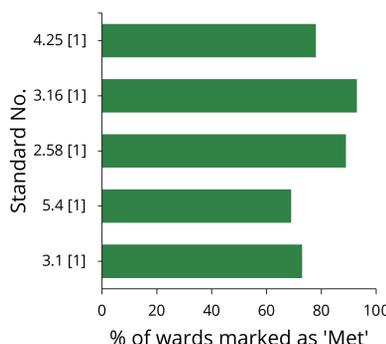
Overall, carers indicated they felt involved in patient's on-going treatment and discharge planning; and the majority of carers were informed about how to access a carers' assessment. However, 47% of services were not providing all carers with a carer's information pack.

THEME 4: STAFF EXPERIENCE AND WELLBEING



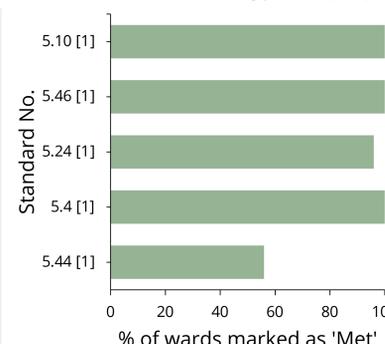
Nearly half (44%) of ward staff reported that they did not receive monthly line management; whilst 38% of clinical staff said they did not receive supervision at least monthly, or as otherwise specified by their professional body.

THEME 5: SAFETY



Most wards ensured that patients and staff members were safe whilst they were on the ward. However, 31% of wards had blind spots; and over a quarter (27%) were not conducting annual environmental risk audits. Moreover, 11% of wards had seclusion rooms which were deemed to be unsafe or lacked the appropriate features to meet the requirements set out in the Mental Health Act 1983: Code of Practice. Lastly, over a fifth (22%) of staff reported not having adequate time during handovers.

THEME 6: THERAPIES AND ACTIVITIES



Overall, nearly all patients had access to occupational therapy, psychological interventions and a pharmacist or pharmacy technician. However, many wards were not providing a full timetable of activities 7-days a week and out-of-hours.

4. CONCLUSIONS

RECOMMENDATIONS

- Wards should make sure they provide a comprehensive welcome pack to all patients, ensuring it includes a description of the service; information about the staff team; the therapeutic programme, the unit code of conduct, key service policies; and resources to meet spiritual, cultural and gender needs.
- Wards must ensure that care plans are developed jointly, and patients are always offered a copy of their updated care plan after every formal review their care. If a patient chooses not to receive the updated copy, a record of this should be documented in the patient's care notes.
- Wards should ensure that all carers are offered a carer's information pack, which includes information of names and contact details of key staff members. It should also include local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.
- Senior management should make sure that all staff receive monthly line management, and that clinical staff receive monthly clinical supervision. The ward should ensure there is a robust system in place to record when both line management and clinical supervision has been undertaken.
- Therefore, wards should ensure that environmental audits are conducted annually, and risks associated with blind spots are mitigated. Seclusion rooms should be assessed to ensure they meet the criteria set out within the AIMS-WA standard. Wards should also review the amount of time allocated for handovers to ensure it is sufficient to discuss the needs, risks and management plans for all patients.
- Wards should ensure that a full timetable of activities is available for patients to engage in; activities should take place in the morning, afternoon and evening 7 days a week.

NEXT STEPS: In 2022, another thematic report will be published for wards who undertook the accreditation cycle on the 7th editions standards. Comparisons will be made to the findings from this report.