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PICU
QUALITY NETWORK FOR PSYCHIATRIC INTENSIVE CARE UNITS

QNPICU Aggregated Report

Cycle 4 & Accreditation 2020 – 2023

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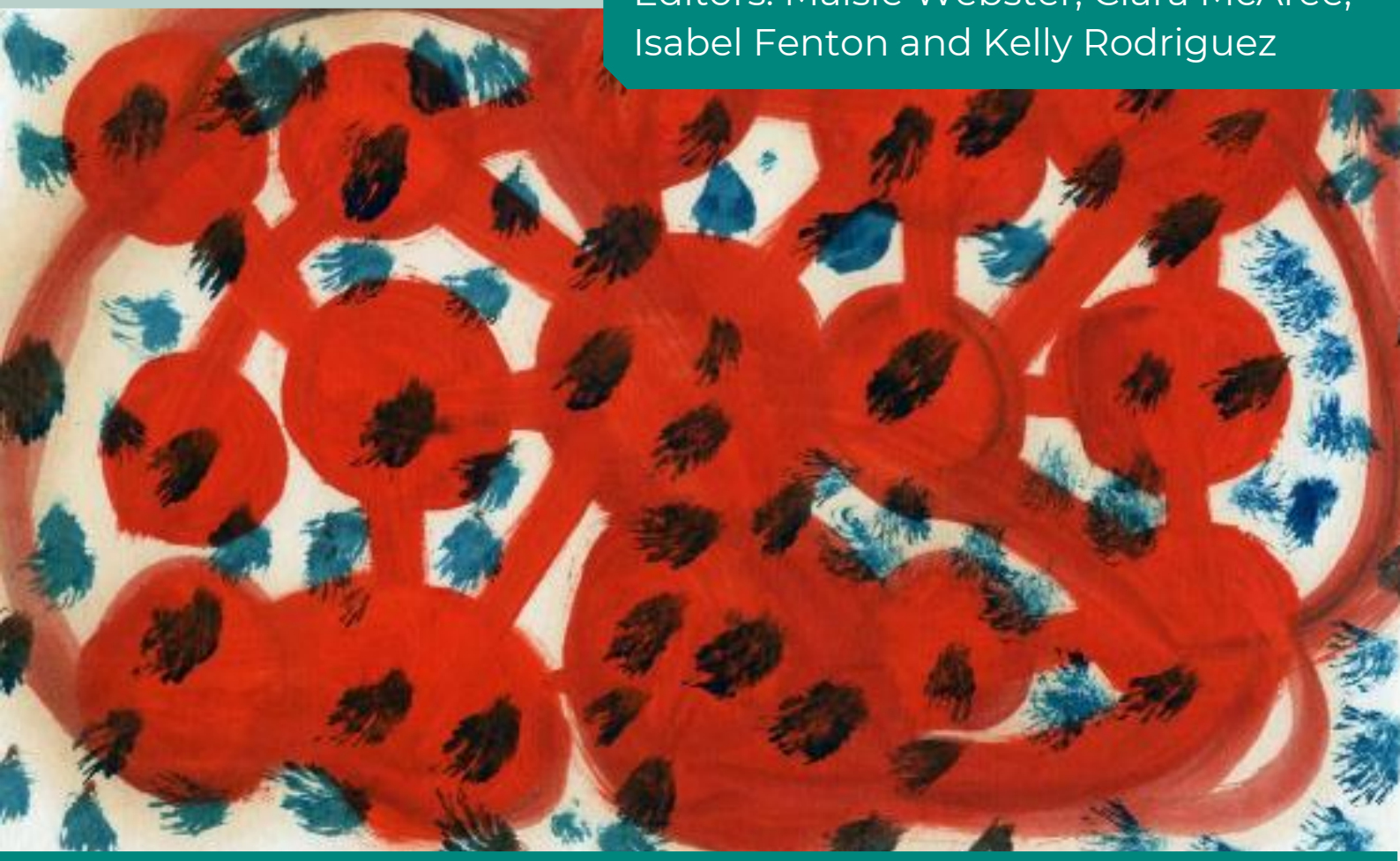

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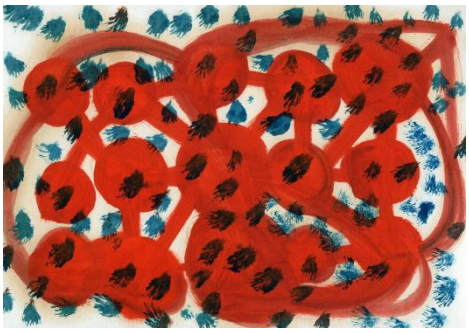
Artwork displayed on the front cover of this report was created by a patient at Chamberlain House.



A special thank you to the Quality Network for Veterans Mental Health Services team for their guidance on the formatting of this report.

FOREWORD

Psychiatric Intensive Care Units (PICUs) play a vital role within our mental health system, providing care for individuals experiencing the most acute and complex phases of mental illness. PICU settings are inherently challenging and demand a delicate balance between safety, compassion, and the delivery of evidence-based therapeutic interventions. To ensure that the care provided remains not only clinically effective but also humane, respectful, and responsive to the evolving needs of patients, carers and staff, a culture of continuous improvement and robust quality assurance is essential.

I am delighted to write the foreword for this fourth national report from the Quality Network for Psychiatric Intensive Care Units (QNPICU), which provides a clear, comprehensive, and insightful account of how PICU services across the UK have performed against established quality standards. Drawing on data from peer reviews and accreditation visits conducted between 2020 and 2023, the report presents a robust overview of the national PICU landscape - highlighting areas of excellence that should be shared and celebrated, while also identifying persistent challenges that require focused attention to improve the quality of care within PICU settings.

The demands on PICUs have never been greater. Workforce pressures, rising clinical acuity, and the imperative to reduce restrictive practices all pose significant and complex challenges within these highly acute clinical settings. Against this backdrop, the report's highlighting of inspiring examples of innovation, collaboration and resilience in PICU settings is particularly noteworthy - showcasing services that have strengthened their care through approaches such as trauma-informed practice, meaningful patient involvement, and sustained investment in staff wellbeing.

The editors of this report are to be commended for their commitment to transparency and the dissemination of learning. By celebrating good practice while identifying areas for further development, this report encourages a culture of openness that underpins meaningful improvement, with the ultimate aim of enhancing the quality of patient care. The inclusion of patient, carer, and staff perspectives, together with clear and actionable recommendations makes this a valuable and practical resource for PICU services striving for clinical excellence.

As a consultant psychiatrist working within PICU settings and a long-standing supporter of QNPICU, I have witnessed first-hand the value of peer-led quality networks in driving meaningful improvements in care. I commend the editors of this report, as well as the clinicians, patients, carers, and reviewers whose contributions have made this insightful piece of work possible.

I am confident this report will be of value to colleagues across various mental health disciplines and sectors, not only as a means of benchmarking performance, but as a guide for deepening our shared commitment to high-quality, patient-centred care in PICU settings. I sincerely hope this publication will

provide clinicians with a helpful framework for reflection, shared learning and continuous improvement in the delivery of care to individuals experiencing the most acute phases of mental illness.

Dr Mehtab Ghazi Rahman
Consultant Psychiatrist & Chair of the QNPICU Accreditation Committee

‘At Ease’, created by occupational therapy groups on Devon Ward.

WHO WE ARE AND WHAT WE DO

WHO WE ARE

Initially launched as AIMS – PICU in 2009, The Quality Network for Psychiatric Intensive Care Units (QNPICU) was established in 2017. It is one of nearly 30 quality improvement initiatives, research and audit projects within the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). Member services are reviewed against specialist standards for psychiatric intensive care units.

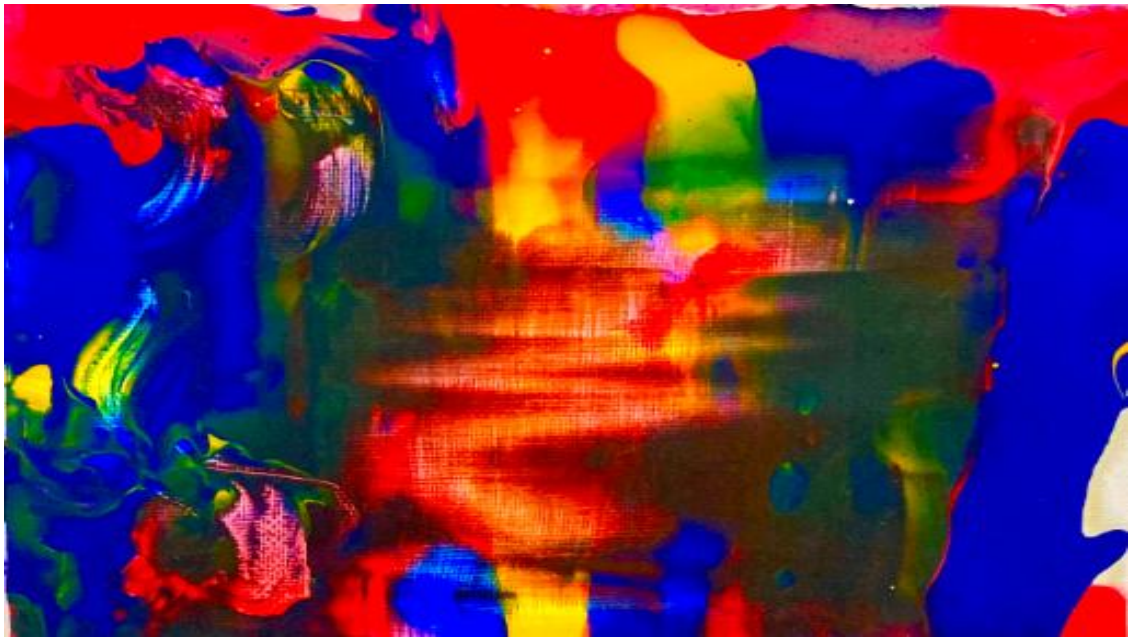
JARGON BUSTER

QUALITY IMPROVEMENT: 'Quality improvement' throughout this report will refer to the process of working with and supporting psychiatric intensive care units to become effective, safe and patient-centred. We use our quality standards to assess performance and make realistic and achievable recommendations for service improvement.

WHAT WE DO

We adopt a supportive, multi-disciplinary approach to quality improvement in PICU services at ward level. We serve to identify areas for improvement through a culture of openness and enquiry, adopting a model of engagement rather than inspection. QNPICU facilitates quality improvement through a comprehensive peer-review process, celebrating and sharing good practice as identified by staff, patients and carers. Our aim is to support PICUs to provide timely and purposeful admissions to patients in a safe and therapeutic environment, recognising high levels of compliance with the standards through accreditation.

For more information on the Network and our processes, please visit our website.



'The road outta here', created by a patient at Leverndale IPCU.

THIS REPORT

OVERVIEW

This is the fourth national report published by the Quality Network for Psychiatric Intensive Care Units, and uses the data collected from member services who completed their peer-review against the Standards for Psychiatric Intensive Care Units (2020) in Cycle 4 and accrediation reviews held between July 2020 – July 2023. It is aimed at frontline staff, senior management, patients and carers as well as anyone who has an interest in psychiatric intensive care units.

PURPOSE

This report presents an analysis of how well member services are performing against QNPICU standards. This was done by assessing whether services were marked as 'met', 'partly met' or 'not met' against the standards.

This report also includes key areas of achievement and areas for improvement gathered from qualitative data within service reports. Alongside this, are recommendations around the areas for improvement and most commonly unmet standards aimed at PICU staff and senior management. The purpose of these recommendations is to support teams to review their own areas for improvement and to continuously improve the quality of care that they provide. Therefore, it is hoped that this report will help to increase the likelihood that individuals within PICUs will have a good experience.

MEMBERSHIP

DEVELOPMENTAL

In Cycle 4 (2022 – 2023), 15 peer-reviews of psychiatric intensive care units took place.

ACCREDITATION

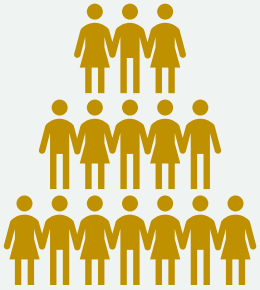
Between July 2020 – July 2023, eight accreditation reviews of psychiatric intensive care units took place.

Figure 1: Geographical map of 23 member services that took part in Cycles 4 and the accreditation membership (2020-2023)

DATA COLLECTION

72

Carers completed questionnaires



95

Patients completed questionnaires

476

Staff completed questionnaires

23

Wards

16

Trusts and Organisations

HOW WAS DATA COLLECTED?

The data in this report comes from 23 wards who undertook their QNPICU self-review and peer-review between 2020 to 2023. Together, they represent 16 Trusts and organisations across the UK.

Contextual data was obtained from the information completed by services at the beginning of their self-review period.

For Developmental reviews, data showing whether a service was marked as 'met', 'partly met' or 'not met' against a given standard were taken from the decisions included in the final report written following each service's peer-review or accreditation review.

For Accreditation reviews, decisions as to whether a service had 'met' or 'not met' standards were made by the peer-review teams based on evidence obtained from the self-review and subsequent accreditation visit.

CONTEXTUAL DATA

This section provides an overview of the contextual information gathered from the 23 services reviewed against the QNPICU standards between July 2020 and July 2023. We collect this information to help gain an overview of the ward size, staffing numbers and occupancy.

The following data has been collected from those services that provided this information. Where the data has not been provided or is unclear, this has not been included in the figures.

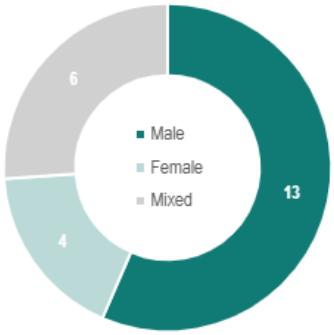


Figure 2: Ward mix by sex

The average number of beds per ward is 11. The highest number of beds is 15, and the lowest is seven.

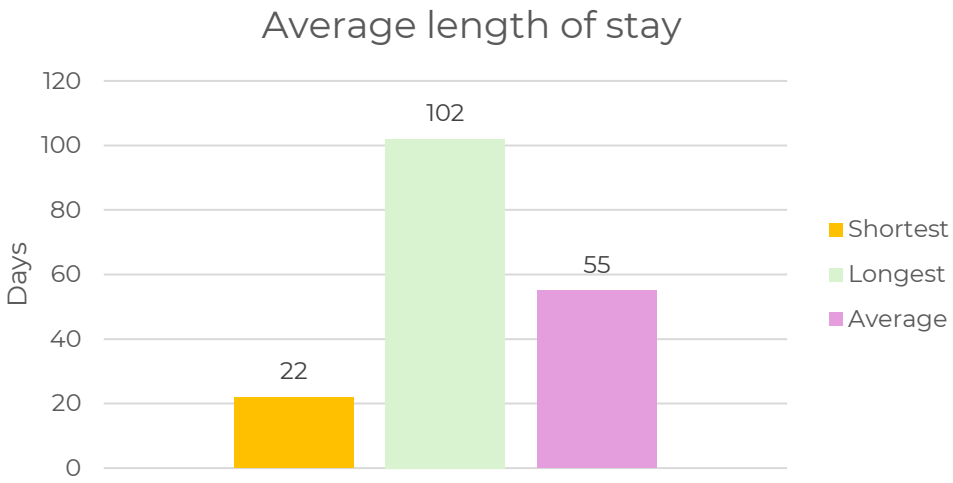


Figure 3: Average length of stay in days

Minimum staffing levels

Shift	Average minimum number of qualified staff	Average minimum number of non-qualified staff
Day	2.5	3.5
Night	2	3

EXECUTIVE SUMMARY

This section provides an overview of the findings from Cycle 4 only. Accreditation review data has not been included here as member services must meet approximately 90% of standards to be accredited.

This section will explore quantitative data which indicates how services are performing against the QNPICU standards.

On average, members fully complied with 62% of QNPICU standards, as indicated by the final bar marked 'TNS' (total national sample) in Figure 4.

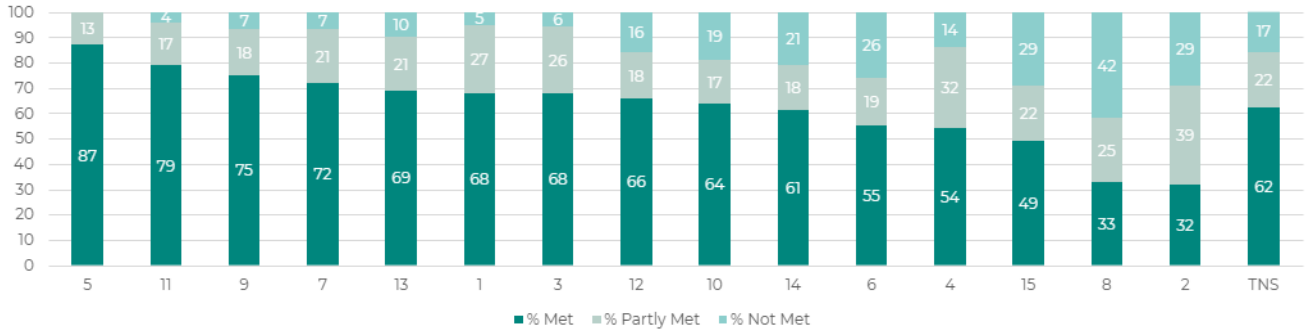


Figure 4: Percentage of met, partly met and not met criteria by service

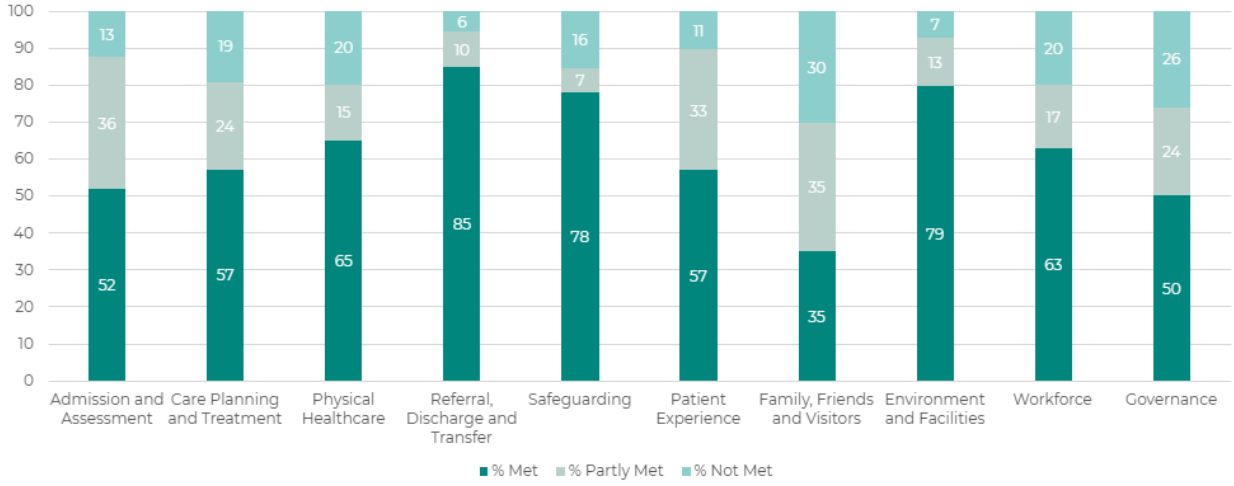


Figure 5: Average percentage of met, partly met and not met criteria per domain

ADMISSION AND ASSESSMENT

An average of 52% of standards in this section were fully met across Cycle 4 members.

Most commonly met

80% of services met the following standard:

Standard 1 [1]: The multi-disciplinary team make decisions about patient admission or transfer. They can refuse to accept patients if they anticipate that the patient mix will compromise safety and/or therapeutic activity. *Guidance: Decisions to accept or refuse patients are recorded.*

Most commonly not met

7% of services met the following standard:

Standard 7 [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;
- Interpreting services;
- How to view their records;
- How to raise concerns, complaints and give compliments.

75% of accreditation services did not meet this standard on the day of their accreditation visit.

Reflection: This is a multipoint standard, which includes evidence requirements. 80% of services are partly meeting this standard, indicating that some points from the standard are not included within the welcome packs based on evidence observed or patients surveyed.

Good Practice Examples

The multi-disciplinary team (MDT) develop the patients' mental health assessments prior to admission. Upon admission, patients receive a provisional formulation and diagnosis by the ward doctor. This is then built upon, in collaboration the patient, utilising their history and current presentation.

Pattison Ward, Cycle 4

Areas of Development

- Patients do not always receive a welcome pack on admission. Where provided, information is sometimes missing and not always accessible.
- Patients do not always feel welcomed or oriented when first admitted to the ward, including introductions to staff or fellow patients, or an explanation of why they are on the ward.

Recommendations:

- Incorporate the welcome pack into the admissions process, ensuring patients receive a copy upon arrival and that it is revisited during one-to-one sessions when the patient is more settled. Leave a copy of the welcome pack in the patient's bedroom to allow for easy access. Work with Speech and Language Therapy (SALT), Occupational Therapy (OT) or other relevant professionals alongside patients to develop easy-read, accessible versions using pictures.
- Introduce a buddy system to help new patients feel welcome, offer a tour of the unit, facilitate introductions and explain to patients why they have been admitted. This should be part of the admission checklist and should be revisited when patients are more well.

'Diversity', created by a patient at Chamberlain Ward.

CARE PLANNING AND TREATMENT

An average of 56% of standards in this section were fully met across Cycle 4 members.

Most commonly met

100% of services met the following standard:
Standard 23 [1]: There are clear and effective systems for communication and handover within and between staff teams. *Guidance: Adequate time is allocated to discuss patients' needs, risks and management plans, including vulnerability, suicide risk, violence and aggression and general progress.*

Most commonly not met

7% of services met the following standard:
Standard 9 [1]: Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers when developing the care plan and they are offered a copy.
Guidance: The care plan clearly outlines:

- *Agreed intervention strategies for physical and mental health;*
- *Measurable goals and outcomes;*
- *Strategies for self-management;*
- *Any advance directives or statements that the patient has made;*
- *Crisis and contingency plans;*
- *Review dates and discharge framework.*

75% of accreditation services did not meet this standard on the day of their accreditation visit.

Reflection: This is a multipoint standard, which includes evidence requirements. 73% of services are partly meeting this standard, indicating that some points from the standard are not included within the care plans based on evidence observed or patients and carers surveyed.

Good Practice Examples

The psychology team provide eye movement desensitisation and reprocessing (EMDR) therapy, dialectical behaviour therapy (DBT), cognitive behaviour therapy (CBT) and trauma informed treatment and run groups including anger management, psychoeducation, DBT informed skills and CBT for psychosis. The service provides a range of recovery college courses including employability skills and AQA qualifications, and patients can deliver courses, for example, creative writing sessions and beauty groups.
Castle Ward, Cycle 4

OT support patients to access psychoeducation. Staff carry out activities of daily living (ADL) reports and take patients to the rehab kitchen to assess their cooking. The service also run patient groups weekly to discuss topics, such as, nutrition.
Elizabeth Anderson Ward, Cycle 4

Areas of Development

- Patients do not always receive information about their mental illness or treatment, verbally or in writing.
- Patients report limited involvement in the development of their care plans and not receiving a copy.
- Patients are not always involved in decisions around their level of observation.
- Patients are not always aware of who their key staff members are or do not have regular one-to-one sessions.

Recommendations:

- Provide a range of accessible information leaflets to support patient understanding of their mental health and treatment. Discuss this information with patients.
- Support patients to collaboratively develop their care plans and involve carers in this where consent is given. Provide patients and carers (where appropriate) with a copy of the care plan.
- Discuss observation levels regularly with patients and include them in decision making.
- Display a poster outside patient bedrooms listing their key staff members. Schedule regular one-to-one sessions weekly and lasting up to an hour.

'Between Despair and Hope', created by a patient at Chamberlain Ward.

PHYSICAL HEALTHCARE

An average of 65% of standards in this section were fully met across Cycle 4 members.

Most commonly met

80% of services met the following standard:
Standard 27 [1]: Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.

Most commonly not met

60% of services met the following standard:
Standard 26 [1]: Patients have a comprehensive physical health review. This is started within 4 hours of admission, or as soon as is practically possible. The assessment is completed within 1 week, or prior to discharge. *Sustainability Principle: Prioritising Prevention*

Good Practice Examples

The service has access to doctors from all disciplines and a 90 second response time to physical health emergencies. The service also has a well-equipped gym and an "excellent trainer" to encourage physical exercise.
Bevan Ward, Cycle 4

Patients receive information on their medication, including leaflets on side effects, and can discuss any concerns with the MDT. Physical health is monitored weekly, supported by health champions who run health clinics. Physical health concerns are recorded, prompting risk assessment updates and further monitoring. Patients are encouraged to maintain a healthy lifestyle through education interventions, gym access, sports groups, and nutritional information.
Ashurst Ward, Accreditation 2022

Staff reported that they carry out baseline physical health observations and if a patient reports they are feeling unwell, a duty doctor is contacted. There is also a GP trainee doctor allocated specifically to the ward.
Gartnavel IPCU, Accreditation 2023

Areas of Development

- Physical health checks are not consistently completed or followed up. Patients report not receiving a physical health review upon admission, and ongoing checks not being offered or arranged.

Recommendations:

- Ensure a full physical health check is carried out for all new admissions and recorded in the patient's notes and the admission checklist. Ongoing checks should be completed regularly. Appoint a physical health champion to oversee this.

REFERRAL, DISCHARGE AND TRANSFER

An average of 93% of standards in this section were fully met across Cycle 4 members.

Most commonly met

100% of services met the following standard:
Standard 34 [1]: When patients are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment.

Most commonly not met

40% of services met the following standard:
Standard 36 [2]: There is a written process on the prevention and expedition of delayed discharges.

Good Practice Example

The MDT plans for discharge from admission. The ward has a number of out of area placements, and they liaise with patients' local community teams to get their package of care established to ensure a smooth transition. A member of the team liaises with services in the patients' home area. There is also a quality improvement project looking at delayed discharges.
Tyler Ward, Cycle 4

Areas of Development

- Patients are not consistently kept informed about their transfer and discharge plans.
- Discharge summaries are not always sent to the patient's GP and other key professionals within the specified timeframe.
- Communication with community teams is limited and inconsistent.
- Not all services have a formal, written process in place to prevent or expedite delayed discharges.
- There is not always a formal follow-up procedure in place for patients after discharge.

Recommendations:

- Use one-to-one sessions, ward rounds, and CPA meetings to discuss discharge plans with patients and provide regular updates. Where delays occur, clearly communicate the reasons and outline any next steps to manage expectations.
- Review the process for completing and sending out discharge summaries to identify and address causes of delay.
- Establish links with community teams at the point of admission and continue to invite community team representatives to relevant meetings, particularly around discharge.
- Develop a formal, written process to prevent and expedite delayed discharges.
- Create and implement a formal follow-up procedure for patients post-discharge. This should outline who is responsible for contacting the patient, the timeframe for follow-up, and how to escalate any concerns.

SAFEGUARDING

An average of 78% of standards in this section were fully met across Cycle 4 members.

Most commonly met

93% of services met the following standards:
Standard 38 [1]: There is a local designated safeguarding lead who can give advice and ensure that all safeguarding issues are raised and resolved, in line with local policy and external requirements of the Safeguarding Adults and Children Board.

Standard 39 [2]: There is a system in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning. *Guidance: An action plan is in place to address any issues raised, including where training needs are identified.*

Most commonly not met

47% of services met the following standard:
Standard 37 [1]: Inter-agency protocols for the safeguarding of adults and children are easily accessible on the ward. This includes local safeguarding responsibilities and functions, and escalating concerns if an inadequate response is received to a safeguarding alert or referral. *Guidance: On admission, a record is made for each patient of any children known to be in their social network, their relationship to those children and any known risks whether or not reflected in convictions.*

Good Practice Example

The safeguarding lead attends bi-weekly meetings. There is an incident report system which is automatically assessed by the safeguarding team.
The Junipers, Cycle 4

Areas of Development

- Teams do not always review safeguarding themes and trends or have mechanisms for shared learning.

Recommendations:

- Ensure staff are aware of the service's safeguarding procedures and any updates, and escalation processes are clear.
- Audit safeguarding alerts on a regular basis. Review themes/trends and circulate learning to staff via email, bulletins and team meetings.

PATIENT EXPERIENCE

An average of 57% of standards in this section were fully met across Cycle 4 members.

Most commonly met

93% of services met the following standard:
Standard 52 [2]: 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.

Most commonly not met

20% of services met the following standard:
Standard 56 [3]: The service has a user involvement and co-production strategy covering all aspects of service delivery.

Reflection: This continues to be a standard that is rarely fully met. Evidence observed often does not cover all aspects of service delivery and involvement at Trust/ Organisational level.

Good Practice Examples

Patients spoke positively of the activities available to them, including cooking and baking. They have access to three activity coordinators and a fitness instructor who is able to support patients on the ward and in seclusion.
Beckfield Ward, Accreditation 2023

The team is piloting the 'Castle Ward Programme' which aims to provide meaningful activity seven days per week including evenings. This includes self-directed activities, one-to-one sessions, social games and movie nights. The OT team have been running groups focusing on self-care, productivity and learning, for example, cooking and baking, gardening and beauty sessions.
Castle Ward, Cycle 4

Patients are involved in interviewing potential new employees at the service.
Radley Ward, Cycle 4

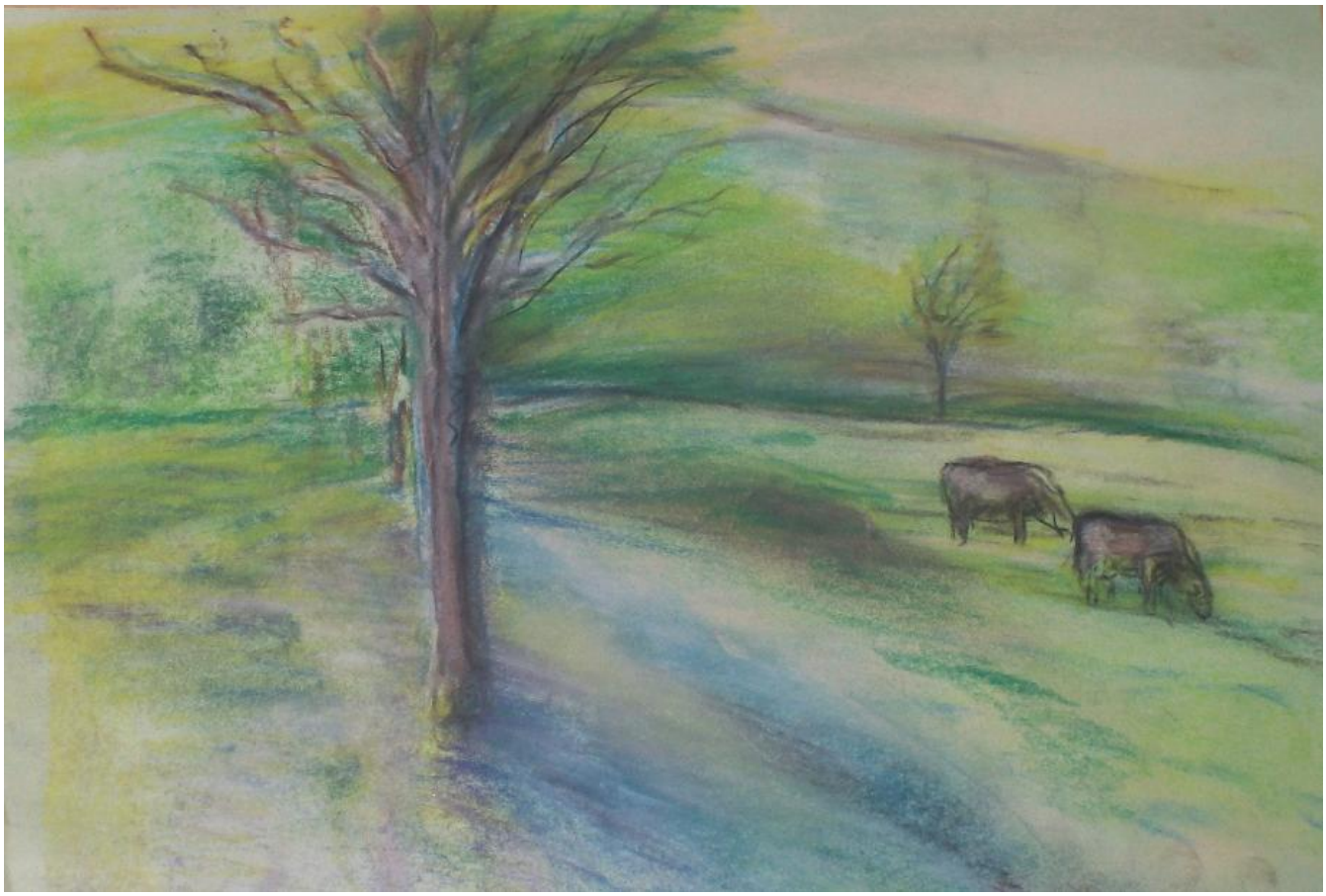
Managers and the wider MDT host drop-in sessions for patients to discuss any concerns they may have about their care or to provide feedback about the service.
Southampton Ward, Cycle 4

Areas of Development

- Patients are not always aware of the advocate.
- Patients do not always feel listened to by staff.
- There are not always methods available for patients to raise concerns or provide suggestions and patients do not always receive feedback after raising concerns or issues.
- Activities are often limited or not always available in the evenings or over the weekend.

Recommendations:

- Display posters about advocacy services in visible areas on the ward and include this information in the patient welcome pack. Arrange regular drop-in sessions and invite advocates to attend community meetings where appropriate.
- Add patient experiences as a standing agenda item for community meetings. Provide staff with training on patients' perspective, which should be co-designed and co-delivered by patients, or those with relevant experience.
- Provide patients with opportunities to provide feedback, including anonymous surveys, one-to-one sessions and community meetings. Dedicate a section of community meetings to provide updates on patient feedback and actions taken in response.
- Provide activities for patients seven days a week, including evenings. These could be staff led, patient led, group or individual activities. Gather patient ideas for activities they would like to see on the ward and co-produce sessions where possible.
- Develop a co-production strategy in collaboration with appropriately experienced patients and carers.



'The Landscape Summons the Day', created by a patient at Devon Ward.

FAMILY, FRIENDS AND VISITORS

An average of 35% of standards in this section were fully met across Cycle 4 members. *Reflection: This is the lowest scoring section. QNPICU have created a 'Carer Engagement and Involvement' guidance document to support services.*

Most commonly met

87% of services met the following standard:
Standard 74 [2]: Carers feel listened to and supported by the ward staff members.

Most commonly not met

13% of services met the following standard:
Standard 78 [2]: Carers have access to a carer support network or group. This could be provided by the service, or the team could signpost carers to an existing network.

Good Practice Example

The carer's information pack is comprehensive and carers reported finding it helpful. Carers appreciate the support in accessing a carers' assessment. Carers shared that communication with the team and the carers support group is positive.
Caspian Ward, Accreditation 2022

Areas of Development

- Carers are not always contacted by the service to inform them of their loved ones' admission (where appropriate).
- Carers do not always receive accessible carers information, such as access to a carers support network or statutory carers' assessment.
- Carers do not always receive information about their loved ones' mental illness or treatment, verbally or in writing.

Recommendations:

- Contact carers upon their loved ones' admission (where appropriate).
- Offer carers information packs which include accessing a carers' assessment and carers' support networks.
- Provide carers with verbal and written information on their loved one's mental health diagnosis and/or physical health conditions (with patient consent).
- Provision of information to carers should be recorded, including within the admission checklist.

ENVIRONMENT AND FACILITIES

An average of 79% of standards in this section were fully met across Cycle 4 members.

Most commonly met

87% of services met the following standards:
Standard 91 [1]: Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.

Standard 92 [2]: All patients have single bedrooms.

Standard 96 [1]: Patient bedroom and bathroom doors are designed to prevent holding, barring or blocking.

Most commonly not met

53% of services met the following standard:
Standard 89 [1]: An audit of environmental risk is conducted annually, or in the event of material change to the service, and a risk management strategy is agreed and acted on.

Good Practice Examples

Each patient corridor is decorated in a different theme. The 'Tree of Hope' on the ward, which includes patient comments, is impressive and provides a positive feel.
Titian Ward, Cycle 4

The team use the vast grounds to provide a quiet and therapeutic space for patients. The team actively encourage patients to access fresh air and facilitate walks on the beach.
Nash Ward, Accreditation 2021

There is an information board outside of the seclusion room providing details to orientate and inform patients, including staff conducting observations, the food menu and any activities occurring on the ward. The OT team aim to include patients in seclusion in the activities taking place on the ward by providing them with materials relevant to the activity. There is also a courtyard dedicated to the seclusion room.
Wimpole Ward, Cycle 4

There are facilities for patients to make their own hot and cold drinks and snacks, and a kitchen that can be accessed by staff with more options. There is also a tuck shop within the hospital which patients order from.
Hulton Ward, Cycle 4

The service has an extra care suite that is separate from the main ward for patients who require additional support, including a private outdoor area.
Bayley Ward, Cycle 4

Areas of Development

- Many services lack a fully robust risk mitigation plan around blind spots. This includes a lack of mirrors or CCTV systems.
- Some seclusion rooms do not have visible clocks or are located in an area on the ward which compromises confidentiality.
- Not all wards have en-suite bathrooms, physical examination rooms or designated de-escalation spaces that are built for purpose. Additionally, patients do not always have access to multi-faith rooms.
- Furnishing across some wards have the potential to be used as weapons.
- A number of services do not have hot water facilities available on the ward for patients to make their own hot drinks.
- Not all services feature staff rooms, or the staff rooms are difficult to access while on break.

Recommendations:

- Conduct environmental audits to identify blind spots, and implement appropriate action plans to address these, including CCTV, parabolic mirrors and zonal observations.
- Review placement of seclusion rooms to maximise confidentiality and limit disruptions. Submit a business case to move the room to a more appropriate location. All seclusion rooms should adhere to QNPICU standards.
- Submit a business case for en-suite bathrooms. Conduct a room audit to identify an appropriate space for a physical examination room. Ensure any de-escalation spaces are fit for purpose and include appropriate furnishings. Identify an area within the service which can be used as a multi-faith room. If leave is required to access the multi-faith room, provide patients with relevant materials on the ward.
- Install a temperature-controlled tap or hot water urn to enable all patients to make their own hot drinks. Hot and cold drinks and snacks should be available to patients 24/7 unless individually risked assessed otherwise.
- Identify an appropriate space for a staff room, either on the ward or in close proximity.

'Taco Mess', created by a patient at Leverndale IPCU.

WORKFORCE

An average of 63% of standards in this section were fully met across Cycle 4 members.

Most commonly met

93% of services met the following standard:
Standard 113 [1]: The ward 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.

Reflection: Although there are mechanisms in place to respond to low/unsafe staffing levels, many services are continuing to struggle with low staffing levels.

Most commonly not met

0% of services met the following standard:
Standard 131 [2]: Staff have received training on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

Good Practice Examples

The service has a violence and aggression lead at the service, and permanent staff receive a five-day training package. This has allowed the team to effectively manage violence and aggression at the service, and they are particularly proud of their de-escalation techniques. The team also benefit from further development and refresher sessions.
Harvest Ward, Cycle 4

Staff Wellbeing Coordinators host a range of initiatives, including hampers and self-care kits when staff are off sick, and events such as Christmas parties and celebrations. There are two staff rooms and a shower room which is light, airy, and fully stocked with spare clothes, towels, and toiletries. The gym is also available to staff and the personal trainer runs sessions for them.
Pattison Ward, Cycle 4

The team has frequent away days and access to external counselling services and chaplaincy. Frontline staff spoke positively about management's 'hands on' approach, their visibility on the ward and support with incidents. Staff are supported and encouraged to access additional training, including British sign language.
Marina PICU, Accreditation 2021

The service hosts six-weekly 'away-days' which have included dance classes and expensed meals out. Staff noted that these were a 'nice break' and 'destress' from work.
Jade Ward, Accreditation 2023

Areas of Development

- Support for staff wellbeing is limited across services, and some services do not have any wellbeing initiatives or programmes in place for staff.
- Supervision sessions are not always in place, or are often taking place informally, and infrequently.
- Formal reflective practice at least six weekly is not always on offer.
- Debrief processes following incidents could be improved at many services.
- Many services noted that there are ongoing vacancies within the team, and low staffing levels are impacting service provision.
- Some staff reflected that there is a lack of additional training available.

Recommendations:

- Implement wellbeing initiatives for staff. This could include access to counselling services, physical activity programmes, assessing and improving morale and monitoring staff sickness, burnout and turnover. Action should be taken where needed. Implement wellbeing plans for staff where appropriate. Promote these initiatives widely.
- Provide clinical and line management supervision on a monthly basis at a minimum. Record supervision sessions and put an action plan in place to addresses any issues/circumstances leading to repeated missed sessions.
- Implement reflective practice sessions a minimum of six weekly for all staff. This would ideally be facilitated by an external supervisor who has been appropriately trained. Staff should be given protected time to attend these sessions.
- Ensure all staff receive a debrief following incidents and that any required ongoing support is provided. This should also be in place for patients and carers.
- Where staffing is low, identify team members who can offer cover to support frontline staff to maintain the running of the service, including activities and one-to-one sessions with patients. This could be staff from the wider MDT and senior management team.
- Provide all staff with carer awareness training, ideally provided by an appropriately experienced carer.
- Support staff to access additional training to promote their development, including through accessing funding and offering protected time. Discuss additional training opportunities within supervision sessions.

GOVERNANCE

An average of 50% of standards in this section were fully met across Cycle 4 members.

Most commonly met

100% of services met the following standard:
Standard 146 [1]: Lessons learned from incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.

Most commonly not met

13% of services met the following standard:
Standard 145 [1]: The ward's clinical outcome data is reviewed at least 6 monthly. The data is shared with commissioners, the team, patients and carers, and used to make improvements to the service.

Good Practice Examples

Staff shared the QI project on violence reduction has improved safety at the service significantly. There is a new de-escalation room, named the 'ReThink' room by patients, which staff have found helpful in providing an extra step before restrictive intervention. Weekly communal meals have been introduced where a patient chooses and serves a meal to patients and staff. Staff reflected "I've been quite impressed by the way relational security has developed... sitting down and eating together helps a lot".
Nile Ward, Cycle 4

The team have been completing a violence reduction QI project and have seen a 65% reduction in violence since 2020. Additionally, the team has been completing a reducing restrictive practices QI project which looks at use of continuous interventions, seclusion, rapid tranquilisation and PRN medication and a medication safety and efficiency project which is looking at reducing medication errors and admin time.
Ward 1, Cycle 4

The service has introduced a 'tea and talk' sessions as a result of a reducing violence and aggression QI project, where staff and patients chat in a social setting. There is a second QI project in consultation with patients and peer support workers, looking at moving seclusion documentation to an electronic format. Other projects have included a review of patient centred leave, patient-staff discussions around therapeutic boundaries and the introduction of safety huddles. There is also a QR code link to a QI suggestion box in the staff room.
Caspian Ward, Accreditation 2023

The service has introduced an innovative predictive tool for the prevention and management of violence and aggression (PMVA). Through this tool, they are able to implement preventative measures and review medications. Data is collected in a dashboard with an overview of all the information to share lessons learned.
Tayside, Accreditation 2023

Areas of Development

- Overall, there is a lack of research/QI projects within services.
- Collecting and reviewing outcome data is limited within services.

Recommendations:

- Develop a local research strategy linked to the needs of patients and the workforce. Identify QI projects to improve the service and involve patients, staff and carers within these. Link in with the Trust/Organisation's QI team to support with this.
- Collect clinical outcome measurements at admission and discharge at a minimum and review this.

'Tranquil into the song of the morn', created by a patient at Devon Ward.

COMMONLY UNMET STANDARDS: ACCREDITATION REVIEWS

75% of services did not meet the following standard at the point of their peer-review visit:

Standard 14 [1]: Each patient receives a one-to-one session with a nominated member of their care team to discuss progress, care plans and concerns at least weekly. These sessions are documented.

Reflection

- Standard 14 is a standard discussed with patients. If patients are not aware of their nominated staff member or they do not meet weekly, this standard cannot be met.

88% of services did not meet the following standard at the point of their peer-review visit:

Standard 69 [1]: The team develops a leave plan jointly with the patient that includes:

· The aim and purpose of section 17 leave;

· Conditions of the leave and the therapeutic purpose;

· A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;

· Contact details of the service;

· Expectations on return from leave e.g. searching;

· MAPPA requirements and victim issues, where relevant.

Reflection

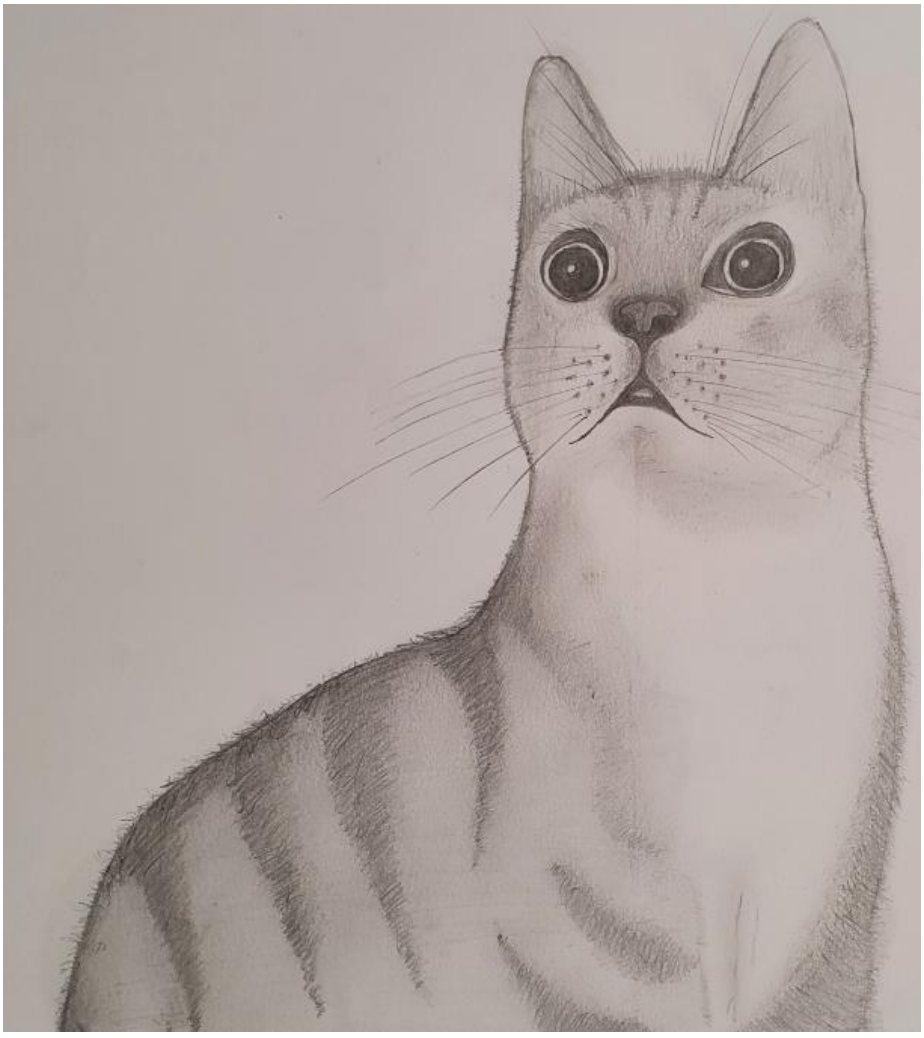
- Standard 69 is an evidence-based standard which requires services to submit five leave plans. If services submit fewer than five, the standard cannot be met.
- Leave plans must contain each point of the standard in order for it to be met.

75% of services did not meet the following standard at the point of their peer-review visit:

Standard 144 [1]: Clinical outcome measurement, and progress against user-defined goals is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.

Reflection

- Standard 144 is discussed with staff and requires services to submit five patient records showing data is collected at two time points. If services submit fewer than five records, or these do not cover two time points, the standard cannot be met.



'Dexter', created by a patient at The Junipers.

QNPICU Membership

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | PICU QUALITY NETWORK FOR PSYCHIATRIC INTENSIVE CARE UNITS

BENEFITS OF MEMBERSHIP

Development support

The key strength of QNPICU is to share good practice, challenges and learning. Services are supported to identify and address areas for improvement.

Events and online sessions

Free attendance to our online events. Discounted rates for in person events and annual forums.

Publications

Receive bulletins on key topics. Staff, patients and carers have the opportunity to contribute to share good practice.

Personal development

Free online peer-reviewer training for staff. Enabling staff members to improve their professional practice.

Learning from others

Attend peer-review visits to other PICU services to learn about different wards and practices.

Online resources

Free access to our webinars and online resources. To access our previous webinars, click here.

Patient involvement

Patient artwork, creative writing and festive card competitions.

Ongoing networking support

Access to Knowledge Hub, our online discussion platform for networking and shared learning.

Benchmarking and trend analysis

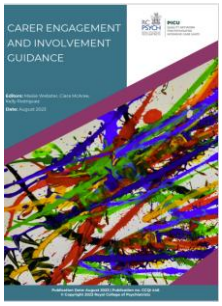
Annual aggregated or thematic report to share good practice and benchmark against other services nationally. View our previous reports here.

Stakeholder involvement

Our processes seek involvement from staff of all professional backgrounds, patients and their carers.

Carer involvement

Carer involvement is a priority of the network. See our guidance for involving carers in the review process.

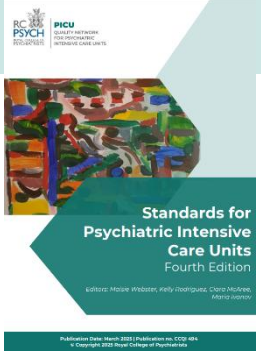


ASSESSMENT AGAINST OUR STANDARDS

Our standards offer a framework for PICUs to develop their service and enhance the care they provide.

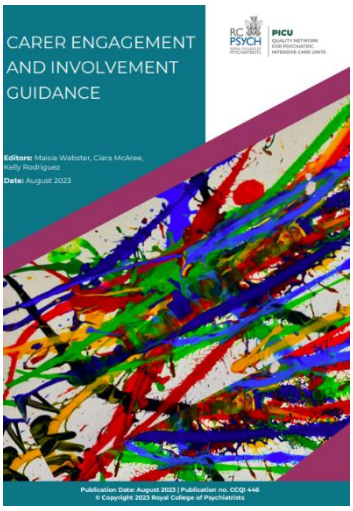
Our existing QNPICU standards have been mapped against sustainability principles. This is because we are striving to improve the sustainability of mental health care and to raise awareness of this issue.

The 4th edition standards were published in March 2025.



Take a look at our QNPICU standards here.

EVENTS AND PUBLICATIONS



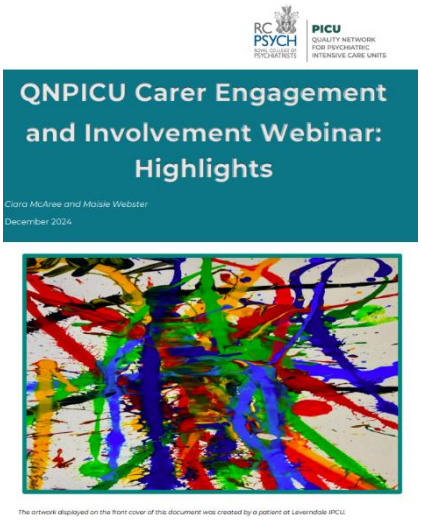
CARER ENGAGMENT AND INVOLVEMENT GUIDANCE

In 2023, a guidance document was developed to support PICU services in enhancing their engagement with carers. It includes good practice examples and incorporates the Family and Friends standards from the QNPICU Third Edition (2023), with practical steps for implementation. The document, along with further details on its development, is available on our website.

CARER ENGAGEMENT AND INVOLVEMENT WEBINAR

The QNPICU Carer Engagement and Involvement Webinar emerged from the Network's desire to keep meaningful conversations about carer engagement going.

This webinar aimed to provide a dedicated space to share best practices, celebrate achievements, and inspire services to enhance their carer engagement or begin new initiatives. It also served as an opportunity to revisit the QNPICU Carer Engagement and Involvement Guidance, published in August 2023, to maximise its impact.



The webinar brought together 55 delegates and featured inspiring speakers from member services, NHS Trusts, charities, and larger organisations.

A highlights document was created, which includes an overview of the presentations and feedback. Member services can also access the webinar recording and presentations on our online discussion forum, KnowledgeHub.

QNPICU ANNUAL FORUM 2025

The Network hosted its annual forum virtually on 19 February 2025. The day featured a series of engaging talks from member services, and was chaired by Maria Ivanov, the Chair of the QNPICU Advisory Group and Medical Director at Priory Group.

The forum brought together 75 delegates and opened up a collaborative space for sharing knowledge and best practices. Throughout the day, attendees had the opportunity to discuss topics such as reducing restrictive practices, the challenges of stepping down patients, the extent and impact of social media use on female PICUs, and the QNPICU accreditation process.

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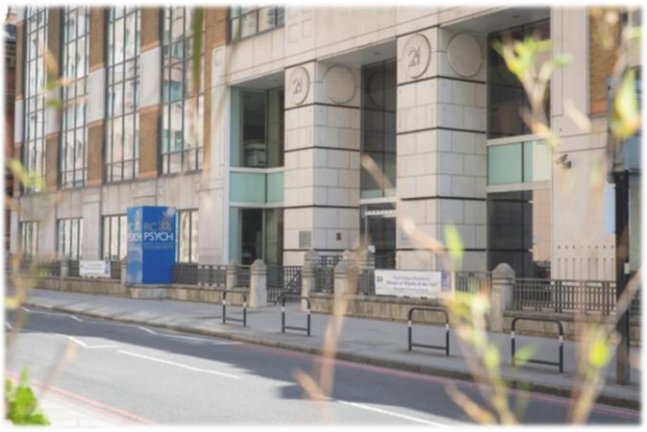

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Website

www.rcpsych.ac.uk/picu

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