

# Bulletin: Highlights from the QNPICU Annual Forum

The Quality Network for Psychiatric Intensive Care Units (QNPICU) successfully hosted the Annual Forum on 02 March 2026. The event took place in person at the RCPsych London Office and featured a range of speakers and a panel discussion on PICU challenges. The event brought together 45 delegates and 15 presenters throughout the day. This document provides an overview of the event highlights and feedback.



## Event Programme

- 09:30 Registration and Refreshments**  
*Join us for refreshments before the event starts and some early networking. Admittance to the event is restricted to the registration period and within the allocated breaks.*
- 10:00 Welcome and Introduction**  
*Dr Mehtab Rahman, Chair of the QNPICU Accreditation Committee*
- 10:10 Updates from the Network**  
*Kelly Rodriguez, Programme Manager, Maisie Webster, Deputy Programme Manager, Hannah Moore, Patient Representative and Dino Patel, Carer Representative, QNPICU*
- 10:40 Changing Perspectives Through Co-Production**  
*Laura Sheridan, Group Head of Carer and Service User Engagement, Raf Hamaizia, Expert by Experience Lead and Julian de Takats, Parent Carer/Carer Ambassador, Cygnet Healthcare*
- 11:10 Refreshments and Networking**
- 11:25 The Merits of Violence and Aggression Risk Assessment Indicator Tools within IPCU**  
*Lisa Walker, Charge Nurse and Vicky Dyer, Charge Nurse, IPCU Tayside*
- 11:55 Sensory-Informed Practice in Adult Mental Health: Knowledge Sharing from Quality Improvement and an Ongoing Professional Doctorate**  
*Jennifer Beal, Head of Occupational Therapy, Svanna Ward*
- 12:25 Lunch Break**
- 13:25 Can A PICU be a Place of Healing? Supporting Transformation Through a Culture of Care**  
*Sophie Bagge, Lived Experience Leadership Consultant, Emily Daly, National Advisor, Rianna Herbert, Quality Improvement Coach and Adele Denvir-de Bono, Senior Quality Improvement Advisor, National Collaborating Centre for Mental Health*
- 14:25 Refreshment Break**
- 14:40 Identifying and Reducing Restrictive Practice**  
*Helen Cunningham, Quality Transformation Lead (Reducing Restrictive Practice) and Fionn Morven, Quality Transformation Manager (Mental Health, Learning Disability and Autism Quality Transformation Programme)*
- 15:10 Changing Cultures Through Primary Prevention in a Female PICU**  
*Chloe Keeno, Ward Manager and Chris Burke, Lead for Reducing Restrictive Practices, Shearwater Ward*
- 15:40 Refreshment Break**
- 15:55 Sexual Safety in PICUs**  
*Karen Cleaver, Professional Network Lead (Acute and PICU), Priory Healthcare*
- 16:25 Final Plenary and Close**
- 16:30 End**

## Introduction to the Annual Forum

The introduction to the event was delivered by Kelly Rodriguez (Programme Manager), Maisie Webster (Deputy Programme Manager), Hannah Moore (Patient Representative) and Dino Patel (Carer Representative). This included updates from the Network, including highlights from the recently published [QNPICU National Report](#). Hannah and Dino also shared their experiences on reviews.



## Changing Perspectives Through Co-Production

*Laura Sheridan, Group Head of Carer and Service User Engagement and Julian de Takats, Parent Carer/Carer Ambassador, Cygnet Healthcare*

The first presentation of the day centred co-production with both patients and carers at Cygnet Healthcare. The presenters shared examples of meaningful co-production initiatives with patients and carers:

**Co-production with carers:** at several points between January and December 2025, representatives of Cygnet, RCPsych, voluntary mental health sectors, NHS Trusts, academic institutions convened with patients and carers to produce a more accessible approach to consent and information sharing with carers. The outcome of this was a two-part consent form – one done on admission and a more detailed, bespoke and personalised one following dialogue with staff team.

**Co-production with patients:** Cygnet Healthcare hosted 'Chef Development Days' in order to improve food quality for their patients. These offered bespoke training sessions which look at different styles of cooking, high quality ingredients, and a chance to share ideas and best practice. Patients were also invited to these Chef Development Days and share their feedback on the food quality at their services. This allowed Cygnet Healthcare to understand what services users want and need in the food that services offer.

**Key takeaway:** The presenters emphasised the importance of incorporating diverse perspectives in service development; specifically, incorporating patients' and carers' voices and experiences. Co-production is vital in changing perspectives.



## The Merits of Violence and Aggression Indicator Tools within an IPCU

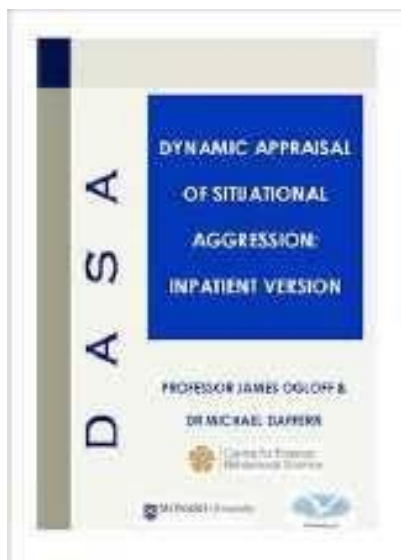
*Michelle Pocula, Charge Nurse and Victoria Dyer, Charge Nurse, intensive psychiatric care unit (IPCU) Tayside*

Following this, colleagues from IPSU Tayside discussed how they reduced violence and aggression in their service through the Dynamic Appraisal of Situational Aggression (DASA) tool.

**Context:** As part of the Scottish Patient Safety Programme (SPSP) programme to reduce the incidence of restraint, and improve care experience for staff and patients, IPCU implemented a violence and aggression indicator tool DASA.

**DASA tool:** DASA is a 7-item nurse-rated assessment tool based factors like irritability and impulsivity, developed to assess short-term likelihood of imminent violence and aggression.

**Conclusions:** DASA was easily incorporated into IPCU Tayside's team practice as an early intervention; it allowed the team to open dialogue and discussions around scoring and patient care. However, the results are not definitive, as it relies on clinical judgement and observable behaviour only. The impact, however, is noteworthy - from 2020 to 2025, it led to a 60% reduction in incidents of violence and aggression.



# Sensory-Informed Practice in Adult Mental Health: Knowledge Sharing from Quality Improvement and an Ongoing Professional Doctorate

*Jennifer Beal, Head of Occupational Therapy, Svanna Ward*

This presentation was around the importance of embedding sensory informed approaches in adult mental health in order to support emotional regulation, reduce restrictive practices, and enable occupational participation. The presentation was split in 2 parts:



## **Quality improvement (QI) projects at Svanna Ward:**

QI project 1 centred around reducing distress and incidents through making sensory-informed strategies (e.g., grounding) part of routine-care. This led to a reduction in the number of headbanging incidents and restraints.

QI project 2 involved repurposing a corridor space with a photocopier into a sensory-informed space (e.g., with sensory lights and massage chairs) to reduce distress for individuals accessing the space.

## **Knowledge from ongoing professional doctorate:**

Jennifer's research is an international qualitative study exploring how expert occupational therapists understand sensory-informed practice in adult mental health. Data were analysed using reflexive thematic analysis.

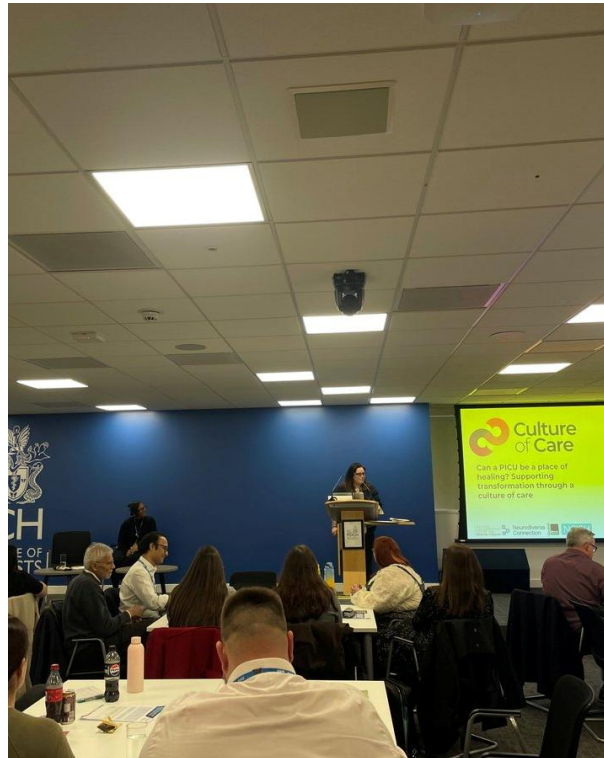
Findings highlight a central sensory practice paradox: sensory-informed care is widely valued as essential for regulation, safety, and recovery, yet in practice it is often reduced to tools or rooms and remains difficult to sustain.

## Can a PICU be a Place of Healing? Supporting Transformation Through a Culture of Care

*Rianna Herbert, Quality Improvement Coach, NCCMH, Sophie Bagge,  
Lived Experience Leadership Consultant, NHS NSFT*

This session was centred around the NHS-commissioned Culture of Care initiative. Rianna explained that Culture of Care has 12 core standards which are rooted in anti-racist, trauma-informed and autism informed at its core. Examples of these principles include valuing safety, relationships and staff support.

Rianna and Sophie then engaged in a compassionate and curious conversation, inviting reflections from the audience at the end.



### **Change ideas that have been tested in PICUS:**

- Cultural week - One week a month engagement is focused on a different culture chosen by the patients (Equality and Anti racism)
- Coffee morning every Friday following on from the MDT meeting (Relationships and Things to do)

### **Key reflections from Rianna and Sophie:**

- Quality Improvement is a methodology which is tried and tested; it works!
- It is important to consider the importance of building time and capacity for teams to engage in QI.
- Anti-racism work is hard but essential; it often requires structural, sustained shifts.

## Identifying and Reducing Restrictive Practice

*Helen Cunningham, Quality Transformation Lead and Fionn Morven, Quality Transformation Manager, NHS England Quality Transformation Programme.*

This presentation from our colleagues in the NHS England (NHSE) Quality Transformation Programme focused on resources to support the identification and reduction of restrictive practice within inpatient mental health services. The presentation was based on a [recently-published NHSE guidance](#), which should be read in conjunction with the Mental Health Act 1983 Code of Practice.



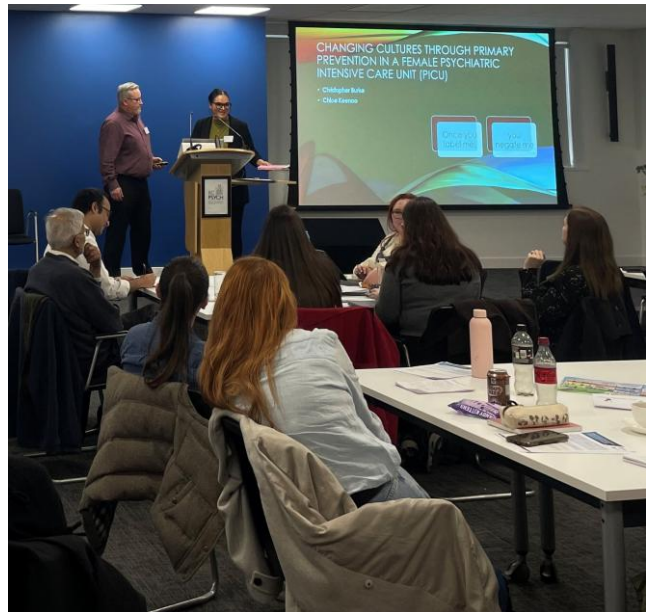
Type of restrictive practice	Example
1. Cultural restraint	A patient's dietary needs being treated as optional rather than essential.
2. Surveillance	The use of technology (cameras, microphones and GPS trackers).
3. Blanket restrictions	Set rules for all patients (no smartphones.)
4. Mechanical restraint	Use of devices (e.g. a belt) to restraint.
5. Physical restraint	Restricting someone physically using one's body.
6. Chemical restraint	Medication which is prescribed to control/subdue behaviour.
7. Psychological restraint	Threatening someone.
8. Environmental restraint	Isolation from others.

## Changing cultures through primary prevention in a female PICU

*Chris Burke, Lead for Reducing Restrictive Practices and Chloe Keenoo, Ward Manager, Shearwater Ward*

This presentation focused on a new grading tool for ligatures in PICUs – designed to reduce restrictive interventions.

**Context:** The presenters reflected that the historic approach to immediate management of self-injurious behaviours can be negative. They proposed a different understanding of ligatures, one that is a more graded and non-binary understanding.



**Why a different approach to reducing self-injurious is needed:** There is a paucity of evidence around the long-term effects of the reactive strategies for the management of reactive strategies to manage self-injurious behaviours.

**Project:** Shearwater Ward implemented a 'grading tool' to be able to communicate the type and level of ligature.

**Aim of the project:** To reduce incidences of self-harm, to reduce the level of restrictive practice, to promote a consistent approach to recording ligatures and to change the cultural response to ligatures and self-injurious behaviours.

**Progress made:** An acceptance of this tool/approach across the trust inpatient services, a marked improvement in incident recording around ligatures and other self-injurious behaviours, development of a recording tool, a vicarious benefit of the improvement of all other incidents recording on the trial wards.

## Sexual Safety in PICUs

*Karen Cleaver, Professional Network Lead (Acute and PICU), Priory Healthcare*

The final session emphasised that sexual safety is unfortunately still a major issue in mental health services (Source: CQC)

1. Leadership not always aware how to promote the sexual safety for patients.
2. Many staff do not have the skills to respond appropriately to incidents.
3. Likely that incidents are under-reported/not properly recorded.
4. Joint-working with other agencies such as the police does not always work well in practice.
5. The ward environment does not always promote the sexual safety of people using the service.

Below are examples of good practice shared by Karen:

1. Updating incident reporting system to include a 'sexual safety incident' categories with sub-categories.
2. Keeping 'sexual safety' as an agenda item in community meetings to promote open and safe conversations.
3. Co-creating a ward charter outlining mutual expectations for sexual safety
4. Providing training, guidance and resources for staff on sexual safety and response procedures.
5. Adopting an individualised approach to incidences .



## The QNPICU Annual Forum was a successful day with great collaboration. Here are some highlights from our delegates:

- An overwhelming majority 21 out of 21 delegates rated the event Excellent or Good.
- Feedback on the presenters and facilitators was positive: 46% Excellent and 46% Good.
- The organisation received strong feedback: 12 rated it Excellent and 9 rated it Good.

All the presentations were well delivered.

The organisers were fantastic and responsive.

Excellent chairing.

### Feedback quotes

This has been a very resourceful forum

It was indeed a knowledge - impacting and insightful forum, and I look forward to attending again in the future.

Innovative ideas presented by colleagues.

# Thank you from the QNPICU team!



Left to right: Dino Patel (carer representative), Hannah Moore (patient representative), Dr Mehtab Rahman (chair of the QNPICU accreditation committee), Kelly Rodriguez (programme manager), Maisie Webster (deputy programme manager)

Stay in touch:

**Twitter/X:** [@rcpsychQNPICU](https://twitter.com/rcpsychQNPICU)

**Website:** [Quality Network for Psychiatric Intensive Care Units \(QNPICU\)](https://www.rcpsych.ac.uk/quality-network-for-psychiatric-intensive-care-units)

**KnowledgeHub:** email [PICU@rcpsych.ac.uk](mailto:PICU@rcpsych.ac.uk) to join our forum discussions