



Standards for Psychiatric Intensive Care Units – Second Edition

Quality Network for Psychiatric Intensive Care Units

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Artwork displayed on the front cover of the report:

Title: 'Red and White'

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Foreword

Welcome to the second edition of the Standards for Psychiatric Intensive Care Units produced by the Quality Network for Psychiatric Intensive Care Units (QNPICU). The updated standards build on the first edition published in 2017 and have been developed through a wide consultation with service users, member services, expert stakeholders and national bodies.

These standards offer a framework for PICUs to develop their service and enhance the care they provide. Through a process of self and peer review many units have achieved formal accreditation giving recognition to the high quality of care they provide. The standards also facilitate the standardisation of good practice and aim to support consistent, high quality care nationally.

The QNPICU has also developed significantly in recent years and continues to support PICUs nationally through the annual forum, knowledge hub, special interest days and research. Recent projects include national research into substance misuse within PICU, staff wellbeing and a thematic review of member services.

The strength of the QNPICU is in its membership and the sharing of good practice, and challenges, that this enables. We continue to engage members, service users, carers and expert stakeholders to develop the network.

I hope you find these standards useful and beneficial in achieving our aim of improving psychiatric intensive care.



Tom Tunnicliffe
Consultant Nurse and Approved Clinician
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 2 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 – 1st Edition (2017)¹ to identify gaps, to remove repetition and to identify those standards which could be phrased in a more measurable way. The second stage involved mapping these standards against the Royal College of Psychiatrists Standards for Inpatient Mental Health Services (2019). 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. Standards consultation event

QNPICU hosted a standards consultation event on 19 December 2019 for key stakeholders to comment on a draft of the revised standards. The event was attended by around 30 stakeholders including senior managers, multidisciplinary team staff, frontline staff, patients and carers. Following a brief introductory presentation on the process of developing the standards, delegates worked in small groups making verbal and written comments on the standards before feeding back at the end of the day. The delegates were asked to remove the standards no longer required, add further standards and edit existing standards.

A meeting with the QNPICU advisory group was held to discuss the first draft of standards in detail.

4. Electronic consultation

In June 2020, a draft of the standards was sent electronically to QNPICU member services, distribution list and the QNPICU advisory group.

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<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/picus/ourstandards.aspx>

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 carer assessment and provide general information regarding the service. The need to uphold public safety is not affected.

Sustainability Principles

The second 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.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2013). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.'

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource intensive and more sustainable service.

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.




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

Sustainability will automatically be examined alongside the usual review process and services will not have to submit extra evidence for this. Whether a service is awarded the sustainability certification or not will not affect the accreditation status of the service.



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>

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Admission and Assessment		
No.	Standard	Type
1	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. <i>Guidance: Decisions to accept or refuse patients are recorded.</i>	1
2	Assessments of patients' capacity to consent to care and treatment in hospital are performed in accordance with current legislation and repeated at regular intervals.	1
3	Staff members explain the purpose of the admission to the patient as soon as is practically possible.	1
4	 <p>Patients have a comprehensive mental health assessment which is started immediately and completed within 1 week. 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: Improve Value</p>	1
5	On admission the following is given consideration: <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; • Essential maintenance of home and garden. 	1
6	The patient's carer is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details, as soon as is practically possible.	1
7	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: <ul style="list-style-type: none"> • Their rights regarding admission and consent to treatment; • Rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments. 	1
8	The patient is given an information pack on admission that contains the following: <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		
9	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers when developing the care plan and they are offered a copy.</p> <p><i>Guidance: The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> · Agreed intervention strategies for physical and mental health; · Measurable goals and outcomes; · Strategies for self-management; · Any advance directives or statements that the patient has made; · Crisis and contingency plans; · Review dates and discharge framework. 	1
10	<p>The multi-disciplinary team reviews and updates care plans at least weekly.</p> <p><i>Guidance: External professionals are involved when required.</i></p>	2
11	<p>All patients have a documented diagnosis and a clinical formulation which is jointly constructed by the patient.</p> <p><i>Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.</i></p>	1
12	<p>Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.</p> <p>Sustainability Principle: Prioritising Prevention</p>	1
13	<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
14	<p>Each patient receives a one-to-one session with a nominated member of their care team to discuss progress, care plans and concerns at least weekly. These sessions are documented.</p>	1
15	<p>When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.</p> <p><i>Guidance: Patients are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible.</i></p>	1


<p>16</p> 	<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>	<p>1</p>
<p>17</p>	<p>Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.</p>	<p>2</p>
<p>18</p>	<p>Patients are involved in decisions about their level of observation by staff.</p> <p><i>Guidance: If a patient is observed within eyesight or within arm's length for more than 72 hours, this is reviewed by the MDT.</i></p>	<p>1</p>
<p>19</p>	<p>Patients can access specialist alcohol and drug services, with a system for joint working with mental health services (including shared care pathways, referral and staff training).</p>	<p>3</p>
<p>20</p>	<p>There is a specific protocol or written policy on the agreed management of patients with coexisting alcohol and drug misuse.</p>	<p>2</p>
<p>21</p>	<p>The service has a care pathway for women who are pregnant or in the postpartum period.</p> <p><i>Guidance: Women who are over 32 weeks pregnant or up to 12 months postpartum period should not be admitted to a general psychiatric ward unless there are exceptional circumstances</i></p>	<p>1</p>
<p>22</p> 	<p>Patients are supported to be active participants in the planning and management of their own health and wellbeing. Each patient has a personalised care and support plan that:</p> <ul style="list-style-type: none"> · captures and records conversations, decisions and agreed outcomes in a way that makes sense to the person; · is proportionate, flexible and coordinated and adaptable to a person's health condition, situation and care and support needs; · includes a description of the person, what matters to them and all the necessary elements that would make the plan achievable and effective. <p><i>Guidance: The Community Mental Health Framework for Adults and Older Adults (NHS England, 2019) and related guidance is applied when planning and coordinating care with community providers.</i></p> <p>Sustainability Principle: Empower Individuals and Communities</p>	<p>2</p>




23	<p>There are clear and effective systems for communication and handover within and between staff teams.</p> <p><i>Guidance: Adequate time is allocated to discuss patients' needs, risks and management plans, including vulnerability, suicide risk, violence and aggression and general progress.</i></p>	1
24	<p>All records held by the service are integrated into one patient record.</p> <p><i>Guidance: External clinicians, such as GPs, are encouraged to use hospital recording systems.</i></p>	3
25	<p>When patients are absent without leave, the team (in accordance with local policy):</p> <ul style="list-style-type: none"> • Activates a risk management plan; • Makes efforts to locate the patient; • Alerts carers, people at risk and the relevant authorities; • Completes an incident form. 	1
Physical Healthcare		
26	 <p>Patients have a comprehensive physical health review. This is started within 4 hours of admission, or as soon as is practically possible. The assessment is completed within 1 week, or prior to discharge.</p> <p>Sustainability Principle: Prioritising Prevention</p>	1
27	<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
28	<p>For physical examinations, all patients are given the option to have an impartial observer to act as a chaperone.</p> <p><i>Guidance: A chaperone should usually be a health professional who is familiar with the examination procedure. Any appropriate requests for a specific gender of healthcare professional should be accommodated as far as possible.</i></p>	3
29	 <p>The team understands and follows an agreed protocol for the management of an acute physical health emergency.</p> <p><i>Guidance: This includes guidance about when to call 999 and when to contact the duty doctor.</i></p> <p>Sustainability Principle: Prioritising Prevention</p>	1
Referral, Discharge and Transfer		
30	<p>Discharge planning from the ward is initiated at the first multi-disciplinary team review and a provisional plan is devised.</p>	2

31	<p>The service identifies and addresses the immediate needs and concerns of the patient in relation to transitions to other services or to the community.</p> <p><i>Guidance: This is likely to include practical issues such as:</i> <i>Housing support;</i> <i>Support with finances, benefits and debt management;</i> <i>Advice and support on disclosure;</i> <i>Medication and access to primary healthcare services;</i> <i>Clothing;</i> <i>Transfer of personal items;</i> <i>Personal care;</i> <i>Use of electronic devices, such as mobile phones.</i></p>	2
32	<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
33	<p>A discharge summary is sent within a week to the patient's GP and others concerned (with the patient's consent), including why the patient was admitted and how their condition has changed, diagnosis, medication and formulation.</p>	2
34	<p>When patients are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment.</p>	1
35	<p>The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 3 days of discharge.</p>	1
36	<p>There is a written process on the prevention and expedition of delayed discharges.</p> <p>Sustainability Principle: Consider Carbon</p>	2
Safeguarding		
37	<p>Inter-agency protocols for the safeguarding of adults and children are easily accessible on the ward. This includes local safeguarding responsibilities and functions, and escalating concerns if an inadequate response is received to a safeguarding alert or referral.</p> <p><i>Guidance: On admission, a record is made for each patient of any children known to be in their social network, their relationship to those children and any known risks whether or not reflected in convictions.</i></p>	1
38	<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 and external requirements of the Safeguarding Adults and Children Board.</p>	1

39	<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
Patient Experience		
40	<p>On admission to the ward, patients feel welcomed by staff members.</p> <p><i>Guidance: Staff members show patients around and introduce themselves and other patients; Offer patients refreshments; Address patients using the name and title they prefer; Provide patients with an explanation as to why they are in hospital.</i></p>	1
41	<p>Individual staff members are easily identifiable.</p> <p><i>Guidance: For example, by wearing or displaying appropriate photo identification.</i></p>	3
42	<p>Patients know who the key people are in their team and how to contact them if they have any questions.</p>	1
43	<p>Patients can wash and use the toilet in private, unless risk assessment deems they require an enhanced level of constant observation.</p>	1
44	<p>Staff members treat all patients and carers with compassion, dignity and respect.</p>	1
45	<p>Patients feel listened to and understood by staff members.</p>	1
46	<p>Patients and staff members feel safe on the ward.</p>	1
47	<p>Patients can make and receive telephone calls in private.</p>	1
48	<p>When talking to patients and carers, health professionals communicate clearly and in a way that they understand.</p>	1
49	<p>Information for patients and carers is written simply and clearly, and can be provided in languages other than English (ensuring cultural relevance if necessary). It is available in easy-to-use formats for people with sight/hearing/cognitive difficulties or learning disabilities. Audio, video, symbolic and pictorial materials, communication passports and signers are used as necessary.</p>	1
50	<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 are respected and reviewed regularly</p>	1
51	<p>The advocate is independent, known by name to the patient group, and where requested raises issues on behalf of the patients and feeds back any actions or outcomes.</p>	2
52	<p>The ward/unit uses 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

53	<p>Patients are offered written and verbal information about the patient's mental illness and treatment.</p> <p><i>Guidance: Verbal information could be provided in a one-to-one meeting with a staff member, a ward round or in a psycho-education group. Written information could include leaflets or websites.</i></p>	1
54	<p>There is a minuted 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.</i></p>	2
55	 <p>Patients are encouraged to feedback confidentially about their experiences of using the service and in a variety of forms, including feedback surveys, focus groups, community meetings and patient representatives. Their feedback is used to improve the service.</p> <p>Sustainability Principle: Empower Individuals and Communities</p>	1
56	<p>The service has a user involvement and 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 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	<p>A range of accessible recreational activities, including engaging in creative work, hobbies and special and social interests, are provided 7 days a week including evenings and bank holidays.</p> <p><i>Guidance: Activities which are provided during working hours, Monday - Friday, are timetabled. The delivery of activities across the 7-day period, including evenings, is audited.</i></p>	1
59	 <p>Patients can access safe outdoor space when requested, at least daily and when it is safe to do so.</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 receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.</p> <p><i>Guidance: This includes practical sessions.</i></p>	2

61	<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
	<p>The team supports patients to access support with finances, benefits, debt management and housing.</p> <p>Sustainability Principle: Prioritising Prevention</p>	1
63	<p>All patients can access a range of current 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
64	<p>Patients are supported to access relevant faith-specific support, 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, access to groups.</p> <p><i>Guidance: Where possible, faith-specific support is sought through someone with an understanding of mental health issues.</i></p>	2
65	<p>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.</p>	1
66	<p>The service enables patients to make healthy diet choices at meal and non-meal times.</p> <p><i>Guidance: Policies and practices around access to non-hospital food and drink, including patient shop items, take-aways and use of patient leave are in place. The provision of information and support for carers regarding appropriate choices around food and drink they may bring to the unit and provide on home visits is documented.</i></p>	2
67	<p>Education is offered to patients on the importance of maintaining a healthy lifestyle and the service encourages patients to remain active.</p> <p><i>Guidance: Patients have access to a range of physical activities and appropriate physical health monitoring measures are in place.</i></p>	2




68	 <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
69	<p>The team develops a leave plan jointly with the patient that includes:</p> <ul style="list-style-type: none"> · The aim and purpose of section 17 leave; · Conditions of the leave and the therapeutic purpose; · 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; · Expectations on return from leave e.g. searching; · MAPPA requirements and victim issues, where relevant. 	1
70	<p>There is a policy on patients' use of electronic equipment, mobile phone devices and safe access to the internet. The policy includes specific advice around the appropriate use of smart phones, social networking sites, confidentiality and risk.</p>	2
Family, Friends and Visitors		
71	<p>The team provides each carer with accessible carer's information.</p> <p><i>Guidance: Information is provided verbally and in writing (e.g. carer's pack). 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.</i></p>	2
72	<p>Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.</p>	1
73	 <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: Empower Individuals and Communities</p>	2
74	<p>Carers feel listened to and supported by the ward staff members.</p>	2
75	 <p>Carers are involved in discussions and decisions about the patient's care, treatment and discharge planning.</p> <p>Sustainability Principle: Empower Individuals and Communities</p>	2
76	<p>Carers are supported to engage in meetings, events and service initiatives.</p> <p><i>Guidance: This includes organising transport and facilitating Skype calls.</i></p>	2




77	When a patient withdraws consent, general information about the hospital, its service provision, as well as education about mental ill-health and recovery is still available to carers.	2
78	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. <i>Guidance: This could be a group/network which meets face-to-face or communicates electronically.</i>	2
79	The service has a strategy for carer engagement. The strategy describes measures taken to proactively support: · A carer's own needs around information and support; · How they can be involved in the care of their loved one; · Opportunities to be involved in service developments, training and improvements.	2
Environment and Facilities		
80	In reception: · 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
81	There is a process to ensure that: · 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
82	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.	1
83	Windows that form part of the external secure perimeter are designed to prevent the passage of contraband.	1
84	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms or personal alarms and there is an agreed response when an alarm is used.	1
85	Lockable facilities are provided for: · 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
86	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



87	Furnishings minimise the potential for fixtures and fittings to be used as weapons, barriers or ligature points.	1
88	Fixtures, fittings and installations in outdoor spaces (e.g. garden areas or courtyards) are protected or designed to prevent climbing and tampering.	1
89	An audit of environmental risk is conducted annually, or in the event of material change to the service, and a risk management strategy is agreed and acted on. <i>Guidance: This includes a ligature risk assessment.</i>	1
90	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
91	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	1
92	All patients have single bedrooms	2
93	Every patient has an en-suite bathroom. <i>Guidance: Where this is not possible, the ward has at least one bathroom/shower room for every three patients.</i>	3
94	Male and female patients have separate bedrooms, toilets and washing facilities.	1
95	Bathrooms, toilets and bedrooms are lockable from the inside with external staff override.	1
96	Patient bedroom and bathroom doors are designed to prevent holding, barring or blocking.	1
97	All doors (with the exception of those in bedrooms, bathrooms and toilets) are fitted with a robust clear observation panel.	2
98	Patients can adjust or request changes to the environment to maintain thermal comfort. <i>Guidance: This includes adjustments to heating, ventilation through the use of windows and support to add/remove clothing.</i>	2
99	Patients can personalise the ward environment and their bedroom spaces, in conjunction with staff members and where appropriate.	2
100	There is a separable gender-specific space which can be used as required.	1
101	The ward has a designated room which is suitably designed and equipped for physical examination and minor medical procedures.	2

102	<p>Patients have access (subject to risk assessment) to:</p> <ul style="list-style-type: none"> · Activities room (containing board games, art and stereo equipment); · Internet and social media (with appropriate safeguards in place); · Day room (with a television and DVD player, or equivalent); · A room with physical exercise equipment. <p><i>Guidance: Patients within high security care would not have access to the internet and social media.</i></p>	1
103	<p>There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day, subject to risk assessment.</p>	2
104	<p>The ward has at least one quiet room other than patient bedrooms.</p>	2
105	<p>There is a designated area or room (de-escalation space) specifically for the purpose of reducing arousal and/or agitation.</p>	2
106	<p>In wards/units where seclusion is used, there is a designated room that meets the following requirements:</p> <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 a 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. <p><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></p>	1
107	<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>	2
108	<p>A family visiting room, which is warm, clean and well equipped, is available outside the main body of the ward. <i>Guidance: It is equipped with a range of child-appropriate facilities, such as toys, games and books.</i></p>	1

Workforce		
109	<p>The multi-disciplinary team consists of professionals in the following disciplines within the context of core team skills and clinical decision-making:</p> <ul style="list-style-type: none"> • Medical (e.g. a dedicated consultant psychiatrist and a trainee psychiatric doctor); • Nursing (e.g. a team of specialist inpatient nurses, both qualified nurses, healthcare support workers and assistant practitioners); • Management (e.g. a manager and deputy with relevant clinical expertise); • Occupational therapy or other Allied Health Professional (a specialist in psychiatric inpatient care); • Psychology (a specialist clinical psychologist); • Pharmacy (a specialist pharmacist with experience in acute psychiatric inpatient settings); • Social care (e.g. access to a social worker or equivalent to address holistic care needs). 	1
110	<p>There is a psychologist who is a core member of the MDT. They contribute to the assessment and formulation of the patients' psychological needs, the safe and effective provision of evidence based psychological interventions, and the cultivation of a psychologically informed environment through work with the team and wider system.</p>	2
111	<p>There is an occupational therapist who is a core member of the MDT. They provide specialist functional assessments and ensure safe and effective provision of evidence based occupational therapy interventions.</p>	2
112	<p>There is a mental health pharmacist who is a core member of the MDT. 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
113	<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 style="color: green; font-weight: bold;">Sustainability Principle: Staff Empowerment</p>	1
114	<p>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.</p>	2

115	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
116	All staff members receive line management supervision at least monthly.	2
117	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
118	Staff members in training and newly qualified staff members receive weekly line management supervision.	2
119 	All staff members have access to monthly formal reflective practice sessions. <i>Guidance: This forum provides staff members with the opportunity to reflect on their own actions and the actions of others. It can also be used to discuss concerns and issues of relational security. Reflection is a conscious effort to think about an activity or incident that allows the individual and/or group to consider what was positive or challenging, and if appropriate, plan how it might be enhanced, improved or done differently in the future.</i> Sustainability Principle: Staff Empowerment	3
120 	There are processes and initiatives in place to support staff health and well-being. Guidance: This includes: <ul style="list-style-type: none"> • Providing access to support services; • Monitoring staff sickness and burnout; • Encouraging staff to take scheduled breaks; • Assessing and improving morale; • Providing wellbeing programmes; • Monitoring turnover; • Reviewing feedback from exit reports and taking action where needed. Sustainability Principle: Staff Empowerment	1
121 	Ward-based staff members have access to a dedicated staff room. Sustainability Principle: Staff Empowerment	2
122	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	1

123	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: Staff Empowerment	
124	Staff members, patients and carers who are affected by a serious incident are offered post incident support.	1
	<i>Guidance: Other patients on the ward who are distressed by events are offered support and time to discuss their experiences.</i>	
	Sustainability Principle: Empower Individuals and Communities	
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; 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.	1
Staff have received training on the following (127-132)		
127	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	1
128	Physical health assessment. <i>Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.</i>	1
129	Risk assessment, risk management and positive risk taking. <i>Guidance: This could include: Safeguarding vulnerable adults and children; Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence; PREVENT training; Recognising and responding to the signs of abuse, exploitation or neglect.</i>	1
	Sustainability Principle: Prioritising Prevention	
130	Recognising and communicating with patients with cognitive impairment or learning disabilities.	2
131	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	2
132	Statutory and mandatory training. <i>Guidance: Includes equality and diversity, information governance, basic life support, infection control.</i>	1

133	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool. This assessment is repeated at least once every three years.	1
134	<p>The team effectively manages behaviours that challenge on the ward:</p> <ul style="list-style-type: none"> · Staff members can evidence that if restrictive interventions are used then they represent the least restrictive option to meet the need; · Individualised support plans, incorporating behaviour support plans, are implemented for all people who use services who are known to be at risk of being exposed to restrictive interventions; · Providers report on the use of restrictive interventions; · Advance statements are used to identify the patient's wishes and feelings; · During and after the use of physical restraint, the patient's physical condition (including vital signs and airway status) should be monitored and recorded. <p><i>Guidance: Interventions and procedures used align with the Mental Health Act Code of Practice (2015), Towards Safer Services (RRN, 2019) and Positive and Proactive Care (DoH, 2014).</i></p>	1
135	All staff undergo specific training in therapeutic observation (including 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 and actions to take if the patient absconds) when they are inducted into a Trust or changing wards.	1
136	Staff members receive training on recognising and identifying effects of illicit drugs, and the interventions needed to treat patients struggling with substance misuse. This is repeated annually.	3
137	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	1
138	 <p>All staff members who deliver therapies and activities are appropriately trained and supervised.</p> <p>Sustainability Principle: Staff Empowerment</p>	1
139	Staff members follow an agreed protocol when conducting searches of patients and their personal property.	1
140	 <p>Experts by experience are involved in delivering and developing staff training face-to-face.</p> <p>Sustainability Principle: Empower Individuals and Communities</p>	3

Governance		
141	<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
142	<p>The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year.</p> <p><i>Guidance: Audit data is used to compare the service to national benchmarks where possible.</i></p>	1
143	<p>The service collects data on the safe prescription of high risk medications such as; lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines. The service uses this data to make improvements and continues to monitor the safe prescription of these medications on an ongoing basis.</p>	1
144	<p>Clinical outcome measurement, and progress against user-defined goals is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.</p>	1
145	<p>The ward's clinical outcome data is reviewed at least 6 monthly. The data is shared with commissioners, the team, patients and carers, and used to make improvements to the service.</p>	2
146	<p>Lessons learned from 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
147	<p>When 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
148	<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
149	<p>In the case of criminal justice engagement, there are policies covering:</p> <ul style="list-style-type: none"> • victim issues; • change of risk in the community; • contact with the police; • communication with MAPPA; • communication with PREVENT; • communication with the Ministry of Justice. 	1

150	<p>A contingency plan addresses:</p> <ul style="list-style-type: none"> • The chain of operational control; • Communications; • Patient and staff safety and security; • Maintaining continuity in treatment; • Accommodation; • Testing by live and desktop exercises, including a collective response to rehearsing alarm calls at least six-monthly. 	1
151	<p>Service quality improvement is supported by a formal programme of involvement:</p> <ul style="list-style-type: none"> • There is a co-produced local quality improvement strategy linked to the needs of patients and the workforce; • Models of care within the service are routinely subject to evaluation and review; • There is a mechanism in place for staff and patients to influence and contribute to quality improvement projects. 	3
152	<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; • Assessment and treatment models of care within the service are routinely subject to evaluation; • 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. 	3

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Appendix 1: British Standards Institution Development of Core Standards for Inpatient Services

The following text was taken from the introductory section of the Royal College of Psychiatrists Standards for Inpatient Mental Health Services (2019).

Description and scope of the standards

The third edition of the core standards for inpatient mental health services has been revised by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). It is based on the first edition which was created by the CCQI and the British Standards Institution (BSI) in 2015.

The inpatient standards cover access to the ward/unit and what a good admission looks like (which includes assessment, care, treatment and discharge planning). They also cover ward/unit environment, staffing and governance..

How the standards were developed

A literature review was undertaken to identify any evidence published since publication of the second edition which could be used to update standards and create new standards. The standards then underwent a consultation process. This was done by a working group of multi-disciplinary mental health professionals, patient representatives and CCQI staff that was led by Dr Rob Chaplin (Clinical Lead for Accreditation, CCQI).

The group reviewed all standards considering how critical they were to quality and their proximity to patient experience. Other factors considered included their measurability, if there was any repetition and whether the content was appropriate for core standards and could be applied across a range of mental health services. As a result, the standards have reduced in length by approximately 25%. We believe that this will enable participating services and reviewers to focus on the issues that are key to quality.

The following principles were used to guide the development of these standards:

- **Access:** Patients have access to the care and treatment that they need, when and where they need it.
- **Compassion:** All services are committed to the compassionate care of patients, carers and staff.
- **Valuing relationships:** The value of relationships between people is of primary importance.
- **Patient and carer involvement:** Patients and carers are involved in all aspects of care.

- **Learning environment:** The environment fosters a continuous learning culture.
- **Leadership, management, effective and efficient care:** Services are well led and effectively managed and resourced.
- **Safety:** Services are safe for patients, carers and staff.

How the core standards will be used

The core standards will be used by the quality networks and accreditation programmes within the CCQI. Each project will take on the relevant core standards which will be used alongside their own specialist standards that relate to the service type being reviewed.

Appendix 2: Acknowledgements

QNPICU is grateful to the following people for their time and expert advice in the development of these standards:

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The full QNPICU advisory group and accreditation committee for their input and guidance throughout the consultations.

Appendix 3: Project Contact Details and Information

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