



Standards for Psychiatric Intensive Care Units Third Edition

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The artwork displayed on the front cover of this report was created by a patient at Leverndale IPCU.

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Foreword

Welcome to the third edition of the Standards for Psychiatric Intensive Care Units produced by the Quality Network for Psychiatric Intensive Care Units (QNPICU). The updated standards have been developed by the enthusiastic multidisciplinary QNPICU Advisory Group and Accreditation Committee teams following a comprehensive consultation process including member services, various stakeholders, national bodies and, most importantly, service users.

The standards have been designed to support PICU units in improving the quality of services they provide by offering a standardised set of quality criteria. These criteria can be used when designing new services or developing existing services with the ultimate purpose of improving the service users' experience and the quality of care they receive.

The Network has been supporting PICU services nationally not only by facilitating the self/peer and accreditation reviews, both followed by specific recommendations for development to individual services, but also by enhancing expertise through various educational events, the QNPICU newsletter, fortnightly round ups and the Annual Forum.

QNPICU has also acted as consultee when developing the recently released Prison Guidance by the NAPICU – “The Referral and Admission of Prisoners to General Adult Psychiatric Intensive Care Units (PICU)” – offering good practice guidance for the transfer of prisoners to general adult PICUs.

We hope you will find the standards easy to use and useful generally but also in your day-to-day practice. As usual, we remain open to and welcome your ideas and suggestions.



Maria Ivanov

Consultant Psychiatrist

Chair of the QNPICU Advisory Group

Introduction

These standards have been developed in consultation with individuals from member services of the Quality Network for Psychiatric Intensive Care Units (QNPICU) programme, patient and carer representatives and other experts (please see appendix 1 for a full list of acknowledgements).

1. Mapping exercise

The first stage of this process was to review the existing QNPICU Standards for Psychiatric Intensive Care Units – 2nd Edition (2020) to identify gaps, remove repetition and improve measurability. The second stage involved mapping these standards against the Royal College of Psychiatrists Standards for Inpatient Mental Health Services – 4th Edition (2022). The purpose of this stage was to identify published inpatient standards that were applicable to PICU services.

2. Literature review

A literature review and review of key documents was carried out (see reference list).

3. Electronic consultation

In December 2022, a survey was sent electronically to all QNPICU member services, the Advisory Group and Accreditation Committee to gather feedback on where changes to the second edition standards were needed. This survey offered the opportunity to provide feedback on the clarity and measurability of the standards, which standards required removal/altering and which standards were missing.

4. Standards consultation events

During the QNPICU Advisory Group meeting on 16 February 2023, the draft of the revised standards, based on the feedback received during the e-consultation, was shared for feedback and comments. This involved making changes to the draft standards and removing any standard that was no longer required. This meeting was replicated with the Accreditation Committee on 20 February 2023.

On 06 April 2023, QNPICU hosted a virtual standards consultation event. The event was attended by staff from PICU services and involved a brief introductory presentation on the process of developing the standards. This was followed by group discussions to decide on any changes to the revised standards and whether any further standards needed to be removed.

5. Categorisation of standards

All criteria are rated as Type 1, 2 and 3.

Type 1: 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: Expected standards that all services should meet.

Type 3: Desirable standards that high performing services should meet.

6. Involving family, friends and carers

The following standards uphold the principle that we wish to ensure positive engagement, support and collaboration from all those who are part of a patient's life, whether family, friends, or carers in the pathway of care.

These standards do not supersede the patient's right to privacy. The sharing of confidential information and/or contact with family, friends or carers must uphold the patient's wishes and occur only with their informed consent.

This does not reduce the responsibility of services to support carers where required, ensure access to statutory carers' assessments and provide general information about the service. The need to uphold public safety is not affected.

7. Sustainability principles

The standards have been mapped against the College's sustainability principles.




Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the green leaf logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

For further information, please see appendix 2.


Standards for Psychiatric Intensive Care Units - Third Edition

Admission and Assessment		
No.	Standard	Type
1	<p>The multi-disciplinary team make decisions about patient admission or transfer. They can refuse to accept patients if they anticipate that the patient mix will compromise safety and/or therapeutic activity.</p> <p><i>Guidance: The service has admission criteria which follows national guidelines. An escalation process is in place for complex situations.</i></p>	1
2	The service provides information to referrers about how to make a referral.	1
3	Patients admitted to the ward outside the area in which they live have a review of their placement at least every three months.	1
4	Assessments of patients' capacity to consent to care and treatment in hospital are performed in accordance with current legislation.	1
5	<p>Patients have a comprehensive mental health assessment which is started within four hours of admission. This involves the multi-disciplinary team and includes consideration of the patient's:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development. <p>Sustainability Principle: Improving Value</p>	1
6	<p>On admission the following is given consideration:</p> <ul style="list-style-type: none"> • The security of the patient's home; • Arrangements for dependants (children, people they are caring for); • Arrangements for pets. 	1
7	<p>The patient's preferred contact is contacted as soon as possible by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.</p> <p><i>Guidance: If consent is not given, this is recorded in patient records and reviewed regularly.</i></p>	1
8	Following assessment, patients promptly begin evidence-based therapeutic interventions which are appropriate to the bio-psychosocial needs.	1
9	There is a documented formalised review of care or ward round admission meeting within 72 hours of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.	1



10	<p>Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> • Their rights regarding admission and consent to treatment; • Rights under the Mental Health Act (or equivalent); • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments. 	1
11	<p>Patients are given an information pack on admission that contains the following:</p> <ul style="list-style-type: none"> • A description of the service; • The therapeutic programme; • Information about the staff team; • The unit code of conduct; • Key service policies (e.g. permitted items, smoking policy); • Resources to meet spiritual, cultural or gender needs. 	2
Care Planning and Treatment		
12	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy.</p> <p><i>Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.</i></p>	1
13	<p>The multi-disciplinary team reviews and updates care plans at least weekly.</p>	2
14	<p>Patients have a risk assessment and safety plan which is co-produced (where possible), updated weekly and shared where necessary with relevant agencies (with consideration of confidentiality).</p> <p> <i>Guidance: This assessment considers risk to self, risk to others and risk from others.</i></p> <p>Sustainability Principle: Prioritise Prevention</p>	1
15	<p>Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.</p>	2
16	<p>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.</p>	1
17	<p>Patients are involved (wherever possible) in decisions about their level of therapeutic observation by staff.</p> <p><i>Guidance: Patients are also supported to understand how the level can be reduced.</i></p>	1



18	<p>The service is able to refer patients to specialist alcohol and drug services.</p> <p><i>Guidance: Patients can be referred during admission or on discharge from the ward.</i></p>	2
19	<p>The service has a care pathway for patients who are pregnant or in the postpartum period.</p> <p><i>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.</i></p>	1
20	<p>When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.</p>	1
21	<p>When patients are absent without leave, the team (in accordance with local policy):</p> <ul style="list-style-type: none"> • Updates the patient's risk management plan; • Makes efforts to locate the patient; • Alerts carers, people at risk and the relevant authorities; • Escalates as appropriate. 	1
Physical Healthcare		
22	<p>Patients have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. If all or part of the examination is declined, then the reason is recorded, and repeated attempts are made.</p> <p>Sustainability Principle: Prioritise Prevention</p>	1
23	<p>Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly, and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	1
24	<p>The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.</p> <p>Sustainability Principle: Prioritise Prevention</p>	1
25	<p>Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan.</p> <p>Sustainability Principle: Consider Carbon</p>	1
Referral, Discharge and Transfer		
26	<p>The inpatient team invites a community team representative to participate and contribute to MDT reviews and discharge planning.</p> <p><i>Guidance: If the representative is unable to attend in person, teleconferencing facilities may be used.</i></p>	2

27	<p>Mental health practitioners carry out a thorough assessment of the patient's personal, social, safety and practical needs to formulate and mitigate risks on discharge.</p> <p><i>Guidance: Where possible, this should be completed in partnership with carers.</i></p>	1
28	<p>The team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge.</p> <p><i>Guidance: The plan includes details of:</i></p> <ul style="list-style-type: none"> • Care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication including monitoring arrangements; • Details of when, where and who will follow up with the patient. <p>Sustainability Principle: Prioritise Prevention</p>	1
29	<p>A discharge summary is sent within a week to the patient's GP and others concerned (with the patient's consent). The summary includes why the patient was admitted, how their condition has changed, and their diagnosis, medication and formulation.</p>	2
30	<p>Teams provide support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP.</p> <p><i>Guidance: This is likely to include support around any concerns at the transition and practical issues.</i></p>	3
31	<p>The team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge.</p>	1
Safeguarding		
32	<p>There is a local designated safeguarding lead who can give advice and ensure that all safeguarding issues are raised and resolved, in line with local policy. Inter-agency protocols for the safeguarding of adults and children are easily accessible on the ward.</p>	1
33	<p>Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.</p>	1
34	<p>There is a system in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning.</p> <p><i>Guidance: An action plan is in place to address any issues raised, including where training needs are identified.</i></p>	2

Medication Management		
35	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.	1
36	<p>Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.</p> <p> <i>Guidance: Side effect monitoring tools can be used to support reviews.</i></p> <p>Sustainability Principle: Consider Carbon</p>	1
37	Every patient's PRN medication is reviewed at least weekly: frequency, dose and indication.	1
38	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline) and at three months. If a physical health abnormality is identified, this is acted upon.	1
39	All staff members who administer medications have been assessed as competent to do so. The assessment is completed at least once every three years using a competency-based tool.	1
40	Patients, carers and prescribers are able to meet with a pharmacist to discuss medications.	2
Patient Experience		
41	<p>On admission to the ward, patients feel welcomed by staff members who explain why they are in hospital.</p> <p><i>Guidance: Staff members show patients around and introduce themselves and other patients, offer patients refreshments and address patients using their preferred name and correct pronouns. Staff should enquire as relevant how they would like to be supported in regard to their gender.</i></p>	1
42	<p>Individual staff members are easily identifiable.</p> <p><i>Guidance: For example, by wearing or displaying appropriate photo identification.</i></p>	2
43	Patients know who the key people are in their team and how to contact them if they have any questions.	1
44	Staff members treat all patients and carers with compassion, dignity and respect.	1
45	Patients feel listened to and understood by staff members.	1
46	Patients and staff members feel safe on the ward.	1
47	All patients can access a charge point for electronic devices such as mobile phones.	3

48	<p>Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy.</p> <p><i>Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.</i></p>	1
49	<p>Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties, including their family or carers, are respected and reviewed regularly.</p>	1
50	<p>All patients have access to an advocacy service, including IMHAs (Independent Mental Health Advocates).</p>	1
51	<p>The ward works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.</p>	2
52	<p>Patients and carers (with patient consent) are offered written and verbal information about the patient's mental illness and treatment.</p>	1
53	<p>There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group.</p> <p><i>Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the ward, to be consulted about changes to the ward environment and to review the quality and provision of activities with staff members. Where possible, patients are given the opportunity to chair or co-chair these meetings or an advocate is invited to chair.</i></p>	2
54	<p>The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.</p> <p><i>Guidance: Feedback can be collected in a variety of forms, including feedback surveys, focus groups, community meetings and patient representatives.</i></p> <p>Sustainability Principle: Empowering Individuals</p>	1
55	<p>Feedback received from patients and carers is analysed and explored to identify any differences of experiences by protected characteristics.</p>	2
56	<p>The service has a co-production strategy covering all aspects of service delivery.</p> <p><i>Guidance: The strategy defines patient and carer involvement as an equal partnership between people who design and deliver services, people who use the services, their carers and people in the community.</i></p>	3
57	<p>Services are developed in partnership with appropriately experienced patients and carers and have an active role in decision making.</p>	2

58	Every patient has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.	2
59 	<p>Patients have access to safe outdoor space every day.</p> <p><i>Guidance: Unless individual risk assessments dictate otherwise. Any exceptions should be documented in case notes.</i></p> <p>Sustainability Principle: Consider Carbon</p>	1
60 	<p>Patients, according to risk assessment, have access to regular 'green' walking sessions, where green space is accessible.</p> <p><i>Guidance: Consideration should be given to how all patients are able to access this session including, for example, access to appropriate foot or rainwear.</i></p> <p>Sustainability Principle: Consider Carbon</p>	2
61	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	2
62	<p>The team provides information and encouragement to patients to access local organisations for peer support and social engagement. This is documented in the patient's care plan and may include access to:</p> <ul style="list-style-type: none"> • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges. 	2
63	The team supports patients to access support with finances, benefits, debt management and housing needs.	1
64	<p>All patients can access a range of current culturally specific resources for entertainment, which reflect the service's population.</p> <p><i>Guidance: This may include recent magazines, daily newspapers, books, board games, a TV and DVD player with DVDs, computers and internet access (where risk assessment allows).</i></p>	2
65	Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g., covered copies of faith books, access to a multi-faith room or access to groups.	1
66	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	2
67	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs.	1




68	<p>The team and patient jointly develop a leave plan, which is shared with the patient, that includes:</p> <ul style="list-style-type: none"> • Conditions of the leave; • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Contact details of the service and crisis numbers. 	1
Family, Friends and Visitors		
69	<p>The team provides each carer with accessible carer's information.</p> <p><i>Guidance: Information is provided verbally and in writing (e.g. a carer's information pack). This includes both local and Organisation-wide information. This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities. Updated information should be sent as required, e.g. a letter, when staff contacts change.</i></p>	2
70	<p>Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.</p> <p><i>Guidance: Anyone over the age of 18 who is providing regular support to someone is entitled to a statutory carers' assessment, regardless of the amount/type of care provided. For young carers, the local council/Organisation has a legal duty to look into the responsibilities a young carer has taken on and how this could be affecting them.</i></p>	1
71	<p>Carers are offered individual time with staff members, within 48 hours of the patient's admission, to discuss concerns, family history and their own needs.</p> <p> <i>Guidance: Individual time could be offered face-to-face, over the telephone or by video-conference.</i></p> <p>Sustainability Principle: Empowering Individuals</p>	2
72	<p>Carers feel listened to and supported by the ward staff members.</p> <p><i>Guidance: Conversations are documented.</i></p>	2
73	<p>Carers are supported to participate actively in decision making and care planning for the person they care for, where the patient consents. This includes attendance at ward reviews.</p> <p> <i>Guidance: Carers are invited to attend meetings in advance and arrangements are made for carers to attend ward rounds, review meetings, CPA meetings and discharge meetings. When carers are unable to attend meetings in person, virtual attendance at meetings is offered and/or feedback is sought in advance of the meeting.</i></p> <p>Sustainability Principle: Empowering Individuals</p>	1





74	<p>The team knows how to respond to carers when the patient does not consent to their involvement.</p> <p><i>Guidance: The ward can receive information from the carer in confidence. Legally, carers can be given general information about the condition of the person cared for when patient consent is withdrawn. General information about the hospital, its service provision as well as education about mental ill-health and recovery should still be available to carers. (Carers Toolkit, NHS England).</i></p>	1
75	<p>Carers have access to a carer support network or group. This could be provided by the service, or the team could signpost carers to an existing network.</p> <p><i>Guidance: This could be a group/network which meets face-to-face or communicates electronically.</i></p>	2
76	<p>Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare.</p>	1
Environment and Facilities		
77	<p>In reception:</p> <ul style="list-style-type: none"> • A single main entry point is controlled by an airlock; • The airlock entrance is access-controlled from within a main staff area and can be operated by specifically-designated electronic fobs and keys; • The entrance has an emergency override allowing both doors to open at the same time. This is to enable people to enter/exit the ward through the airlock in an emergency. 	1
78	<p>There is a key management system in place which accounts for all secure keys/passes including spare/replacement keys which should be held under the control of a senior manager. There is a process to ensure that:</p> <ul style="list-style-type: none"> • Keys are not issued until a security induction has been completed; • Keys are only issued upon the presentation of valid ID; • A list of approved key holders is updated monthly identifying new starters who have completed their induction training and any leavers from the service. 	1
79	<p>Windows that form part of the external secure perimeter are designed to prevent the passage of contraband.</p>	1
80	<p>Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms or personal alarms. There is an agreed response when an alarm is used.</p>	1
81	<p>Lockable facilities are provided for:</p> <ul style="list-style-type: none"> • 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. 	2


82	There are clear lines of sight to enable staff members to view patients. Measures are taken to address blind spots and ensure sightlines are not impeded e.g. by using mirrors.	1
83	Furnishings within the ward minimise the potential for fixtures and fittings to be used as weapons, barriers or ligature points. Fixtures, fittings and installations in outdoor spaces (e.g. garden areas or courtyards) are protected or designed to prevent climbing and tampering.	1
84	A risk assessment of all ligature points on the ward is conducted at least annually. An action plan and mitigations are put in place where risks are identified, and staff are aware of the risk points and their management.	1
85	The environment complies with current legislation on disabled access. <i>Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.</i>	1
86	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	1
87	All patients have single bedrooms.	2
88	The ward has at least one bathroom/shower room for every three patients.	2
89	Every patient has an en-suite bathroom.	3
90	Male and female patients have separate bedrooms, toilets and washing facilities. Room allocation should accommodate a spectrum of gender and patient gender self-identification should be supported wherever possible. <i>Guidance: Self-identification as male or female should be accepted, and allocation to a gendered room done with patients' agreement. Where this allocation could present risks to the patient or to vulnerable others, this is risk assessed and all practical steps taken to accommodate patient preference. If patient preference cannot be safely accommodated, this is discussed between the patient and clinical team and agreement made on the most appropriate environment for care.</i>	1
91	Wards are able to designate gender neutral bedrooms and toilet facilities for those patients who would prefer a non-gendered care environment.	3
92	Staff members respect the patient's personal space, e.g., by knocking and waiting before entering their bedroom. <i>Guidance: Unless individual risk assessments dictate otherwise. Any exceptions should be documented in case notes.</i>	1
93	Bathrooms, toilets and bedrooms are lockable from the inside with external staff override.	1
94	Patient bedroom and bathroom doors are designed to prevent holding, barring or blocking.	1

95	All doors (with the exception of those in bedrooms, bathrooms and toilets) are fitted with a robust clear observation panel.	2
96	Staff members and patients can control heating, ventilation and light on the ward. <i>Guidance: For example, patients are able to ventilate their rooms through the use of windows, they have access to light switches, and they can request adjustments to control heating.</i>	2
97	Patients are able to personalise their bedroom spaces. <i>Guidance: For example, by putting up photos and pictures.</i>	2
98	Patients are consulted about changes to the ward environment.	2
99	There is a separable gender-specific space which can be used as required.	1
100	The ward has a designated room for physical examination and minor medical procedures.	2
101	Patients have access (subject to risk assessment) to a room with: <ul style="list-style-type: none"> • Activities (containing board games, art and stereo equipment); • Internet and social media (with appropriate safeguards in place); • A television and DVD player, or equivalent; • Physical exercise equipment. 	2
102	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24-hours a day. <i>Guidance: Hot drinks may be available on a risk-assessed basis.</i>	2
103	The ward has at least one quiet room or de-escalation space other than patient bedrooms. <i>Guidance: The de-escalation space is designed specifically for the purpose of reducing arousal and/or agitation.</i>	2
104	In wards/units where seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> • It allows clear observation; • It is well insulated and ventilated; • It has adequate lighting, including a window(s) that provides natural light; • It has direct access to toilet/washing facilities; • It has limited furnishings (which includes anti-tamper bed, pillow, mattress and blanket or covering); • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see. <i>Guidance: Wards that do not have seclusion facilities ensure that local policies fully describe alternatives to seclusion and define how patients' safety, dignity, privacy and health and well-being needs will be met.</i>	1


105	<p>There is a designated visitors' room within the perimeter. The space must meet the following requirements:</p> <ul style="list-style-type: none"> • Suitable to maintain safety, dignity, privacy and confidentiality; • Provide a homely environment; • Observations are not overly intrusive; • Accessible by patients and visitors. <p><i>Guidance: Policies are in place on child visiting procedures.</i></p>	1
106	When visits cannot be facilitated, patients have access to video technology to communicate with their friends and relatives.	1
107	<p>The service has a family visiting room, which is welcoming, comfortable, clean, well equipped and available outside the main body of the ward.</p> <p><i>Guidance: It is equipped with a range of age-appropriate facilities, such as toys, games and books.</i></p>	2
Workforce		
108	There is a psychologist who is part of the multi-disciplinary team. They contribute to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence based psychological interventions.	1
109	There is an occupational therapist who is part of the multi-disciplinary team. They work with patients requiring an occupational assessment and ensure the safe and effective provision of evidence based occupational interventions.	1
110	There is dedicated sessional input from arts or creative therapists.	3
111	<p>There is a mental health pharmacist who is a core member of the multi-disciplinary team. Their duties include:</p> <ul style="list-style-type: none"> • Performing medicine reconciliation on admission to ensure an accurate and complete medication history; • Applying medicines optimisation and evidence based criteria to ensure a person centred approach and the best possible outcomes from their medicines; • Contributing to guideline development, audit of high risk medicines and staff training on the use of medicines. 	2
112	<p>The ward has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including:</p> <ul style="list-style-type: none"> • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. <p>Sustainability Principle: Empowering Staff</p>	1
113	The ward is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need or short term absence of permanent staff.	2

114	There is an identified duty doctor available at all times to attend the ward, including out of hours. The doctor can attend the ward within 30 minutes in the event of an emergency.	1
115	Ward-based staff members have access to a dedicated staff room.	2
	Sustainability Principle: Empowering Staff	
116	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. <i>Guidance: Staff have the right to one uninterrupted rest break during their working day if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.</i>	1
117	Systems are in place to enable staff members to report incidents quickly and effectively and managers encourage staff members to do this.	1
118	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	1
	Sustainability Principle: Empowering Staff	
119	Staff members, patients and carers who are affected by a serious incident including restraint and rapid tranquilisation are offered post-incident support. <i>Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection. Other patients on the ward who are distressed by events are offered support and time to discuss their experiences.</i>	1
	Sustainability Principle: Empowering Individuals	
120	Patient and/or carer representatives are involved in delivering and developing staff training. <i>Guidance: Representatives can be from current or discharged patients and their carers.</i>	2
Workforce Training and Support		
121	All staff members receive individual line management supervision at least monthly.	2
122	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	1

123 	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice.	3
	Sustainability Principle: Empowering Staff	
124 	The ward actively supports staff health and wellbeing. <i>Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports, and taking action where needed.</i>	1
	Sustainability Principle: Empowering Staff	
125	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met.	1
126	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:	
126.1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	1
126.2	Physical health assessment and management. <i>Guidance: This could include training in understanding physical health problems, undertaking physical observations, basic life support, and Early Warning Signs.</i>	1
126.3 	Safeguarding vulnerable adults and children. <i>Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.</i>	1
	Sustainability Principle: Prioritise Prevention	
126.4 	Risk assessment and management. <i>Guidance: This includes assessing and managing suicide risk and self-harm, and the prevention and management of challenging behaviour.</i>	1
	Sustainability Principle: Prioritise Prevention	
126.5	Recognising and communicating with patients with cognitive impairment and learning disabilities.	1
126.6	Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.	1

126.7	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	2
127	All staff undergo specific training in therapeutic observation when they are inducted into a Trust or changing wards. This includes: <ul style="list-style-type: none"> · Principles around positive engagement with patients; · When to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this. 	1
128	All staff members who deliver therapies and activities are appropriately trained and supervised.	1
	Sustainability Principle: Empowering Staff	
Reducing Restrictive Practices		
129	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety. <i>Guidance: This includes avoiding the use of blanket rules and assessing risk on an individual basis.</i>	1
130	The team uses seclusion only as a last resort and for brief periods only.	1
131	When restraint is used, staff members restrain in adherence with accredited restraint techniques.	1
132	Any use of force (e.g. physical restraint, chemical restraint, seclusion and long term segregation) should be recorded in line with Mental Health Units (Use of Force) Act 2018 (or equivalent).	1
133	Patients who are involved in episodes of restraint, or compulsory treatment including tranquilisation, have their vital signs, including respiratory rate, monitored by staff members and any deterioration is responded to.	1
134	In units where long term segregation is used, the area conforms to standards as prescribed by the Mental Health Act Code of Practice (or equivalent).	1
135	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	2
136	In order to reduce the use of restrictive interventions, patients who have been harmful to themselves or others are supported to identify triggers and early warning signs. <i>Guidance: This includes positive behavioural support (PBS) plans.</i>	1
137	The multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through use of audit and/or quality improvement methodology. <i>Guidance: Audit data is used to compare the service to national benchmarks where possible.</i>	1

Governance		
138	<p>All patient information is kept in accordance with current legislation.</p> <p><i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i></p>	1
139	<p>Clinical outcome measurement is collected at two time points (at assessment and discharge).</p> <p><i>Guidance: This includes patient-reported outcome measurements where possible. Clinical outcome measures can include Health of the Nation Outcome Scales (HoNOS), Global Assessment of Progress (GAP), Brief Psychiatric Rating Scale (BPRS), Daily Living Activities (DLA) Scale, Global Assessment of Functioning (GAF), DIALOG or Clinical Outcomes Routine Evaluation (CORE).</i></p>	1
140	<p>The unit has mechanisms to review data at least annually about the people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment.</p> <p><i>Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.</i></p>	1
141	<p>Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.</p>	1
142	<p>When serious mistakes are made in care, this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.</p>	1
143	<p>There are agreed protocols in place with local police to ensure effective and sensitive liaison regarding incidents of criminal activity, harassment or violence.</p>	2
144	<p>The ward team use quality improvement methods to implement service improvements.</p>	2
145	<p>The team actively encourages patients and carers to be involved in quality improvement initiatives.</p>	2
146	<p>The service supports research and the implementation of evidence-based interventions:</p> <ul style="list-style-type: none"> • There is a local research strategy linked to the needs of patients and workforce; • Research includes projects co-produced with patients and carers and collaboratively engages with other services and stakeholders; • There is a mechanism in place for staff and patients to influence and contribute to research projects; • The service shares the outcomes of their research with patients, carers, staff and other stakeholders by means such as plain language summaries, research papers, posters and presentations. <p><i>Guidance: Research can include routinely evaluating the assessment and treatment models of care within the service.</i></p>	3

<p>147</p> 	<p>Patient or carer representatives are involved in the interview process for recruiting potential staff members.</p> <p><i>Guidance: The representatives should have experience of the relevant service. Representatives can be from current or discharged patients and their carers.</i></p> <p>Sustainability Principle: Empowering Individuals</p>	<p>2</p>
<p>148</p>	<p>The ward reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/minimising waste and low carbon interventions). Progress against this improvement plan is reviewed at least quarterly with the team.</p>	<p>3</p>

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Appendix 1: Acknowledgements

The Quality Network for Psychiatric Intensive Care Units is extremely grateful to the following people for their time and expert advice in the development and revision of these standards:

Maria Ivanov, Chair of the Advisory Group, Sue Denison, Chair of the Accreditation Committee, and the full QNPICU Advisory Group and Accreditation Committee for their input and guidance throughout the consultations.

Individuals who contributed to the standards revision process and provided feedback.

Appendix 2: Sustainability Principles

The third edition of the QNPICU standards has been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee.

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

For more information on the Sustainability Committee, please follow this link:

<https://www.rcpsych.ac.uk/improving-care/working-sustainably>

The five Sustainability Principles are listed below:

- 1. Prioritise Prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).
- 2. Empower Individuals and Communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.
- 3. Improve Value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.
- 4. Consider Carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, telehealth clinics instead of face-to-face contacts). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.
- 5. Staff Sustainability** – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services
<https://www.jcpmh.info/good-services/sustainable-services/>
- Choosing Wisely – shared decision making
<http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx>
- Centre for Sustainable Healthcare
<https://sustainablehealthcare.org.uk/>
- Psych Susnet
<https://networks.sustainablehealthcare.org.uk/network/psych-susnet>

Appendix 3: Project Contact Details and Information

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