PICU
QUALITY NETWORK FOR PSYCHIATRIC INTENSIVE CARE UNITS
CCQI
ISSUE 5, December 2020

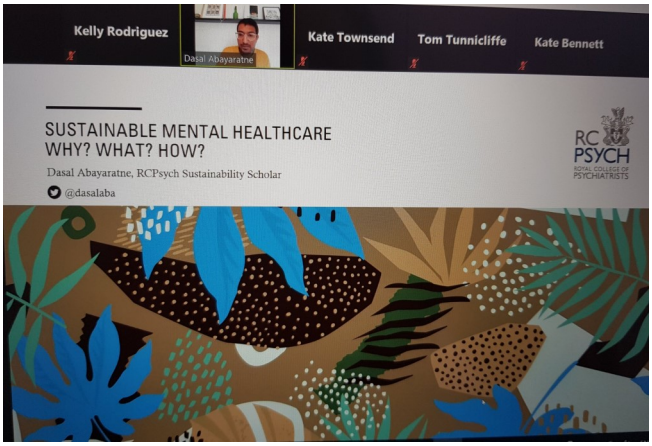
This Issue

WELCOME

We are almost coming to the end of what has been an extraordinary year. One that we will remember forever, but not for the most positive reasons. However, the Quality Network wants to finish this year on some positive news and festive stories, so please do take a look through our 5th published newsletter.

This edition we have some great submissions including a focus on staff wellbeing from the Midlands Partnership Trust and an article about the results from the QNPICU staff support and wellbeing group. A positive article about supporting physical health and also a journey into the development of an accreditation app! Increased access to technology is definitely a positive to come from COVID, and there are some great examples within this newsletter to give more detail about this.

Since the last edition of the newsletter we had our first virtual annual forum in October. This was a huge success and we heard about a variety of topics, including sustainable healthcare. This ties in nicely with the introduction of our QNPICU sustainable standards that will be coming out on 2021—please keep your eyes out for more information on this in the New Year.



The annual forum also brought us information on findings from infection control studies, giving us greater insight into PPE use within wards. And we had two wonderful presentations about Peer-Support, both on a national level and local level from Devon Partnership Trust. It was inspirational.

An update on our Quality Network reviews—we have begun virtual reviews in the last few weeks. A huge thank you to the project team and member services for their patience whilst we trial some of the processes. I can update that they are going really well, and continue to help and support services during this difficult time. We will be working hard to arrange the accreditation visits for 2021, these will still be virtual for the first half of the year at least, but we are piloting with two wards (Norbury House and Cobden Unit) to trial virtual tours and sharing of evidence. We will be updating the Network about these soon.

If you have any questions about how your review will go, or if you have any concern about available technology, please do get in touch at the earliest possible time. The more time we have to trial and test the technology, the better!

I wanted to finish on a festive note—we have done our first ever festive card competition! This is part of our agenda to increase patient input throughout our Networks. I am really pleased with the submissions (and thank you to everyone who took part!). The winner can be seen on page 9.

From me and the Quality Network team, I hope you all have a wonderful festive period, and Happy New Year.

Implementing an Induction Process to Increase Staff Wellbeing and Investment, and Improve Quality of Patient Care

Everyone likes a badge, don't they?

So when I, and a number of trusted other staff, started wearing our "Norbury Approved" badges, everyone wanted to know how they could get one. The catch? They have to complete our new induction process, which includes six sessions on a variety of topics aimed at improving their own knowledge, and patient care.

Creating the induction process has been a team effort with a large mind map created, and added to, by many members of the team. They have each included topics which they believe are important to know when starting a new job on Norbury, as well as the things which they wished they had been told, or had had training on.

The Sessions

The induction process covers a range of topics and has been organised in such a way as to introduce new ideas alongside the inductee's experience of the ward. For example, the session entitled *Who We Are*, explores the basics of the ward and hospital along with the trust values to set the groundwork for the rest of the process. *Security and Wellbeing* explores some of the strategies for keeping he themselves and patients safe which many of our staff have learnt through their own experience, to now be passed on to new starters. *Physical Health Monitoring and IT Systems* teaches basic physical health monitoring and record keeping as good IT literacy can't always be assumed. This also negates any feelings of embarrassment that some may feel about asking for help with computer use, as all inductees complete this process. *Restrictive Practices* further explores the ideas of safety and security but underpins this practical side with the relevant legislation and trust policies. This helps to alleviate some disagreements between health care and nursing staff when it comes to making treatment decisions as new inductees are more aware of the laws which govern our practice and therefore the limitations to use of restrictions. As new staff members progress toward the end of their induction, the session on *Mental Health Conditions and Treatments* is often better received, as staff have had several months of experience of various conditions and will therefore be able to draw on examples to bolster their understanding. Finally, *Engagement,* which is the last session, rounds up all of the topics discussed in previous sessions and introduces staff to the VDTMOCA model of functional ability. This is used so that inductees can have a better understanding of a patient's progress and how best to engage therapeutically. We also discuss trauma-informed care and basic outlines of psychological therapy for staff to keep in mind when attempting engagement on any level.

The Impact

Previously, new staff members had completed their probationary period with only a basic introduction the ward and the general environment. This allowed many members of staff to continue into their role without the necessary knowledge and skills to complete the various tasks associated with their own job role. This has then been difficult to address at a later date due to having already established their own methods of working which may not be in line with that which the ward and our trust would expect.

Despite this process still being in its infancy, the overall reception has been exceptionally positive. Many staff already in post have expressed interest in the programme, and have proactively requested to complete

sessions. Inductees who have completed part of the process have fed back that they have found this process to be very supportive and has given them the "confidence to step on the ward and support the team and patients". The process guarantees regular structured contact with a supervising, supportive, member of staff. This means that any issues that may arise, either personal or professional, can begin to be addressed before there is any major impact on wellbeing or professional ability.

As more staff complete this process, it is hoped, and current feedback and observation suggests, that more established members of staff will begin to have their own practice improved by association, leading to better outcomes for our patients. Since its conception, this induction has been passed on to other wards as well as other directorates of the trust and has received positive feedback all round. In the future, we aim to expand this induction process to include a reference guide/handbook for all staff to keep for themselves. We also hope to increase uptake of this process in other areas of the trust to improve cohesion of practice across all wards, thereby improving outcomes across the board.

Daniel Jones, Nursing Associate, Midlands Partnership NHS Foundation Trust

Smoking and weight management in hospital

I was an active child and competed as a dancer and in gymnastics but I started to get unwell at a young age. By the time I was a teenager I was put on medication which increased my weight. By the age of 14 I was admitted to my first hospital and was put on a concoction of medication. Coupled with being very inactive my weight ballooned.

Throughout my admission, I continued to gain weight and was now morbidly obese. Everything changed and I've seen it happen way to often in psychiatric hospitals. Not only could I no longer do my dance or gymnastics, but I also found it difficult standing in the medication queue due to my back hurting. It was and is still so debilitating.

It's really hard as I NEED the medication! I've often been tempted to stop meds as I drop weight SO quickly but I know I need it! What I have had to come to terms with is that it's better to be well and overweight than it is to be unwell and of average weight even though sometimes I doubt that as what is the lesser of two evils! You can decide that.

I'm also going to write about my views of smoking in hospital. Throughout my many years in hospital this is something that has always provoked a lot of emotion in me. When you go into an acute ward you are often allowed fresh air leave (otherwise known as smoking leave) straight away and even if you don't you don't tend to spend a long time on the acute ward. It's about getting you better and shipping you out quickly! On PICUs or secure wards you spend much longer in so it's more like a home, but smoking is completely banned unless you get unescorted leave.

It's astonishing as what happened in the hospital that I was in, was that to begin with you get three hours escorted leave - which you are NOT allowed to smoke on as you are with a member of staff (who has to stay in eyesight of you NOT arms reach so it wouldn't harm them if you did have a cheeky fag). Then within that escorted leave you start with 15 minutes of unescorted leave. What does everyone do - they go and buy some cigarettes which only come in packs of 20

now. So, for that 15 minutes they spend all of it smoking as many cigarettes as they can cram into that 15 minutes, as your NOT allowed to store cigarettes at the hospital. This play's havoc with your clozapine levels and other antipsychotic medications as smoking affects that and also gives you and almighty head rush! Surely it would be simple to just have a smoking break once an hour at the hospital. We're there to get better from our mental illness NOT to give up things you're just going to start again when you leave!

Going into a PICU or any wards, I personally class smoking as a human right (I know when patients from Rampton went to the high court it was denied as a human right!) but I think it is!

It shouldn't be taken away from you when you are at your most vulnerable or stressed. The amount of incidents that happen by having this right denied is unreal. As long as you're in an open area where there is fresh air so you not infringing on a non-smoker, then who is the hospital to decide what you can or can't do. There is so much already taken away.

And what you probably won't have guessed is that this little piece of writing advocating for smoking is actually written by a non smoker, bet you didn't see that coming! I'm 15 weeks smoke free but still believe patients should have the right to smoke as long as it doesn't affect any non-smokers.

You may find it odd that I have done a little bit of writing on two subjects that are polar opposites, but they do tie together nicely for this article.

As I said medication and being pretty much sedentary in hospital affect your weight severely to the stage where I got to 25 stone as I was allowed to eat as much as I wanted. I would have five or more bits of toast, cereal and eggs every morning for breakfast and then on the 11am shop run a member of staff would get me up to five or more chocolate bars and crisps that I would consume before lunch and then eat again. And all this I could do because staff weren't allowed to withhold food from me or any other patient as it was my human right to eat what I want even though I was 25 stone and on a cocktail of physical health medications that I was given solely because of my obesity, including high blood pressure!

What I don't understand is they are allowed to stop smoking! Yes I know smoking CAN have serious effects on your physical health but not always as everyone knows someone who has smoked all their life and lived to a ripe age with no physical problems. But allowing patients to have the amount that myself and many other service users were eating (because it wasn't just me) WILL 100% cause lots of physical health problems that could cause death! I was one for always breaking the rules and I would sometimes eat more just because I could and looking back now I really wish there were restrictions on how much patients can consume!

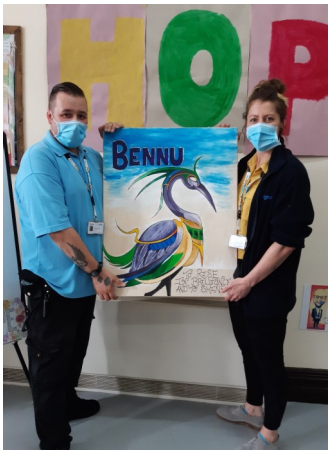
Since being out of hospital I've managed to lose four stone but that's been over five years and every day is a struggle with my weight! But do you know it only took me one day to decide to stop smoking but like I said its taken me years to lose weight and I still have a LONG way to go! I know it's beyond anyone reading this to change the smoking ban or put limits in place for consumption of food but (with no pun intended) I'm just giving you food for thought!

Hannah Moore, Patient Representative, QNPICU

Art Exhibition on ‘Hope’ at Cygnet Wyke.

At Cygnet Wyke, we held an event during lockdown where service users and staff were given the theme of hope to produce a piece of art. Hope is very important to our staff and service users, it helps everyone in their recovery while with us at our service and helps us to all work together with the same goals. The art exhibition was a popular event with some very talented artists within the service!

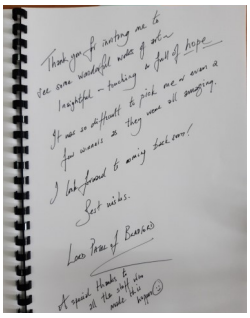
They were displayed at the art exhibition we hosted. We had guest judge to the event, Lord Patel, who chose three winning pieces. We featured on BBC radio and the local newspapers as the event was extremely popular.

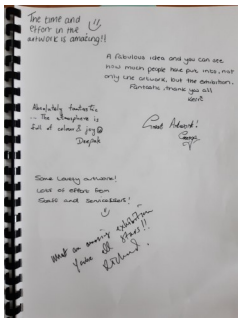


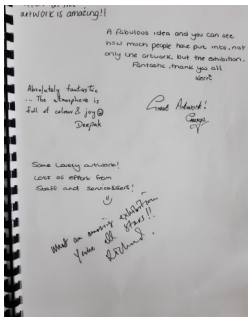
The winning piece was titled ‘Least We Remember’. It was about a service users struggle dealing with life after war and trying to forget the bad but remember the important aspects of his life that were so cruelly being taken away by his mental Illness.

Service users used a range of therapeutic mediums to create their pieces and we had over 25 entries to the competition.

Here you can see some photos from the exhibition along with Lord Patel and the winning piece.







Jordanna Hirst, Head of Occupational Therapy, Ella Humphreys, Occupational Therapist, Cygnet Healthcare

Accreditation.app – Our journey to online evidence management

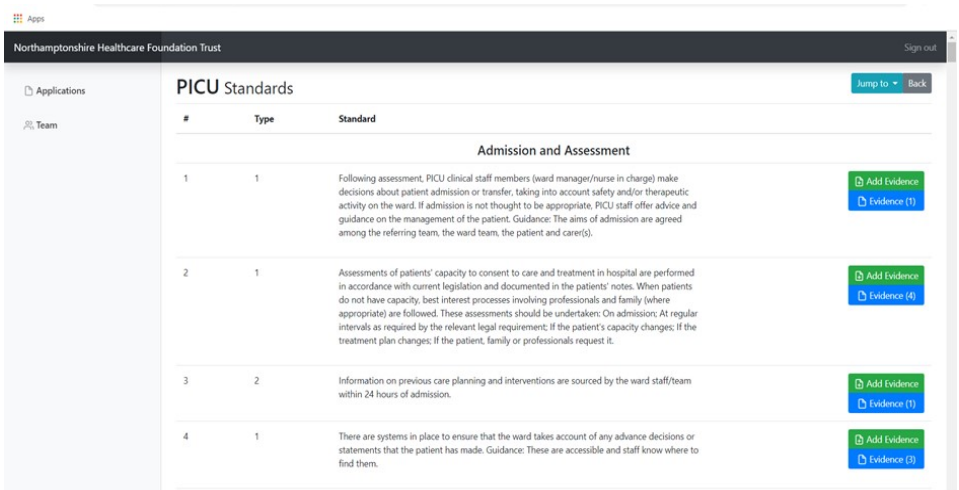
I wanted to share my journey in starting to develop our Quality Network App. I am a nurse working on a PICU in Northamptonshire Healthcare Foundation Trust. I am due to start maternity leave soon and in the recent months I have been less patient facing due to pregnancy. Our head of service asked me to be part of the QNPICU project aiming to get accreditation for our PICU ward. I had previously gained accreditation for the Acute Female ward within our hospital and knew the process and the accompanying heavy, paper brimming folder of evidence that I needed to create.
I considered the necessity of the folder for the review purpose and tried to think of alternative ways that would be less wasteful in terms of paper and time, easier to use and would meet better standards of infection control while COVID-19 measures are so stringent.

I started to create a spreadsheet and add all of our standards then hyperlinked evidence to each standard, this worked initially, and it seemed to be a good alternative. Although, shortly after the hyperlinks broke and the spreadsheet proved to not be fit for purpose. I thought there was no alternative but to go back to the cumbersome paper folder.
One night I was complaining about my failed technological pursuits to my husband and he simply said "I'll build an app for you". My years of nursing within the NHS have not improved my IT skills, and I do not believe that nurses are particularly well known for their computer savviness. My husband on the other hand, conveniently is a Senior Software Developer and this is his bread and butter. We started to work together on the app in our spare time over the next few weeks. We added features such as a PDF page extractor, task allocation, photograph and webpage evidence feature and developed the app to make it easy to use and understand.

I recently showcased the app to my colleagues who are staff who will also be using the app to add evidence as well as staff who are AIMS assessors and have completed visits to other trusts previously. They felt that it is very easy to use and has benefits of being economic in terms of time, more user friendly when working remotely and has a more collaborative approach to working when gathering, sharing and approving evidence compared to the traditional email thread reliant or paper-based systems.

I hope to be able to support and work with our Community Teams who plan to join the Quality Network in the near future to use this app and make the process easier, faster and safer for people in my Trust.

Naomi Galashan, Clinical Team Leader, Northamptonshire Healthcare Foundation Trust



QNPICU Staff support and wellbeing project: Research and findings

In November 2019 I wrote an article in our newsletters advertising the QNPICU staff support and wellbeing project that had begun. I'm very pleased to give a final update on the findings of this group. Staff support and wellbeing is a vitally important issue, particularly in psychiatric intensive care units (PICUs) where the levels of violence and aggression tend to be higher than other acute wards. Research has found that there is a huge economic impact on the NHS from staff sickness and the resulting need to use a higher number of bank and agency staff. With COVID-19 now well within its second wave, we need to address staff support, wellbeing and resilience now more than ever.

So, what did we do?

Following on from our Special Interest Day in January 2019, we focused on staff support and wellbeing. As a group, we wanted something actionable and tangible to come this event, and so advertised for a Staff Support and Wellbeing Group, with input from the Head of Workforce Wellbeing from Mind, Faye McGuiness. The aim of this group was to monitor and improve staff wellbeing within teams, identifying areas that staff felt to be struggling with and recognise areas of positive practice. We had 10 wards join the group at the beginning of the process. We created a baseline staff wellbeing survey to get an understanding of each ward's dynamic. The questions asked to staff were based around the QNPICU standards (2017). The new standards were created with this support group in mind and can be found here.

Following on from the baseline survey, we analysed the results for each ward and rang them individually to go through the responses. For all 10 services, there were common themes noted. We created a series of recommendations that were applicable across the group. The themes included;

- Lack of monthly supervision
- Feeling of unsafe staffing levels
- Lack of breaks
- Sickness and burnout
- Lack if peer-bonding within the team
- Lack of staff room
- Irregular post-incident support
- Unknown processes of whistleblowing and anti-bullying
- Inadequate training and professional development opportunities
- Little/no mental health champions or WRAP plans in place.

Recommendations and next steps

Now we had a good picture of the issues being faced, we could move onto the next phase of the group. This was about providing evidence-based recommendations and information on how to implement them. We arranged a series of phone calls as groups to discuss the common themes that had arisen. We created a document that outlined the specific recommendations as well as detailing whose responsibility it was to address them. We also provided guidance documents from various health organisations to support our recommendations.

Throughout the series of phone calls, we had 'guest speakers' join us to talk to the group about their own good practice. This included a Staff Health and Wellbeing Lead who spoke about the development of wellbeing leaflets for staff and the creation of a Staying Well at Work Service. This person talked about the development of the role and embedding wellbeing into the culture of the hospital. We found that services were struggling most to implement a mental health champion out of

all the recommendations made. So our next guest speaker was a Workplace Wellbeing Coordinator who described their wellbeing champions and the types of training and support provided to them. After the series of calls came to an end, we conducted another staff survey to monitor if our recommendations had made an impact.

So, what did we find?

Within the Staff Supervision section of the questions, the frequency of supervision for newly qualified staff members increased across the board. Monthly clinical supervision also increased by 15% (with respondents reporting never receiving clinical supervision decreasing by 9%). Furthermore, access to reflective practice improved from the baseline survey to the second survey.

The staff wellbeing section, the results for how much their organisation looked after their wellbeing increased by 10% and access to breaks increased by 14%. Impressively, there was a 13% reduction in staff feeling burnt out, and almost an 18% increase in team-bonding activities.

In the final section for organisational support, policy knowledge for anti-bullying increased by 12% and a 5% increase in being offered post -incident support. In a final positive note; a massive 32% increase in knowledge of a mental health champion being in post.

We are hugely proud of the work we have accomplished with this staff support and wellbeing project. The dedication and work of the teams involved should not be underestimated. The teams involved all varied hugely on what they were offering at the start of the group, with some really struggling in this area. The group was non-judgmental and all hoping to support and help one another. It was a great group to be part of.

Kate Townsend, Deputy Programme Manager, QNPICU

For further information about QNPICU please visit

www.rcpsych.ac.uk

You can also follow us on Twitter **@ccqi_ @rcpsych**

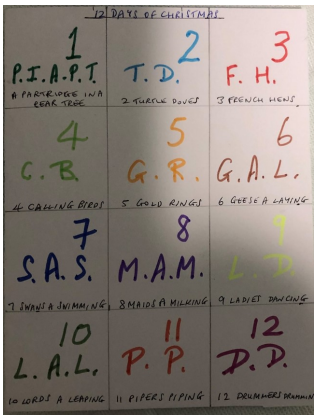
and use **#qnpicu** for up-to-date information

Festive Card Competition

This year we launched our first ever patient festive card competition. We welcomed all patients in PICU's to contribute by submitting their festive artwork for a chance to be featured on our electronic Christmas card which goes out to our to our members. The QNPICU and patient and carer representatives all voted. The winner and all entries can be seen below.

Winner:

Untitled, by a patient from Cygnet Wyke



QNPICU Open Discussion Summaries

Over summer we held a series of open discussions for our members . Below you can find a summary of the key themes of these discussions.

Managing acute disturbances - 02 July 2020

Current situation of COVID-19

Most services had less cases, many with no positive cases. Most PICUs had seen an increase in the acuity of patient presentation.

Key challenges

Main challenges were discussed. These included PPE impacting communication with patients, discrepancies in testing abilities among services and uncertainty around visits.

Use of Technology

Services reported positive experiences of using technology for patients' contact with loved ones and staff attendance of meetings.

Carer experiences

Carers had mixed experiences of communication from services., with some having little contact and others reporting strong contact.

Positive outcomes

Some services noticed increased motivation in patients to give up smoking as well as an increased emphasis on health promotion, physical exercise and outdoor activities.

Staff support and wellbeing

There had been anxiety among staff relating to COVID-19 management. Generally, staff reported good team work and support. There were a range of novel ways of supporting staff introduced including a 'recharge room', pampering products and food being provided.

Staff support, wellbeing and resilience - 23 July 2020

Wellbeing initiatives

A range of wellbeing initiatives had been implemented. These included: wellbeing days and self soothe boxes. Supervision and reflective practice was also being increased.

Challenges

It had been a challenging time for staff, particularly due to staff shortages, increase in patient acuity and issues with PPE.

Formal and informal support

There was a discussion about the formal and informal support for staff and the importance of both.

Environment

Some services had made environmental changes to support staff, such as off-ward staff rooms and a 'rest and relaxation' hub.

Physical health and exercise

The importance of physical health and exercise for staff was acknowledged. Some services had worked on improving this by having the physiotherapist's sessions open for staff as well as patients.

Restoration and recovery - 04 August 2020

Services journey since COVID-19

The possibility of a second wave and feeling of unknown was causing anxiety for services, with some feeling unsupported with the information they were getting about COVID-19. Services were continuing to work on staff support.

Challenges

Many services were struggling with recruitment, including nursing and occupational therapy (OT) staff.

The implementation of technology

There was a discussion around the positive use of technology during this time. For example, the use of Microsoft Teams and Starleigh for communicating with patients, the use of iPads on the wards as well as the use of technology improving patient engagement in psychology and communication with their loved ones.

Staff wellbeing and peer support

Staff in some services were being encouraged to take annual leave to reduce stress. Peer support has been impressive and it MDT involvement on the wards was appreciated.

Reintroducing activities

Some activities had resumed since the lockdown, for example Tai-Chi and art classes were being run while social distancing. OTs were updating procedures and protocols to ensure safety when delivering activities.

Knowledgehub

Join the Quality Network for PICUs (QNPICU) online discussion forum!

Knowledge Hub is a free to join, online platform which allows you to be part of various groups. The Quality Network for Psychiatric Intensive Care Units (QNPICU) has created their own group to facilitate discussions around psychiatric intensive care units - you will only be able to join if you work within a service which is currently a member of the Network.

Joining Knowledge Hub will allow you to:

- Share best practice and quality improvement initiatives
- Seek advice and network with other members
- Share policies, procedures or research papers
- Advertise upcoming events and conferences

For more information or if you wish to join, please email PICU@rcpsych.ac.uk.

News

Commission for Equality in Mental Health – Centre for Mental Health report

Inequalities in health, including mental health, have been highlighted in national reports for at least 40 years. But despite multiple policies and programmes to address them, these inequalities persist.

The Commission for Equality in Mental Health was set up to explore what causes mental health inequalities, what perpetuates them, and what might help to break the cycle. Mental health for all? - the final report of the Commission, says that inequalities which have for too long been accepted or ignored can and should be reduced, through concerted action nationally and locally. The report can be found here.

Reducing Restrictive Practice Collaborative (RRP)

The National Collaborating Centre of Mental Health (NCCMH) have produced a resource booklet, detailing lessons learned from the Reducing Restrictive Practice Collaborative (RRP). This step-by-step method guides wards through the reduction of restraint, seclusion and repaid tranquilisation.

The booklet can be viewed online as an interactive resource here.

National Elf Service

The National Elf Service have a series of podcasts on Soundcloud to keep up to date with the latest health and social care research. The podcasts feature interviews with leading experts in mental health: researchers, clinicians, practitioners and experts by experience.

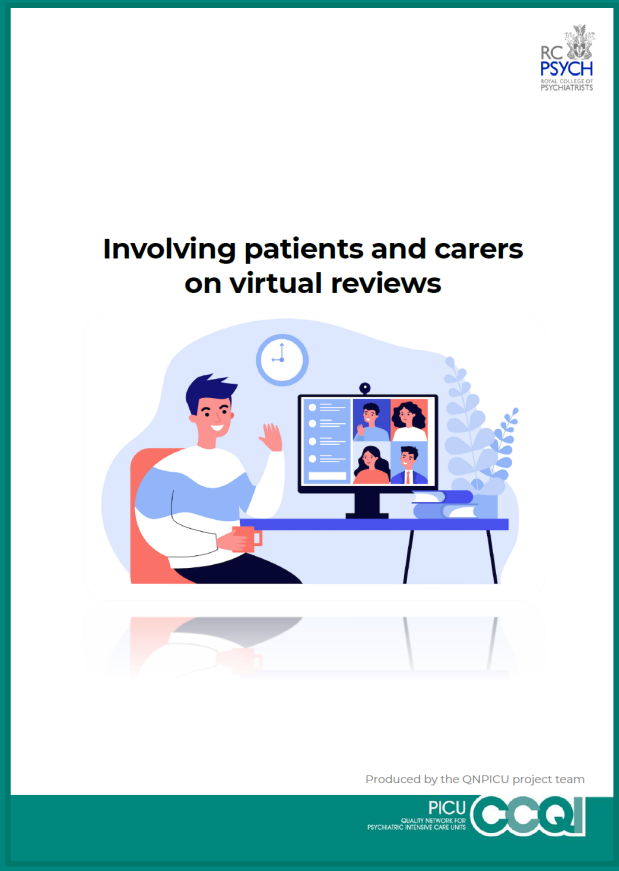
There is an episode we would like to highlight with Dr Juliana Onwumere who talks about her work with families of people with lived experience of psychosis. You can find that here.

Involving patients and carers on virtual reviews – guidance available

We recognise that the shift from face-to-face peer-reviews to virtual reviews is likely to impact the involvement and engagement of patients and carers. We've thought about how we can address some of these issues by providing suggestions and guidance on how best to involve patients and carers on your virtual review.

If you have a review coming up, please do make use of this document and let us know if you have any further suggestions or innovations to allow for patient and carer involvement on virtual reviews.

You can access the document here.



Useful links

Care Quality Commission
www.cqc.org.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

Centre for Sustainable Healthcare
https://sustainablehealthcare.org.uk/

Department of Health
www.doh.gov.uk

Health and Social Care Advisory Service
www.hascas.org.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

National Institute for Health and Care Excellence
www.nice.org.uk

NHS England
www.england.nhs.uk

National Association of Psychiatric Intensive Care Units
www.napicu.org

Revolving Doors
www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement
www.rcpsych.ac.uk/quality.aspx

Royal College of Psychiatrists' Training
www.rcpsych.ac.uk/traininpsychiatry.aspx

See Think Act (2nd Edition)
www.rcpsych.ac.uk/sta

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Follow us: **@rcpsych** and **@ccqi_** and use **#qnpicu** for up-to-date information

Knowledge Hub
Please email picu@rcpsych.ac.uk if you wish to join Knowledge Hub, to start discussions and share good practice.

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