QNWA
QUALITY NETWORK FOR INPATIENT WORKING AGE MENTAL HEALTH SERVICES

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Standards for Acute Inpatient Services for Working Age Adults
8th Edition

Editors: Natasha Penfold & Amy Colwill

Contents

Foreword

Ellie Walsh
Assistant Director Adult Acute Mental
Health Services, NAViGO
Chair of the QNWA Advisory Group

Julie Salt
QNWA Carer Representative
Member of the QNWA Advisory Group

The standards for Acute Inpatient Services for Working Age Adults began in 2006 and since its commencement, a further 7 editions have been published with this 8th edition successfully updating many of the standards by streamlining them.

This 8th edition has revised the standards which are now mapped against the CCQI Standards for Inpatient Mental Health Services (2022) and have a greater emphasis on equality, diversity, and inclusion within mental health wards. The standards also have a greater focus on sustainability within a greener approach being implemented within mental health wards.

The evolved standards followed on from a series of consultations with expert stakeholders, member services and patient and carer representatives.

The past two years have seen significant changes to the ways both adult acute inpatients and the QNWA team have worked during the global pandemic and this 8th edition is a credit to the commitment and dedication of all those involved.

On behalf of the Advisory group, I would like to thank those involved and the work they have undertaken to revise the standards prior to its publication.

My main reason in getting involved with the Quality Network for Inpatient Working Age Mental Health Services (QNWA) as a Carer Representative has been to be involved in driving change and improving services nationally in acute mental health care.

I have had the privilege of being actively involved as a peer reviewer for 7 years now. I am passionate about continuous improvement in acute inpatient settings to improve the outcomes for those with mental health issues and their carers and families.

Patients and carers are fundamental to designing and delivering these services and my role in QNWA enables me to work with mental health care professionals alongside patient representatives, working together as an equal partner.

I am also involved in the QNWA Advisory Group and more recently have taken part in the revision of these standards which incredibly are now on their 8th edition. Taking part in the standards revision enabled me to contribute the carer perspective. Thus, helping to ensure they are streamlined to meet the needs of acute inpatient services to continue to contribute to the delivery of outstanding services and improve care.

Over the last two years Covid-19 has presented significant challenges for frontline acute inpatient services. During this time as a QNWA peer reviewer I have seen how services continue to focus on continuous improvement using peer review feedback to improve performance. Technology has assisted as a solution to some of these challenges with online ward rounds.

This technology has given me the pleasure of visiting many wards that I would not usually have had the opportunity to visit due to their geographical location, but the

wonder of Microsoft Teams has made this possible.

QNWA accreditation gives services the opportunity to share good practice as well as opportunities for improving professional practice and a platform for ward recognition.

A significant aspect of my role during a peer review is to seek feedback from carers about their experience of caring for their loved one on the ward. Carers are a significant part of care - an equal partner with the mental health professionals.

Effective and inclusive carer support is essential so carers can continue to care for their loved ones. This is intrinsic in enabling them to carry on in this role. Being a carer can impact significantly on a carer's own mental health and wellbeing. Feedback and experiences from carers are shared with the staff team and ward manager during peer reviews to highlight good practice and identify areas for improvement.

It has been a real pleasure being part of the standards review and importantly to give feedback and suggestions from lived experience of being a carer.

Artwork

The artwork on the front cover of this publication has been kindly provided by Franky Clarke, it is titled *"Safari Sunset"*.

Introduction

The eighth edition standards have been drawn from key documents and expert consensus and have been subject to extensive consultation with professional groups involved in the provision of inpatient mental health services, and with people and carers who have used services in the past.

The standards have been developed for the purposes of review and accreditation as part of the Quality Network for Inpatient Working Age Mental Health Services (QNWA), however, they can also be used as a guide for new or developing services.

The standards cover the follow topics:

- Admission and Assessment
- Care Planning and Treatment
- Discharge and Transfer
- Patient and Carer Experience
- Staffing and Training
- Environment and Facilities
- Leadership and Governance

Who are these standards for?

These standards are designed to be applicable to inpatient mental health services for working age adults and can be used by professionals to assess the quality of the team and the ward.

The standards may also be of interest to commissioners, patients, carers, researchers and policy makers.

Any enquiries relating to this publication should be sent to us at: QNWA@rcpsych.ac.uk

Categorisation of standards

To support in their use during the accreditation process, each standard has been categorised as follows:

· **Type 1:** Criteria relating to patient safety, rights, dignity, the law, and fundamentals of care, including the provision of evidence-based care and treatment

· **Type 2:** Criteria that a service would be expected to meet

Whether a standard is categorised as a Type 1 or Type 2 can be identified by the number "1" or "2" located in the "Standard Type" column.

The full set of standards are aspirational, and it is unlikely that any ward/unit would meet them all.

To achieve accreditation, a service must meet 100% of Type 1 standards and at least 80% of Type 2 standards.

Terms used in this document

In this document, the inpatient mental health service is referred to as *'the team'* or *'the ward/unit'*.

People who are cared for by inpatient mental health services are referred to as *'patients'* and their loved ones are referred to as *'carers'*.

References

Please see the list at the end of this document for full references. These are referred to by the number in square brackets in the 'reference' column throughout the document.

The standards are also available to download on our website.

Sustainability Principles

The eighth edition of the QNWA standards have 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.

The five Sustainability Principles are as follows:

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.

Sustainable Service Accreditation

Services that meet 90% or more of the standards relevant to Sustainability Principles (which can be identified throughout this document by the green leaf logo) 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.

Resources

A range of guidance, reports and papers have already been developed by the College to help improve the sustainability of mental health care.

Please see the below links for further information:

- Sustainability and Working Sustainably - RCPsych
- Nature and Health Resources
- Centre for Sustainable Healthcare
- Psych Susnet

Standards for Acute Inpatient Services for Working Age Adults

Admission and Assessment

Standard Nº	Standard Type	Standard	Reference
Access			
1	1	The service provides information to referrers about how to make a referral.	[1]
2	1	When a young person under the age of 18 is admitted: • there is a named CAMHS clinician who is available for consultation and advice; • the local authority or local equivalent is informed of the admission; • the CQC or local equivalent is informed if the patient is detained; • a single room is used; • efforts are made to repatriate them as soon as possible.	[1]
Admission: First 12 Hours			
3	1	On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital. *Guidance: Staff members show patients around and introduce themselves and other patients; offer them refreshments and address them using their preferred name and correct pronouns. Staff should enquire as relevant how they would like to be supported in regard to their gender.*	[1]
4	1	The patient's main carer is identified, and their contact details are recorded.	[2]
5	1	The patient's carer 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.	[1]
6	1	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. *Guidance: The patient's consent should be recorded in their notes and if consent has not been obtained the reasons for this should also be recorded.*	[1]
7	1	The patient is given an accessible information pack on admission that contains the following: • 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 and gender needs.	[1]

8	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • 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; • how to access interpreting services; • how to view their health records; • how to raise concerns, complaints and give compliments.	[1]
9	1	Assessments of patients' capacity to consent to care and treatment in hospital are performed in accordance with current legislation.	[1]
10	1	When patients lack capacity to consent to interventions, best interest processes involving professionals and carers (where appropriate) are followed and documented in the patients notes.	[4] [5]
11	1	There are systems and processes in place to ensure that during the admission process, the ward/unit takes account of any advance care plans (e.g., advance directives, advance statements, Lasting Powers of Attorney) that the patient has made. *Guidance: These should be easily accessible, and staff should know where to find them.*	[4] [5]
12	1	A clear reason for admission has been identified with the patient and their carer (with consent) as part of the admission process. *Guidance: This should include why the patient's needs are best met through a hospital admission and cannot be delivered through community-based care.*	[6]
13 🌿	1	Patients have a comprehensive mental health assessment which is started within 4 hours of admission. This involves the multi-disciplinary team and includes consideration of the patient's: • mental health and medication; • psychosocial and psychological needs; • strengths and areas for development. Sustainability Principle: Improving Value	[1]
14 🌿	1	Patients have a comprehensive physical health review. This is started within 4 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. *Guidance: Patients are informed of the outcome of their physical health assessment, and this is recorded in their notes.* Sustainability Principle: Prioritise Prevention	[1]

15 🌿	1	Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). *Guidance: This assessment considers, risk to self; risk to others and risk from others.* Sustainability Principle: Prioritising Prevention	[1]
16	1	On admission the following is given consideration: • the security of the patient's home; • arrangements for dependants (children, people they are caring for); • arrangements for pets.	[1]
Out of Area Patients			
17	1	Patients admitted to the ward/unit outside the area in which they live have a review of their placement at least weekly.	[1]

Care Planning and Treatment

Standard Nº	Standard Type	Standard	Reference
Reviews and Care Planning			
18	1	Patients know who the key people are in their team and how to contact them if they have any questions.	[1]
19	2	Staff members are easily identifiable. *Guidance: For example, by wearing or displaying appropriate photo identification or 'getting to know you' boards.*	[7]
20	1	There is a documented formalised review of care or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.	[1]
21	1	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. *Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.*	[1]
22	1	The team reviews and updates care plans according to clinical need or at least weekly.	[2]
23	1	The ward/unit has a mechanism for gaining feedback from patients on what they would like to discuss during their next ward round or review.	[2]
24	1	Actions from reviews are discussed and understood by patients (and their carer, with the patient's consent) and this is documented.	[2]
25	1	All patients have a documented working diagnosis and/or a clinical formulation which is documented and reviewed regularly. *Guidance: A bio-psychosocial model of formulation is used which includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate.*	[8]
26	2	Patients are able to meet with their lead clinician outside of reviews.	[2]
Leave from the Ward/Unit			
27	1	The team and patient jointly develop a leave plan, which is shared with the patient, that includes: • a risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • conditions of the leave; • contact details of the ward/unit and crisis numbers • ability to access bed on return.	[1]
28	1	Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare.	[1]

29	1	When patients are absent without leave, the team (in accordance with local policy): • activates a risk management plan; • makes efforts to locate the patient; • alerts carers, people at risk and the relevant authorities; • escalates as appropriate.	[1]
30	1	Staff members follow a lone working policy and feel safe when escorting patients on leave.	[9]
Care and Treatment – Therapies and Activities			
31	1	Following assessment, patients promptly begin bio-psychosocial evidence-based therapeutic interventions which are appropriate to their individual needs.	[1]
32	1	There is a psychologist who is part of the MDT. They contribute to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence based psychological interventions.	[1]
33	1	There is an occupational therapist who is part of the MDT. They work with patients requiring an occupational therapy assessment and ensure the safe and effective provision of evidence based occupational interventions.	[1]
34	2	The ward/unit has access to specific Allied Health Professionals (AHPs) who are able to assess and support the individual needs of patients. *Guidance: This may include, but is not limited to, Physiotherapy, Speech and Language Therapy, Dietitians and Chiropodists/Podiatrists.*	[2] [6]
35	2	A specialist pharmacist is a member of the MDT.	[2]
36	2	The ward/unit has a dedicated activity worker/co-ordinator.	[2]
37	2	The ward/unit recruits peer-support workers to facilitate recovery and other groups. *Guidance: Peer support workers are people who have lived experience of mental health challenges themselves.*	[10]
38	2	There is dedicated sessional input from arts or creative therapists.	[1]
39	2	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	[1]
40	1	Every patient has a 7-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. *Guidance: This includes activities such as education, leisure activities, skills and hobbies, psychoeducation, sensory modulation, and life skills.*	[1]
41	2	Staff are given planned and protected time to ensure activities and interventions are provided regularly and routinely.	[2]

42	1	Each patient is offered a 1-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns. *Guidance: If the patient declines to attend the session, this is documented in their notes.*	[1]
43	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psychoeducation group.*	[1]
44	2	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. *Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. To promote inclusion, the meeting could be chaired by a patient, peer support worker or advocate.*	[1]
45	2	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 includes access to: • voluntary organisations; • community centres; • local religious/cultural groups; • peer support networks; • recovery colleges.	[1]
46	1	Every patient is offered the opportunity to engage in therapeutic interaction at least once a day by a staff member. *Guidance: Therapeutic interaction is communication that prioritises advancing the physical and emotional well-being of the patient.*	[2] [7]
47 🍃	1	Patients have access to safe outdoor space every day. Sustainability Principle: Consider Carbon	[1]
48 🍃	2	Patients, according to risk assessment, have access to regular 'green' walking sessions. *Guidance: Consideration should be given to how all patients are able to access these sessions including, for example, access to appropriate foot and, rain wear or alternative outdoor activities.* Sustainability Principle: Consider Carbon	[1]
Care and Treatment – Medication			
49	1	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. *Guidance: The patient is provided with written information e.g., medication information leaflets, in a format appropriate for them.*	[1]

50 🌿	1	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. *Guidance: Side effect monitoring tools can be used to support reviews.* Sustainability Principle: Consider Carbon	[1]
51	1	Every patient's PRN medication is reviewed weekly: frequency, dose, and indication.	[1]
52	2	Patients, carers and prescribers are able to meet with a pharmacist to discuss medications.	[1]
53	2	Care plans give consideration to the monitoring of sleep duration and quality, night-time observations, the enhancement of sleep (including via sleep hygiene) and the minimisation of night-time sedative medication (for patients prescribed regular or as-required night-time sedation). *Guidance: This is discussed in collaboration with the patient and reassessed at least weekly.*	[2]
54	1	The team handles and stores medication safely and securely, in line with the organisation's medicine management policy.	[11]
55	1	There is an agreed list of critical medicines and a process for minimising the risk of these medicines being missed/omitted which includes obtaining a supply urgently both within and out of hours.	[2] [12]
Physical Healthcare			
56	1	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission. *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.*	[1]
57 🌿	1	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. Sustainability Principle: Consider Carbon	[1]
58 🌿	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency. Sustainability Principle: Prioritising Prevention	[1]
59	1	Patients who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at 3 months and then annually (or every six months for young people). If a physical health abnormality is identified, this is acted upon.	[1]
60	1	For physical examinations, all patients are given the option to have an impartial observer to act as a chaperone. 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.	[13]

		Risk and Safeguarding	
61	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation, and abuse.	[1]
62	1	The ward/unit actively work to uphold the sexual safety of patients and staff. *Guidance: This may include the provision of age- and culturally appropriate information, appropriately responding and reporting sexual safety incidents and providing access to relevant learning and development opportunities for staff.*	[14]
63	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	[15]
64	1	Staff members follow a policy when conducting searches of patients and their personal property.	[2]
65	1	Patients are involved (wherever possible) in decisions about their level of therapeutic observation by staff. *Guidance: Patients are also supported to understand how the level can be reduced.*	[1]
66	2	Patients on constant observations receive at least 1 hour per day being observed by a member of staff who is familiar to them. *Guidance: Where possible, staff should endeavour to engage in meaningful activities with patients whilst undertaking constant observations.*	[1]
67	1	When restraint is used staff members restrain in adherence with accredited restraint techniques.	[1]
68	1	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.	[1]
69	1	Where the patient is found to have a physical condition which may increase their risk of collapse or injury during restraint this is: • identified on admission; • clearly documented in their records; • regularly reviewed; • communicated to all MDT members.	[2]
70	1	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 and make advance statements about the use of restrictive interventions.	[1]
71	1	The team uses seclusion only as a last resort and for brief periods only.	[1]

72	1	In units where long term segregation is used, the area used conforms to standards as prescribed by the Mental Health Act Code of Practice. *Guidance: This includes patients having access to meaningful and therapeutic activity and outdoor space.*	[1]
73	1	Patients who are involved in episodes of control and restraint, or compulsory treatment including tranquilisation, have their vital signs including respiratory rate monitored by staff members and any deterioration is responded to.	[1]

Discharge and Transfer

Standard Nº	Standard Type	Standard	Reference
Discharge Planning			
74	1	Mental health practitioners carry out a thorough assessment of the person's personal, social, safety and practical needs to reduce the risk of suicide on discharge. *Guidance: Where possible, this should be completed in partnership with carers.*	[1]
75	1	The ward/unit invites a community team representative to attend and contribute to MDT reviews and discharge planning. *Guidance: If the representative is unable to attend in person, remote conferencing facilities may be used.*	[7] [16]
Discharge			
76	1	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. *Guidance: The plan includes details of:* • *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.* Sustainability Principle: Prioritise Prevention	[1]
77	2	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.	[1]
78	1	The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge.	[1]
79	2	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. *Guidance: The team provides transition mentors; transition support packs; or training for patients on how to manage transitions.*	[1]
80	1	When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	[1]

81 🌿	1	Where there are delayed transfers/discharges: • the team can easily raise concerns about delays to senior management; • local information systems produce accurate and reliable data about delays; • action is taken to address any identified problems. Sustainability Principle: Consider Carbon	[2]

Transfer of Care

82	1	When patients are transferred between wards/units or from/to the community there is a written handover which ensures that the new team have an up-to-date care plan, risk assessment, and copy of the patient's drug chart.	[2] [16]

Interfaces with Other Services

83	1	Patients with drug and alcohol dependence have access to specialist help (e.g., substance misuse interventions) whilst they are on the ward/unit.	[17]
84	1	There are protocols for transfer or shared care between learning disability and generic mental health services.	[18]
85 🌿	1	There are joint working protocols/care pathways in place to support patients in accessing the following services: • accident and emergency; • social services; • local and specialist mental health services; • primary health care teams; • secondary physical healthcare; • home treatment/crisis resolution team. Sustainability Principle: Improve Value	[2]
86	1	The team supports patients to access support with finances, benefits, debt management and housing needs.	[1]
87	1	The ward/unit/organisation has a care pathway for women who are pregnant or in the post-partum period. *Guidance: Women who are over 32 weeks pregnant or up to 12 months post-partum period should not be admitted to a general psychiatric ward unless there are exceptional circumstances.*	[1]
88	1	All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates).	[1]
89	1	There is an identified and documented contact or link person for each agency involved with the patient.	[2]
90	2	The team supports patients to attend an appointment with their community GP if they need to whilst an inpatient, if they are admitted in the local area.	[1]

Patient and Carer Experience

Standard Nº	Standard Type	Standard	Reference
Patient Involvement			
91 🌿	1	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. Sustainability Principle: Empower Individuals and Communities	[1]
92	2	Feedback received from patients and carers is analysed and explored to identify any differences of experiences by protected characteristics.	[1]
93	2	Services are developed in partnership with appropriately experienced patient and carers who have an active role in decision making.	[1]
94	2	Patients are consulted about changes to the ward/unit environment.	[1]
Carer Engagement and Support			
95 🌿	1	Carers are supported to participate actively in decision making and care planning for the person they care for. This includes attendance at ward reviews where the patient consents. Sustainability Principle: Empower Individuals and Communities	[1]
96	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	[1]
97	1	The team knows how to respond to carers when the patient does not consent to their involvement. *Guidance: The team may receive information from the carer in confidence.*	[1]
98	2	The team provides each carer with accessible carer's information. *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.*	[1]
99	2	Carers feel supported by the ward/unit staff members.	[1]
100	2	The ward/unit has a designated staff member dedicated to carer support (e.g., a carer lead). Carers are aware of who this is and how to contact them.	[19]
101	2	Carers have access to a carer support network or group. This could be provided by the ward/unit, or the team could signpost carers to an existing network. *Guidance: This could be a group/network which meets face-to-face or communicates electronically. The group could also provide psychoeducation to carers.*	[19]

102 🍃	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, and their own needs. Sustainability Principle: Empower Individuals and Communities	[1]

Treatment with Dignity and Respect

103	1	Staff members treat all patients and carers with compassion, dignity and respect.	[1]
104	1	Patients feel listened to and understood by staff members.	[1]
105	1	Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom.	[1]
106	1	Patients can make and receive telephone calls in private, subject to appropriate risk assessment.	[7]
107	1	During the administration or supply of medicines to patients, privacy, dignity, and confidentiality are ensured.	[11]
108	1	Patients can access facilities and resources that enable them to meet their individual self-care needs. *Guidance: This may include toiletries, sanitary items, and/or a change of clothes.*	[2]

Accessibility

109	1	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.	[1]
110	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	[1]
111	2	The ward/unit entrance and key clinical areas are clearly marked using accessible signage.	[2]
112	1	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]
113	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	[1]
114	2	Wards are able to designate gender neutral bedrooms and toilet facilities for those patients who would prefer a non-gendered care environment.	[1]
115	1	Patients have access to a range of sensory resources. *Guidance: This may include, but is not limited to, bubble lamp(s), beanbag chairs, rocking chairs, scenic posters/murals, lighting/projectors, and sound machines.*	[2]

Staffing and Training

Standard Nº	Standard Type	Standard	Reference
Staffing Levels and Skill Mix			
116 🌿	1	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • 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. Sustainability Principle: Empowering Staff	[1]
117	1	There is a designated nurse or qualified professional in charge of each shift.	[2]
118	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.	[1]
119	1	There is dedicated administrative support which meets the needs of the ward/unit.	[2]
120	2	The ward/unit is staffed by permanent staff members, and unfamiliar bank and agency staff members are used only in exceptional circumstances, e.g., in response to additional clinical need or short-term absence of permanent staff. *Guidance: The use of bank and agency staff members is monitored on a monthly basis.*	[1]
121 🌿	1	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit. Sustainability Principle: Improve Value	[2]
Staff Recruitment and Induction			
122 🌿	2	Patient or carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: The representatives should have experience of the relevant service.* Sustainability Principle: Empower Individuals and Communities	[1]
123	1	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]

124	1	All new staff members are allocated a preceptor or supervisor to oversee their transition onto the ward/unit. *Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body.*	[20]
Staff Supervision and Appraisal			
125	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. The quality and frequency of clinical supervision should be monitored at least quarterly.*	[1]
126	2	All staff members receive individual line management supervision at least monthly.	[1]
127	2	Staff members in training and newly-qualified staff members receive weekly supervision.	[2]
128	1	All staff members receive an annual appraisal and personal development planning (or equivalent). *Guidance: This contains clear objectives and identifies development needs.*	[2]
Staff Well-Being and Safety			
129 🌿	1	The ward/unit actively supports staff health and well-being. *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.* Sustainability Principle: Empowering Staff	[1]
130	1	Patients and staff members feel safe on the ward/unit.	[1]
131	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks on both the day and night shift.*	[1]

Staff Training and Development				
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:
132	1	The use of legal frameworks, such as the Mental Health Act (or equivalent), the Mental Capacity Act (or equivalent) and Deprivation of Liberty Safeguards (DoLS);		[1]
133	1	Physical health assessment and management; *Guidance: This could include training in understanding physical health problems, physical observations, basic life support, and Early Warning Signs.*		[1]
134 🍃	1	Risk assessment and risk management; *Guidance: This includes assessing and managing suicide risk and self-harm; prevention and management of behaviour that challenges.* Sustainability Principle: Prioritising Prevention		[1]
135	1	Recognising and communicating with patients with cognitive impairment and learning disabilities;		[1]
136	1	Statutory and mandatory training; *Guidance: Includes, but is not limited to, equality and diversity, information governance and basic life support.*		[2]
137 🍃	1	Safeguarding vulnerable adults and children; *Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.* Sustainability Principle: Prioritising Prevention		[1]
138	1	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]
139	1	All staff undergo specific training in therapeutic observation when they are inducted into a Trust or changing wards. This includes: • 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; • actions to take if the patient absconds.		[1]
140	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality;		[1]
141	2	Autism Spectrum Disorder awareness training;		[2]
142	2	Clinical outcome measures;		[2]

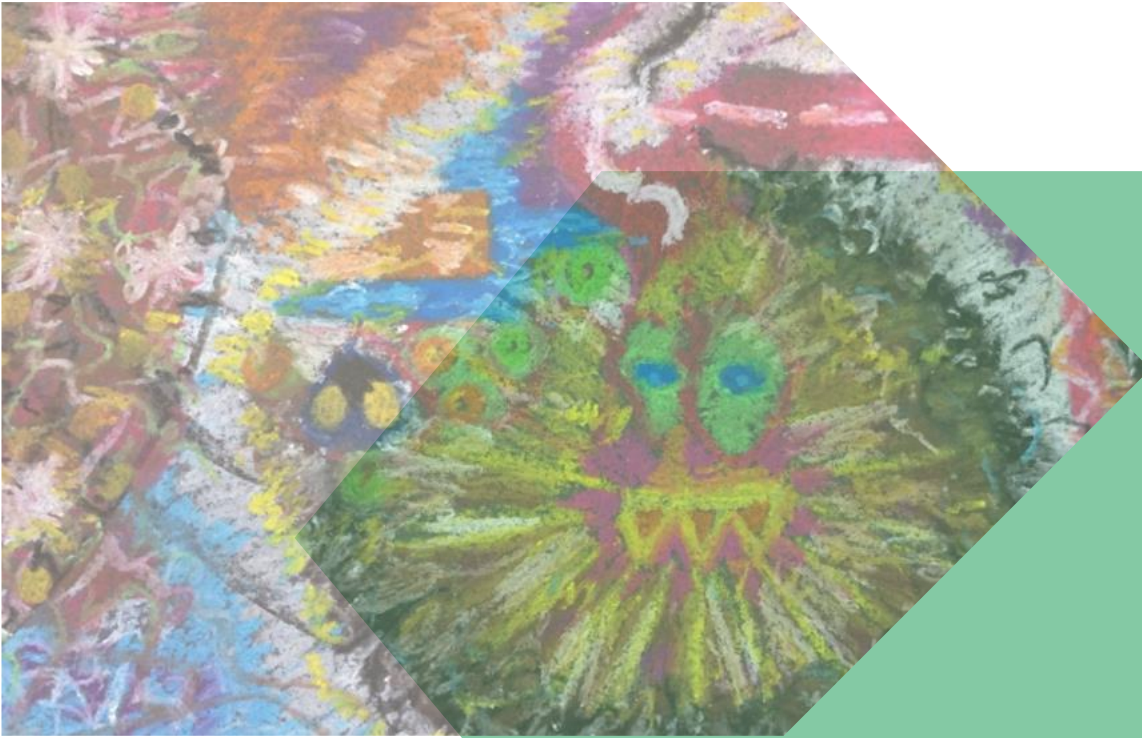|			
143	2	Trauma informed approaches. *Guidance: This includes, but is not limited to:* • *trauma-informed care principles;* • *knowledge that the experience of trauma is common in those receiving acute mental health inpatient care;* • *knowledge that patients can be re-traumatised by negative experiences of services;* • *knowledge that re-traumatisation can impact on the patient's sense of self, their sense of others, and their beliefs about the world;* • *knowledge that trauma-informed care involves developing and maintaining a relationship that helps the patient feel safe on the ward/unit.*	[3]
144	2	Patients and/or carers are involved in delivering and developing staff training face-to-face.	[1]
145	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	[21]
146	1	All staff members who deliver therapies and activities are appropriately trained and supervised. Sustainability Principle: Staff Empowerment	[1]
147	1	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]

Environment and Facilities

Standard Nº	Standard Type	Standard	Reference
Environmental Risk Mitigation			
148	1	A risk assessment of all ligature points on the ward/unit 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]
149	1	The agreed response to fire drills is rehearsed at least six monthly.	[2]
150	1	Facilities ensure accessible routes of safe entry to and exit from the ward/unit in the event of an emergency.	[2]
151	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety. *Guidance: This includes avoiding the use of blanket rules and assessing risk on an individual basis.*	[1]
152	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: • 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 include a bed, pillow, mattress and blanket or covering); • it is safe and secure, and 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.	[1]
153	1	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 raised.	[1]
Ward Cleanliness and Maintenance			
154	1	The ward/unit is kept clean and has fixtures, fittings and equipment that are in a good state of repair.	[21]
Patient Bedrooms and Bathrooms			
155	2	All patients have single bedrooms.	[1]
156	2	The ward/unit has at least one bathroom/shower room for every three patients.	[1]
157	2	Every patient has an en-suite bathroom.	[1]

158	1	There is an alternative (such as nightlights) to bright fluorescent lighting in bedrooms, providing different levels of lighting which both patients and staff can control.	[2]
159	2	Staff members and patients can control heating, ventilation and light on the ward/unit. *Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches, and they can request adjustments to control heating.*	[1]
160	1	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. *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.*	[1]
161	2	There is secure, lockable access to a patient's room, with external staff override.	[2]
162	2	Patients are able to personalise their bedroom spaces. *Guidance: For example, by patients putting up photos and pictures.*	[1]
163	2	All patients have access to lockable storage. *Guidance: Locked storage could be available in patient bedrooms or they could have access to a safe on the ward/unit.*	[2]
Electronic Devices and Wi-Fi			
164	2	All patients can access a charge point for electronic devices such as mobile phones.	[1]
165	2	Patients have access to a reliable, consistent, and secure connection to the internet subject to individual risk assessments.	[2]
166	1	There are sufficient IT resources to provide all practitioners, including bank and agency staff, with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	[21]
167	1	Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward/unit, subject to risk assessment and in line with local policy. *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.*	[1]

Lounge and Activity Areas

168	1	There is access to the day room at night for patients who cannot sleep.	[2]
169	1	There is a separable gender-specific space which can be used as required.	[1]
170	2	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms.	[1]
171	2	All patients can access a range of current culturally-specific resources for entertainment, which reflect the ward/unit's population. *Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.*	[1]

Facilitating Visits

172	1	When visits cannot be facilitated, patients have access to video technology to communicate with their friends and relatives.	[1]
173	1	Staff know how to facilitate visits and what to do if a patient does not wish to see a visitor who has come to the ward/unit.	[2]
174	2	There is a designated space for patients to receive visits from children.	[2]

Food and Refreshments

175	1	There is a designated dining area that is big enough to allow patients to eat in comfort and to encourage social interaction, including the ability for staff to engage with and observe patients during mealtimes. *Guidance: The dining area should be reserved for dining only during allocated mealtime.*	[21]
176	1	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]
177	2	Staff members ask patients for feedback about the food, and this is acted upon.	[7]
178	2	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day. *Guidance: Hot drinks may be available on a risk-assessed basis.*	[1]

Medical Equipment and Facilities

179	2	The ward/unit has a designated room for physical examination and minor medical procedures.	[1]
180	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	[1]

Facilities for Staff

181 🍃	2	Ward/unit-based staff members have access to a dedicated staff room. *Guidance: The staff room should contain facilities to make refreshments.* Sustainability Principle: Empowering Staff	[1]
182	2	All staff have access to a locker or locked area to store personal belongings.	[2]

Leadership and Governance

Standard №	Standard Type	Standard	Reference
Leadership, Team-Working and Culture			
183 🍃	2	The ward/unit should have a designated lead who is visible and accessible, and all staff are aware of who this is. Sustainability Principle: Improve Value	[2]
184 🍃	2	Staff members have access to reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice. Sustainability Principle: Empowering Staff	[1]
185 🍃	1	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. Sustainability Principle: Empowering Staff	[1]
186 🍃	1	All staff members are consulted on matters that effect patient safety and quality of service. Sustainability Principle: Staff Empowerment	[2]
187	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	[1]
188	2	The team has protected time for team-building and discussing service development at least once a year.	[2]
189	2	The ward/unit 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.	[1]
Policies and Procedures			
190	2	Managers ensure that policies, procedures, and guidelines are formatted, disseminated, and stored in ways that the team find accessible and easy to use.	[2]
191	1	All patient information is kept in accordance with current legislation. *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.*	[1]

192	1	The ward/unit has a policy on smoking and staff are supported to implement it.	[2]
193	1	There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded.	[2]
Clinical Outcome Measurement			
194	1	Clinical outcome measurement is collected at two time points (at admission and discharge). *Guidance: This includes patient-reported outcome measurements where possible.*	[1]
195	2	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.	[1]
Incidents, Debriefs and Lessons Learnt			
196	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	[1]
197	1	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.	[1]
198	1	Staff members, patients and carers who are affected by a serious incident including control and restraint and rapid tranquilisation are offered post-incident support. Sustainability Principle: Empower Individuals and Communities	[1]
199	1	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.	[1]
200	2	The ward/unit team use quality improvement methods to implement service improvements.	[1]
201	2	The ward/unit team actively encourages patients and carers to be involved in Quality Improvement initiatives.	[1]
Audits			
202	1	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. *Guidance: Audit data are used to compare the service to national benchmarks where possible.*	[1]
203	1	The safe use of high risk medication is audited, at least annually and at a service level. *Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.*	[2]

204	2	Key information generated from service evaluations, audits and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all.	[2]
205	1	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. *Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.*	[1]

References

[1] Royal College of Psychiatrists. (2022). *Standards for Inpatient Mental Health Services, Fourth Edition.*
https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-resources/ccqicorestandardsin2022.pdf?sfvrsn=ae828418_4

[2] Royal College of Psychiatrists. (2022). *Expert consensus: Quality Network for Inpatient Working Age Mental Health Services (QNWA) Standards Development Group.*

[3] University College London. (2022). *Acute Mental Health Inpatient Competence Framework, Adults and older adults.*
https://www.ucl.ac.uk/pals/sites/pals/files/background_document_competency_framework_final_draft.pdf

[4] Department for Constitutional Affairs (2005). *Mental Capacity Act Code of Practice.*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf

[5] Department of Health. (2015). *Mental Health Act code of practice.* Updated October 2017
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF

[6] NHS. (2019). *Long Term Plan*
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

[7] NICE. (2011). *Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services* [CG136].
https://www.nice.org.uk/guidance/cg136

[8] Macneil CA, Hasty MK, Conus, Berk M, Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice, BMC Medicine, 2012

[9] The NHS Staff Council. (2018). *Improving the personal safety for lone workers.*
https://www.nhsemployers.org/sites/default/files/media/HSWPG-Lone-Workers-staff-guide-210218-FINAL_0.pdf

[10] ImROC. (2013). *Peer Support Workers: Theory and Practice.*
https://imroc.org/wp-content/uploads/2013/06/5ImROC-Peer-Support-Workers-Theory-and-Practice.pdf

[11] Royal Pharmaceutical Society. (2018). *Professional guidance on the safe and secure handling of medicines.*
https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

[12] Specialist Pharmacy Service. (2020). *Reducing harm from omitted or delayed medicines in hospital.*
https://www.sps.nhs.uk/articles/npsa-rapid-response-report-reducing-harm-from-omitted-and-delayed-medicines-in-hospital-a-tool-to-support-local-implementation/

[13] General Medical Council. (2013). *Intimate examinations and chaperones.*
https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones_pdf-58835231.pdf

[14] Care Quality Commission. (2018). *Sexual safety on mental health wards.*
https://www.cqc.org.uk/sites/default/files/20180911c_sexualsafetymh_report.pdf

[15] Care Quality Commission. (2015). *Statement on CQC's roles and responsibilities for safeguarding children and adults.*
https://www.cqc.org.uk/sites/default/files/20190621_SC121706_CQC_statement_February_2018_v3_0.pdf

[16] NICE. (2016). *Transition between inpatient mental health settings and community or care home settings [NG53].*
https://www.nice.org.uk/guidance/ng53

[17] NICE. (2011). *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence [CG115].*
https://www.nice.org.uk/guidance/cg115

[18] NICE. (2016). *Mental health problems in people with learning disabilities: prevention, assessment and management [NG54].*
https://www.nice.org.uk/guidance/ng54

[19] Carers Trust. (2016). *The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England, Section Edition.*
https://carers.org/downloads/resources-pdfs/triangle-of-care-england/the-triangle-of-care-carers-included-second-edition.pdf

[20] Department of Health. (2017). *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals.*
https://www.networks.nhs.uk/nhs-networks/ahp-networks/documents/dh_114116.pdf

[21] Health and Social Care Act. (2008).
https://www.legislation.gov.uk/ukpga/2008/14/contents

Acknowledgments

The editors send a warm thank you to everyone who contributed their time, effort, and insight to help make these standards possible:

Anna Milecka, *Hospital Director, Priory Group*

Anne Ward, *Mental Health Nurse, Betsi Cadwaladr University Health Board*

Carol Donoghue, *Quality Improvement Nurse, NHS Greater Glasgow and Clyde*

Dr Billy Boland, *Consultant Psychiatrist & Chair of the Royal College of Psychiatrists' General Adult Faculty*

Dr Declan Hyland, *Consultant Adult Psychiatrist, Mersey Care NHS Foundation Trust*

Dr Lisa Wood, *Specialist Care Pathway Lead for Acute and Inpatient Psychology/Principal Research Psychologist, North East London NHS Foundation Trust*

Dr Mary Docherty, *Consultant Liaison Psychiatrist, South London and Maudsley NHS Foundation Trust & Clinical and Strategic Director for CCQI Quality Networks and Accreditation Programmes*

Dr Selma Ebrahim, *Trust Lead Consultant Clinical Psychologist Inpatient Services, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*

Ellie Walsh, *Assistant Director Adult Acute Mental Health Services, NAViGO & Chair of the QNWA Advisory Group*

Gila Ehrenstein, *QNWA Patient Representative, Royal College of Psychiatrists*

Julie Salt, *QNWA Carer Representative, Royal College of Psychiatrists*

Katherine Barrett, *QNWA Patient Representative, Royal College of Psychiatrists*

Laura Tyrrell, *Programme Manager, Adult Mental Health Team, NHS England and NHS Improvement*

Leah Madnick, *Professional Lead Occupational Therapist, West London NHS Trust*

Lucy Chambers, *Hospital Operational Manager & Chair of the Royal College of Occupational Therapists' Specialist Section for Mental Health, Black Country Healthcare NHS Foundation Trust*

Nicole McCarthy, *QNWA Project Officer, Royal College of Psychiatrists*

Peter Thompson, *Director of CCQI*

Ruth Aheto, *QNWA Project Officer, Royal College of Psychiatrists*

Sabeeha Patel, *Clinical Lead Pharmacist, East London Foundation Trust*

Serena Trevey, *Service Development Lead, Lincolnshire Partnership Foundation NHS Foundation Trust*

Sinclair Hungwe, *Modern Matron, Central and North West London NHS Foundation Trust*

Spencer Soilleux, *Trust Education Lead for Advanced Clinical Practice, Central and North West London NHS Foundation Trust*

Thomas Crawford, *Quality Manager & Patient Safety Specialist, NHS Hampshire, Southampton and Isle of Wight CCG*

Yogita Dawda, *Lead Pharmacist Mental Health, Central and North West London NHS Foundation Trust*

QNWA

QUALITY NETWORK FOR
INPATIENT WORKING AGE
MENTAL HEALTH SERVICES

QNWA

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB