

# QNWA COMMONLY UNMET STANDARDS

An overview of their  
importance and how  
best to evidence them

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Aggregated data from the 44 wards who were peer-reviewed against the 6<sup>th</sup> Edition QNWA standards showed a number of areas that wards were finding more difficult to achieve or evidence that they were complying with the standard(s). Due to this, we have created this guide to highlight these standards, why they are important and give our tips on how best to evidence them.

We hope that this document will be used by wards when preparing for their accreditation or developmental cycles.

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# Commonly Unmet Standards: Policies



The QNWA standards list several policies or procedures that an accredited ward must have and follow. However, of the 44 wards who completed the accreditation process using the 6th edition standards, a number of these wards provided policies that did not meet the requirements to mark several standards as 'Met' on the day of the peer review. **For example, 43% of wards provided policies on dual-diagnosis care that were not sufficient to mark the associated standard as 'Met'; 43% of wards also provided inadequate policies regarding smoking.**

## Why is it important?

Policies and procedures are 'living documents'; that is, they need to expand and adapt with an organisation. Though the core elements of a policy may remain largely the same, details may need changing in order to reflect changes to practice and industry. Therefore, policy review and revision is imperative to ensuring policies remain up to date and comply with new laws and regulations. It is for these reasons why policy checks form an integral part of the QNWA accreditation process. By checking that Trust policies are comprehensive and up to date, this helps ensure that services are providing care that is high-quality and consistent (PowerDMS, 2018).

## What would the peer review team be looking for?

1. Check the 'review date' of your policies. If they are out of date, then it is helpful to try provide evidence that they are in the process of being reviewed and updated. For example, minutes from a Governance meeting or email correspondence that clearly confirm that a policy is currently being reviewed/updated would be acceptable.
2. If a policy is in draft format and has not yet been ratified this would not meet our standard(s) and would be marked 'Not Met' by the review team. Try to get any draft policies ratified before your peer-review day.

## Knowledgehub

Knowledge Hub is an online group exclusively for QNWA members to connect, network and share knowledge. On the hub, you have access to:

- A **forum** to start a conversation, share your views or ask a question
- A **library** where you can find a range of documents such as the QNWA standards as well as best practice documents and examples, and policies provided by other members
- An **events page** where you will be the first to know about our upcoming events and how to register

### How to join:

**Step 1:** Go to <https://khub.net/> and sign up for free

**Step 2:** Verify your email address and login

**Step 3:** Click on 'GROUPS' at the top left of the page and search for "Quality Network for Inpatient Working Age Mental Health Services"

**Step 4:** Click into the group and press "request to join". You will be notified once you have been approved.

If you have any difficulties joining the group, please get in touch with the QNWA project team:

[QNWA@rcpsych.ac.uk](mailto:QNWA@rcpsych.ac.uk)

# Commonly Unmet Standards: Care Plans



Of the 44 wards who completed the accreditation process using the 6th edition standards, **48% did not meet the standard on the day of the peer review that requires patients and carers (with patient consent) to be offered a copy of the patient's care plan and the opportunity to review this.**

## Why is it important?

Care plans describe in an easily accessible way the needs of the patient, their views, preferences and choices, the resources available, and actions by members of the care team, (including the patient and carer) to meet those needs (Oxleas NHS Foundation Trust, n.d.). Thus, it is imperative that patients and carers (with consent) are offered a copy of this so they can review whether the plan in place is best suited to meet their needs. Moreover, people have the right to be involved in discussions and make informed decisions about their care (National Institute for Health and Care Excellence [NICE], n.d.) so being offered and receiving a copy of one's care plan enables this.

## What would the peer review team be looking for?

This standard can be verified in two ways:

1. The first approach is based on feedback from patients and carers, who could confirm to the peer-review team that they have been offered a copy of their care plan or;
2. By reviewing the Health Record Audit data collected as part of the self-review.

**If the ward cannot evidence this on the day of the review, then the following evidence may be requested for their Accreditation Committee presentation:**

1. An audit of 10 patient notes to confirm whether patients and carers (with consent) have been offered a copy of the care plan (or it having been offered but declined).
2. Redacted care notes confirming that patients and carers (with consent) have been offered a copy of their care plan (and it is recorded if they have declined).

*"It needs to reflect the person, their goals and the clinical staff's involvement in helping the person obtain those goals... A good care plan is very much written in terminology that has meaning to the person, using their own words and phrases... the main thing is that it is person-centred... otherwise the person won't engage with it... it should focus on the strengths of the individual... where it's relevant [it should include] what role [do] carers, family, loved ones have if the person has agreed for them to be involved."*–

QNWA Carer Representative

*"[It is helpful] if nurses [are] aware that patients might not know themselves what keeps them safe [or] what they like to do in the community. Having conversations, getting to know the person [is important when developing care plans]."*–  
QNWA Patient Representative

*"[Carers] know the patient better than the ward staff... so this [knowledge] is helpful when developing care plans."*–  
QNWA Carer Representative

# Commonly Unmet Standards: Staff Breaks



Of the 44 wards who completed the accreditation process using the 6th edition standards, **27% had staff that reported not being able to take breaks during their shift**, meaning the associated standard could not be marked as 'Met' on the day of the peer-review.

## Why is it important?

Regularly missing breaks is not sustainable for healthcare staff and can lead to staff becoming unwell or experiencing 'burnout' (Royal College of Nursing [RCN], 2018; Scott, Arslanian-Engoren & Engoren, 2014). Evidence also suggests that staff who become fatigued are more likely to experience impairment in their cognition, which in turn increases the likelihood that they will make a mistake (RCN, 2018). Therefore, if staff are not able to take breaks, both staff and patient safety is compromised (Rogers, 2008).

## What would the peer review team be looking for?

Staff must take breaks that comply with the European Working Time Directive (EWTD). The EWTD is legislation intended to support the health and safety of workers by setting minimum requirements for working hours, rest periods and annual leave (NHS Employers, 2009). Under this legislation, staff are entitled to a 20-minute break in work periods of over 6 hours. If a rest break has to be interrupted or delayed (e.g., to ensure continuity of care or in an emergency), compensatory rest must be taken immediately after the end of the working period, except in very exceptional circumstances (NHS Employers, 2020).

Wards can meet this standard in the following way:

1. Feedback from staff during the self-review and on the peer-review day can confirm that they are able to take a break that complies with the EWTD.

**If the ward cannot evidence this on the day of the review, then the following evidence may be requested for their Accreditation Committee presentation:**

1. An audit of staff breaks covering a 1-month period.

## Examples of NHS staff wellbeing initiatives (NHS England, 2021):

- **Staff Mental Health Hubs** – rapid access to an assessment and local evidence-based mental health services, confidential and free of charge for all health and social care staff.
- **Free Access to Wellbeing Apps** – until the end of December 2021, NHS staff have free access to wellbeing apps such as Unmind and Headspace.
- **Wellbeing Guardians** – introduced in 2019, a wellbeing guardian is a senior director that questions decisions and challenges behaviours that impact on the health and wellbeing of staff.
- **Wellbeing Conversations** – from September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan; this should discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity, and inclusion.

# Commonly Unmet Standard: Environmental Risk



The QNWA standards include several standards regarding the safety of the ward environment. Of the 44 wards who completed the accreditation process using the 6th edition standards, it was found that on the day of the peer-review, **61% of wards had blind spots that were not adequately managed to ensure clear lines of sight at all times. Furthermore, 41% did not provide a copy of an environmental risk audit that met all the requirements outlined.**

## Why is it important?

Safety is central to the provision of quality mental health services. Therefore, protecting patients and others from harm is a key priority and environmental risk management is an essential component of providing such protection. Services should audit the ward on a regular basis for environmental suicide risks and take remedial action where possible (Health and Safety Executive, n.d.).

## What would the peer review team be looking for?

There are a number of ways to complete and document environmental risk audits. Some wards will use nationally recognised audit tools whilst others may use locally developed ones. When deciding if a ward's environmental risk audit meets the QNWA standard the peer-review team and/or accreditation committee will look at the following things:

1. Was the audit conducted within the last 12 months or since any alterations were made to the ward?
2. Are the identified risks weighted or rated to reflect the severity of the risk?
3. Are any obvious ligature risks or blind spots identified during the peer review tour of the ward present on the audit?
4. Is there a clear plan to act on the findings of the audit to mitigate any risks posed by the environment?
5. Have staff acted on the plan outlined in the audit?

## An example of good practice

Identified Risk	Location	Risk Rating	Action Plan
Poor line of sight	Female Bedroom Corridor	Medium	A dome mirror is to be fitted to ensure visibility of the full bedroom corridor. This has been ordered by the estates department and is due to be fitted on 15 <sup>th</sup> August. Inform and remind all staff members of identified risk during safety huddles until mirror has been fitted.
Window handles	TV Lounge	Low	Window handles have now been replaced with ligature free alternatives.
Door Closer	Bedroom	High	To remove. Maintenance scheduled to do this on 10 <sup>th</sup> August. In the meantime, only patients assessed as low risk will be allocated this bedroom; there will also be increased observations in the area.

# Commonly Unmet Standard: Clinical Supervision



Of the 44 wards who completed the accreditation process using the 6<sup>th</sup> edition standards, **52% of wards did not meet this standard on the peer-review day**. Often wards did not meet this standard as clinical supervision was provided every 6-8 weeks, as determined by the Trust within the clinical supervision policy or procedure rather than monthly as per the QNWA standard.

## Why is it important?

Clinical supervision provides an environment in which staff can: explore their own personal and emotional reactions to their work; reflect on and challenge their own practice in a safe and confidential environment as well as receive feedback on their skills; and engage in professional development, identify developmental needs and support revalidation (RCN, 2020)

## What would the peer review team be looking for?

When deciding if a ward's clinical supervision of staff meets the QNWA standard the peer-review team and/or accreditation committee will look at the following things:

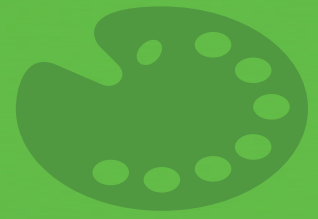
1. Feedback from staff during the self-review and on the peer-review day can confirm that they are provided clinical supervision on a monthly basis.
2. The ward provide three months of clinical supervision logs\* to the peer-review team, which indicate the date the supervision occurred; therefore, evidencing whether it is occurring every month.
3. Whether clinical supervision is occurring separately from managerial supervision, and that there is clear evidence that this is the case

*\*Please note, when providing any clinical supervision logs, please ensure staff names are fully redacted, or initials are included.*

## An example of a clinical supervision contract:

	Example 1	Example 2	Example 3
Joint responsibilities	To meet on average once per calendar month for one hour or as necessary.	We will work respectfully, both of us being open to feedback about how we handle the clinical supervision.	To work together to facilitate in-depth reflection on issues affecting practice, so developing both personally and professionally to develop a high level of clinical expertise.
Supervisee responsibility	Making effective use of the time, including punctuality, the outcomes and any actions perhaps taken as a result of clinical supervision.	Prepare for the sessions, for example by having an agenda or preparing notes or transcripts.	Be willing to learn, to develop clinical skills and be open to receiving support and challenge.
Supervisor responsibility	Keep all information confidential that is revealed in clinical supervision except for these exceptions: when any unsafe, unethical or illegal practice is evident; repeatedly failed attendance at sessions.	Offer advice, support and supportive challenge to enable reflection in depth on issues affecting practice.	Be committed to continually developing as a practicing professional.

# Commonly Unmet Standard: Ward Activities



Of the 44 wards who completed the accreditation process using the 6<sup>th</sup> edition standards, **64% of wards did not meet this standard from the peer-review day.** Often wards did have a ward-based, activity timetable; however, activities were not routinely provided during the evening periods, or on weekends.

## Why is it important?

It has been found that boredom is a major problem on inpatient mental health wards, and that this links with patients feeling more frustrated, less satisfied with their care and leads to increased incidents of self-harm and aggression (Foye, Li, Birken, Parle & Simpson, 2020). Moreover, activities also provide the opportunity for therapeutic engagement, which is deemed central to acute inpatient care and better outcomes for patients (Department of Health [DH], 2006). Therefore, a range of activities are necessary on inpatient wards in order to fulfil both the need for engagement and to help patients develop skills and strategies to support their recovery.

*"[Not having activities would lead to] feeling bored, like my brain wasn't being stimulated. [It] leads to feeling more... distressed when you've got more time to ruminate."* – QNWA Patient Representative

## What would the peer review team be looking for?

This standard can be verified in two ways:

1. Feedback from patients during the self-review and on the peer-review day can confirm that activities are provided 7 days a week, during both daytime and evening periods.
2. The ward provides a copy of the ward-based activity timetable, and this is then reviewed by the peer-review team. When considering if an activity timetable meets the QNWA standard the peer-review team will consider the following things:
  - Are there timetabled activities in the morning, afternoon and evening 7 days a week?
  - Are there psychological and occupational therapy (OT) led activities in addition to those led by nursing staff?
  - Are there sufficient activities taking place on the ward for patients who may not be granted leave to attend activities elsewhere?
  - Do patients and staff say that planned activities take place or are they regularly cancelled?

**If the ward cannot evidence this on the day of the peer review, then the following evidence may be requested for their first Accreditation Committee presentation:**

1. An audit of activities covering a 1-month period to monitor whether activities are going ahead as planned, and/or that appropriate cover is being provided where these are cancelled.

## Examples of therapeutic activities

- **Teaching new skills and hobbies to give a sense of identity post-discharge** – e.g., cooking/baking, music, creative activities, sports etc.
- **Distress tolerance skills** – e.g., making distress tolerance boxes, self-harm alternatives, yoga etc.
- **Psychoeducation and life skills** – e.g., sleep hygiene, budgeting, communication skills etc.
- **Sensory modulation** – e.g., isometric exercises, light therapy, aromatherapy, beanbag tapping



# Commonly Unmet Standard: High Risk Medication Audit



Of the 44 wards who completed the accreditation process using the 6<sup>th</sup> edition standards, **39% of wards did not meet this standard on the peer-review day.** Often wards did not provide a copy of their latest audit for the review team to review. When an audit was provided, but not deemed to be adequate to meet the standard, this was usually due to it not being an audit of high-risk medication but rather controlled drugs for example.

## Why is it important?

Medicine is the most common intervention in healthcare and is used to prevent, treat or manage a wide range of illnesses or conditions. As the population ages and life expectancy increases, more people are living with several long-term conditions that are being managed with an increasing number of medicines. Given this, maintaining a careful and safe balance is getting more difficult for people and health professionals (NICE, 2015).

Wards should be regularly auditing their use of high-risk medications to monitor adherence to treatment guidelines set out by the British National Formulary (BNF), National Institute for Health and Care Excellence (NICE), Scottish Intercollegiate Guidelines Network (SIGN), British Association for Psychopharmacology (BAP), the RCPsych and other local Trust and Organisational guidelines.

## What would the peer review team be looking for?

**When considering if a high-risk medication audit meets the QNWA standard, the peer-review team will consider the following things:**

1. Was it conducted with the involvement of the mental health pharmacist and clearly indicates activity at service not just trust level?
2. Does it include the following groups of patients receiving: Clozapine, antipsychotics in excess of BNF limits [singly and in combination], Lithium and Benzodiazepines?
3. Does it demonstrate adherence to the monitoring protocols and actions to be taken in the event of deviation?

Prescribing Observatory for Mental Health (POMH) audits can be accepted if it is evident that the ward or team have participated in the audit, that they know and act on the results, and share have shared their learning to improve practice.

## What is the POMH-UK?

The Prescribing Observatory for Mental Health (POMH-UK) is a subscription based project that helps specialist mental health services across the UK improve their prescribing practice. Services that are members of POMH-UK take part in audit-based Quality Improvement Programmes (QIPs), which focus on specific topics within mental health prescribing. Members receive customised reports for each audit they take part in, where performance in relation to evidence-based standards is benchmarked anonymously against other participating Trusts and healthcare organisations.

### How to join:

POMH-UK is open to all Trusts and healthcare organisations in the UK and Ireland that provide specialist mental health services. More information can be found at [www.rcpsych.ac.uk/pomh](http://www.rcpsych.ac.uk/pomh)



# Commonly Unmet Standard: Handovers



Of the 44 wards who completed the accreditation process using the 6<sup>th</sup> edition standards, **23% of wards did not meet this standard on the peer-review day.** Wards where handover times were not deemed to be sufficient, usually had less than 1 minute to hand over each patient on the ward. This often resulted in staff either having to come into work early or stay late to ensure a complete and safe handover had taken place.

## Why is it important?

The timely and effective handover of critical information on inpatient mental health wards ensure continuity of patient care and ultimately patient safety. The effectiveness of the handover process is hugely affected by the management of time and effective communication. Research on handovers has highlighted that a handover using a standardised tool is more effective than a verbal or unstructured handover. Both the World Health Organisation (WHO, 2007) and the National Institute for Health and Care Excellence (NICE, 2017) have recommended the use of handover tools for effective communication and to ensure patient safety.

## What would the peer review team be looking for?

The peer-review team will look at:

1. What handovers are taking place, for example nursing handovers between shifts, MDT meetings and safety huddles.
2. What governance systems are in place to ensure dissemination of clinical information.
3. Whether handovers include consideration of each patients' needs, risks and management plans.
4. If the time allocated for handover is sufficient, or if staff are routinely staying beyond their scheduled shift time to complete the handover.
5. Staff thoughts on the handover process and whether they think there is enough time for a safe and effective handover.

**If the ward cannot evidence this on the day of the review, then the following evidence may be requested for their first Accreditation Committee presentation:**

1. Further in-depth information about the wards' current handover systems such as paper or electronic systems.
2. Evidence of a structured handover and shared understanding across team.
3. Evidence that handover systems have been improved so that staff are not routinely staying beyond their shift times.

*“The process of clinical handover is complex... communication must be of a high standard for maintaining the safety of a patient.” – Nursing Times*

*“Giving an in-depth handover allows you to go home safe in the knowledge that your patients are taken care of”. – Nursing Times*

# Commonly Unmet Standard: Carer Involvement



Of the 44 wards who completed the accreditation process using the 6th edition standards, **40% of wards did not provide each carer with accessible carer's information** and **14% did not provide carers with advice on how to access a statutory carer's assessment**. It was also found that **4% of wards did not involve carers in discussions about the patient's care, treatment and discharge planning**.

## Why is it important?

Those who give care and support to someone can often experience their own physical and mental difficulties as a result of these responsibilities (Rethink Mental Illness, n.d.). However, many carers find it easier to continue in their caring role if they can get some support (Carer's UK, n.d.). Major reports have identified people's involvement in decisions, and those of their family and carers, is key to ensuring safe and effective care (The Mid Staffordshire NHS Foundation Trust public Inquiry, 2013).

## What would the peer review team be looking for?

1. Feedback from carers during the self-review and on the peer-review day to verify that wards are providing carers with accessible carer's information, supporting carers to access a carer's assessment, and involving carers in discussions and decisions about the patient's care, treatment and discharge planning.
2. The ward provides evidence that accessible information is available to carers, such as a carer's pack, posters/leaflets displayed around the ward etc., and the ward has a designated carers lead, whose duty it is to provide carers with relevant information and keep them involved in the patient's treatment, if consent is provided.

Carers Assessments: though QNWA acknowledge that carers assessments are completed by an external organisation, the ward have a role in ensuring that carers are aware of and supported to access one. It is also necessary that the ward record that carers have been offered an assessment.

*I think psychoeducation really needs to be done more [for carers]... [My mum] was sent to a 12-week psychoeducation group to learn about my disorder... she was a lot more understanding after that. [Following a relapse], my mum was much more involved with my care... I think it can be underestimated how much conflict can be because the carer or parent has no idea what is happening to [the patient]...” – QNWA Patient Representative*

*Really good carer involvement to me means it's a top down policy in the Trust as a whole... [when] when carers [are] involved at all levels of that organisation... that is when you know carers are at the heart of the organisation, they're treated as an equal partner. At ward level, they [should] have a very clearly identified lead for carers... it should be a designated person who is contactable and who people know how to contact. [It is important to remember that] essentially when your loved one is admitted, the carer is in crisis as well...” – QNWA Carer Representative*

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