Quality Network for Psychiatric Intensive Care Units

Aggregated Report

2020

Editors: Kate Townsend and Megan Georgiou

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PICU
QUALITY NETWORK FOR PSYCHIATRIC INTENSIVE CARE UNITS
CCQI

This publication is available at:

www.rcpsych.ac.uk/PICU

Any enquiries relating to this publication should be sent to us at:

PICU@rcpsych.ac.uk

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Preface

Welcome to the second aggregated report published by the Quality Network for Psychiatric Intensive Care Units (QNPICU).

In January 2019 a new strand of membership 'developmental membership' was piloted, and this document summarises the findings from five peer-review visits. These services were reviewed against the first edition of the QNPICU standards.

The document identifies the key findings from the pilot year review period, with a focus on examples of good practice. It identifies how services are performing, and reports on the main areas of challenge and achievement. All services demonstrated that patients were being assessed in their capacity to consent to treatment and care, whilst care planning and treatment was highlighted as an area for future focus. However, all ward and senior managers were noted as encouraging staff to collaborate with patients in promoting positive risk taking.

With the transfer to another ward or unit being a time of acute stress to patients, it was reassuring to see that all services were striving to ensure a smooth transition process. All patients spoken to within this pilot also talked about feeling listened to and understood by staff, with staff speaking clearly and avoiding the use of jargon. As hospitals continue to struggle to engage carers, it was refreshing to note that all carers spoken to felt supported by staff members and involved in discussions about patients care. Staff who took part in the review process all reported that their health and wellbeing is looked after, with burnout and sickness being regularly monitored. Finally, all five services demonstrated care for patients in the least restrictive setting possible with reflection of practice being a strength.

With mental health becoming more recognised within society as a whole, this publication is beneficial to all stakeholders both using and working within services, and as such, should be made available to as wide a circle as possible, to encourage and promote the learning and progress of psychiatric intensive care units.

Susan Denison, Chair of the Quality Network for Psychiatric Intensive Care Units Accreditation Committee and Patient Reviewer

Introduction

Who we are

The Quality Network for Psychiatric Intensive Care Units was established in 2017. This project was relaunched from the AIMS PICU project, established in 2009 to enhance and support psychiatric intensive care units (PICUs). It is one of nearly 30 quality improvement initiatives, research and audit projects within the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI).

In January 2019 a new strand of membership was created; the developmental membership option was developed to expand opportunities for PICU services to join the Network without needing to meet the threshold of criteria required for achieving accreditation. Unlike the accreditation cycle, this runs on an annual basis (see below for the review process diagram) and ensures a more supportive process with additional time spent on open discussion and less focus on the 'type' of standard or the evidence provided.

Using the set of standards published in 2017, new tools were created to reduce duplication of standards within meetings and evidence required. This has enabled a more productive and meaningful opportunity for services to talk in more detail about their own initiatives, good practice and areas of struggle. It has also allowed a quality improvement and peer-focussed process to occur.

What we do

Member services are reviewed against specialist standards for PICUs (RCPsych, 2017). Core standards for inpatient mental health services (RCPsych, 2015) appear alongside the specialist standards.

Our purpose is to support and engage individuals and services in a process of quality improvement as part of a peer-review process. This process provides recognition to all services no matter their scores and provides support and recommendations in areas of struggle. We promote the sharing and learning of best practice through peer-led visits and help services to action plan against areas of future improvement.

Membership with the Network is voluntary, and services pay an annual fee to become a member. Involvement in the Network is open to all PICUs across the UK and is strongly encouraged as a support mechanism for positive change and improvement.

The Network is governed by a group of key stakeholders, professionals, and patient and carer representatives to progress the programme of work. These individuals will represent key interests and areas of expertise in the field of mental health, as well as individuals who have experience of using these services or caring for people in services.

Benefits of Membership

- Involvement in the development of nationally agreed standards;
- The opportunity to visit other services to learn and share good practice;
- A detailed service report and a national aggregated annual report;
- The ability to benchmark your practices with other similar services;
- Free attendance at Network events, workshops and training to enable learning and information sharing;
- Access to a dedicated annual forum;
- Opportunities to present at events and workshops;
- Access to a dedicated email discussion group for those working in psychiatric intensive care;
- A regular newsletter and the opportunity to contribute articles;
- Valuable networking opportunities.

The Review Process

Using nationally agreed standards, each service engages in an annual review cycle. The first step is to reflect on practices during a period of self-review, providing evidence against some of the standards. As part of this stage, each service is expected to distribute surveys to their staff, patients and carers in order to gain feedback about the quality of their service. This is followed by a peer-review visit whereby colleagues from other similar services review their practices using the evidence provided.

The information collected during the self-review and peer-review stages are collated into a draft report. This reports on the service's compliance with each

standard within a detailed review summary, identifying the key areas of achievement and challenges, whilst also making recommendations for the future. Services are asked to produce an action plan to outline what steps they are taking to plan improvements for the next cycle.

The preliminary data from the pilot members' reviews are presented at the Network's annual forum and published in this report.

Membership

Five services from across the UK participated in the pilot year of the Network (appendix 1). For each visit a team of peer-reviewers from other services within the pilot attended the review, alongside a member of the project team.

Network Initiatives

The Network organised a number of initiatives for our member services, both accreditation and peer-review during 2019:

- QNPICU special interest day, 24 January 2019 (appendix 2)
- QNPICU peer-reviewer training, 04 April 2019
- QNPICU annual forum, 15 October 2019 (appendix 2)
- Newsletters, available at: www.rcpsych.ac.uk/PICU

Knowledge Hub

To improve communication between individuals working within member services and other key stakeholders, we have introduced Knowledge Hub. This is an online platform which supports networking, the sharing of information and good practice, the uploading of documents and the opportunity to keep updated with upcoming events and initiatives. To join the group, email 'join' to PICU@rcpsych.ac.uk or create an account on www.khub.net and search for the Quality Network for Psychiatric Intensive Care Units.

Key Themes

This section provides an overview of the findings from the pilot year review period. It explores the key findings identified in terms of how services are performing, reporting on the main areas of challenge and achievement across the Network.

Overview

On average, member services fully complied with 69% of standards.

Figure 1 demonstrates the average scores by section.

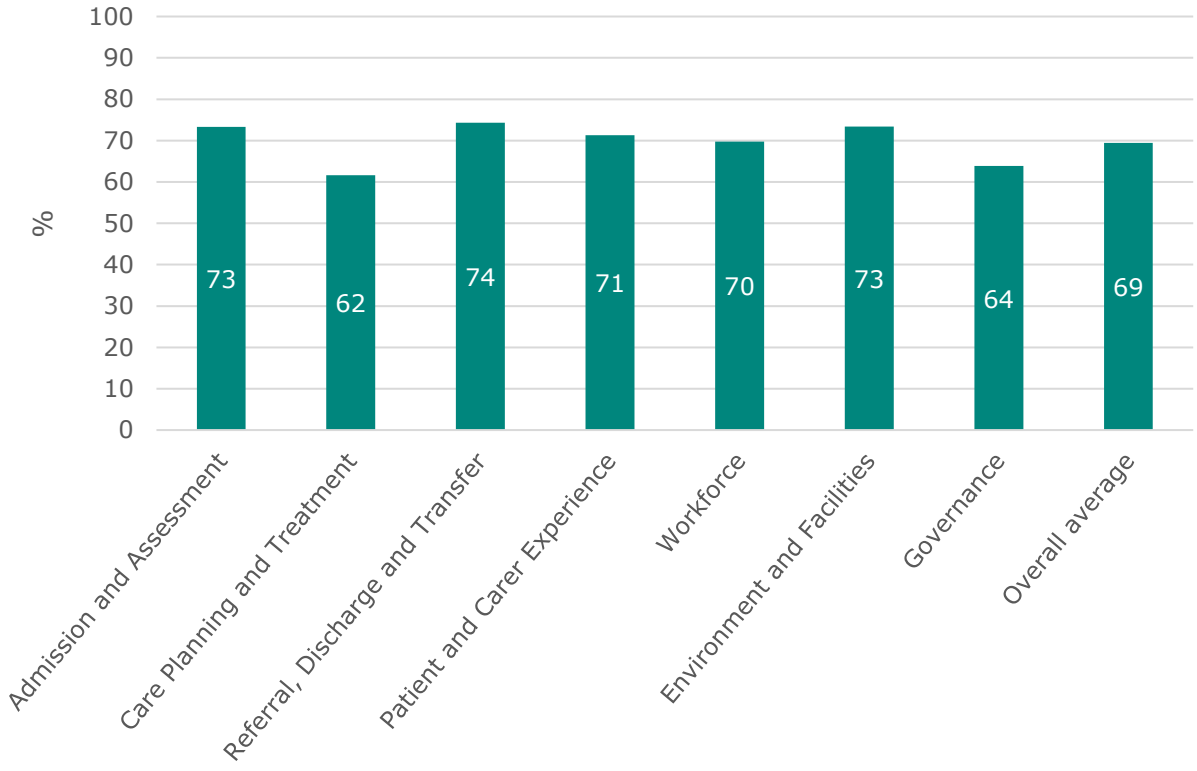

Figure 1: Average of met criteria by section.

Admission and Assessment

On average services met 73% of standards in this area:

Assessments of patients' capacity to consent to care and treatment was evidenced in all services, as well as follow-up investigations and treatment when concerns about physical health were identified during admission.

However, few services have a written mutual code of conduct known and adhered to by all patients and staff. None of the services fully met the standard regarding clear information being made available in paper and/or electronic formats on a simple description of the ward and its purpose; admission criteria;

clinical pathways describing access and discharge; main interventions and treatments available; contact details for the ward and hospital.

Evidence regarding comprehensive physical health assessments and reviews were observed in most of the services. Overall, patients had the purpose of admission explained to them at the earliest possible time.

Care Planning and Treatment

On average services met 62% of standards in this area:

This was the lowest scoring section, and something highlighted as an area to focus on in the future. There is little evidence of personalised, specialised, patient-centred care planning, and a difficulty for services to get patients involved. On the whole, patients do not feel they have a written care plan reflecting their individual needs, with the majority reporting they are actively involved in shared decision-making about their mental and physical health care.

Very few patients reported being offered personalised healthy lifestyle interventions, with the same amount having a documented risk assessment and associated plan that is co-produced with the patient.

However, all patients were fully informed about the levels of observation they are under and the steps needed to reduce it, with clear goals in place. All ward managers and senior managers throughout the membership were noted to promote positive risk-taking, encouraging staff to enable this and collaborating with patients.

Good practice examples

Patients spoken with on the review day demonstrated a clear understanding of their care plans and what was included in these. They reported they have been provided information on their diagnosis and medications and the side effects.
Johnson PICU

The service has been making efforts to improve social inclusion and prioritise positive risk taking. There has been a lot of work around this and the occupational therapy (OT) activities available to patients are noteworthy. Patients reported leisure activity groups in place, including activities such as crazy golf, bowling, a running group and a walking group.
Sherbourne ward

Referral, Discharge and Transfer

On average services met 74% of standards in this area:

This is the highest scoring section. All services ensure a smooth transition process takes place when a patient is being transferred to another ward. This

includes providing a comprehensive handover to the receiving service, inviting community team representatives where applicable and providing transition support to the patient.

The vast majority of services ensure that follow-up arrangements are made within two or three days of discharge. All services also have systems in place to prevent a delayed discharge from occurring. However, not many services begin discharge planning from the first multi-disciplinary team (MDT) review and provide a provisional discharge date.

Good practice examples

The team can access a welfare team to help support patients on site. If staff have concerns around housing or finances, they can make a referral to the welfare team who will provide guidance and support, including taking out loans and providing clothing.
Johnson PICU

The service has a huddle meeting each morning with other units to discuss patient pathway and flow. This aids communication and identifies if anyone requires IPCU or is in need of step-down care. There is also a weekly meeting with the social worker and community teams to try and prevent delayed discharges, although the team described patient flow as one of their biggest challenges.
Tayside IPCU

Patient and Carer Experience

On average services met 71% of standards in this area:

All patients spoken with reported feeling listened to and understood by staff members. They feel as though staff speak to them clearly, avoiding the use of jargon, and all had advocacy services available to them if needed.

Furthermore, all carers spoken with feel supported by the ward staff members, involved in discussions about patients care and the majority were offered individual time with staff members upon the patients' admission.

Unfortunately, none of the patients reported receiving a welcome pack with all the relevant information upon admission, nor was confidentiality and its limits explained to both the patient and carer, verbally and in writing. None of the carers spoken with were advised on how to access a statutory carers' assessment.

Many patients were offered both written and verbal information about their mental illness and treatment, and almost all patients and carers felt the information received is written clearly and simple in a format they can easily understand.

Good practice examples

The carer involvement is impressive. The ward manager will personally ring all carers on a weekly basis to touch base and keep them updated about the ward. The staff are all trained in communicating with friends and family when consent to share information is not given. There are monthly carer forums on the site, and these meetings are held in the evening to enable people to attend after working hours. These carer forums are hosted by the psychologist and have high attendance, creating a supportive network for those involved.
Croydon PICU

The patient environment is least restrictive, and the service is focused on positive risk taking. Some examples of this are patients having their own bedroom and gender-specific corridor fobs. The wrist fobs can be programmed by staff so that only specified doors can be opened. Patients are also allowed to have and use their own smartphones within the ward. The Junipers was described as 'the best hospital [they have] ever been in' and reported positive experiences with staff.
The Junipers

An Oxe Health research project has been piloted for the past four months. The project entails the installation of a sensor within patient bedrooms, subject to patient consent, which can monitor the patient's movements. The sensor can monitor when a patient goes into their bathroom, how long they spend in there, with an alarm being set off within the nursing office if a patient is stationed in their bathroom for a substantial amount of time. Additionally, it can monitor the patient's heart rate and breathing rate, and if deemed necessary, a camera can be turned on.
Sherbourne ward

Workforce

On average services met 70% of standards in this area:

Staff health and wellbeing was impressive throughout the services, with all staff spoken with reporting their health and wellbeing is looked after by the service, and the trust as a whole. Occupational health services are offered to most staff members, and burnout and sickness is monitored regularly.

Line management supervision and reflective practice is in place for most staff on a monthly basis, whilst clinical supervision is taking place on a monthly basis for a large proportion of services. Impressively, most staff reported being able to take regular breaks during their shifts.

There were lapses in training, with none of the services providing training for recognising and communicating with patients with cognitive impairments or learning disabilities, and none providing training for carer awareness. This was also noted in training on the care programme approach where very few services offered this to their staff.

Good practice examples

There are a number of quality improvement (QI) initiatives ongoing within the service. These are often piloted on the IPCU due to the higher staff/patient ratio, enabling the ward to pioneer a number of projects. An example of this is the weekly Datix meetings where the team will meet to review Datix entries, review the actions taken and take the opportunity to reflect. The team reported this being a vehicle for open discussion and evaluation that has eliminated a 'blame culture' and has encouraged staff to have open and honest discussions.
Tayside IPCU

Staff morale is high, and the team described themselves as 'a happy family'. The team support each other and have away days and regular social events. All staff demonstrated dedication and commitment to the service and patients throughout the day. Supervision and support is well embedded within the team, with monthly line management and clinical supervision in place. Newly qualified staff receive weekly supervision and all described management as having an open-door policy. Reflective practice and clinical formulation groups are also happening on a weekly basis, facilitated by the psychologist. In addition to this, there is a critical incident staff support (CISS) groups in place to provide post-incident support following a serious incident. These groups are colleagues from other services within the Trust who will provide up to six sessions of reflection and support.
Croydon PICU

Environment and Facilities

On average services met 73% of standards in this area:

All services care for patients in the least restrictive environment possible. They do this whilst maintaining a level of safety and security. There is a key management system in place at all services, furniture is arranged so alarms can be reached and exits not impeded, and the emergency crash bag was noted to be close by and checked regularly.

For the majority of services, the bedroom and bathroom doors were anti-barricade and outdoor furniture was fixed to prevent being used as a climbing aid.

However, only 20% of services had hot and cold drinks available for patients to make themselves 24 hours a day. Not many services had family visiting rooms that were warm, clean and bright and contained child relevant material enabling a pleasant and comfortable visit.

Good practice examples

There are a range of facilities available to patients, including gender specific corridors. Patients have access to a gym within the ward with new equipment and there is a treatment lounge area which includes a clinic room, toilet facilities and a waiting room with comfortable seats and information leaflets. There is a search bar situated in the de-escalation area which allows for non-invasive thorough searching of patients. The ward benefits from a back-door entrance for newly admitted patients which is situated in the same area as the seclusion and de-escalation facilities. This allows for patients' privacy and dignity to be respected as they are able to be searched and secluded, if necessary. Patients have daily access to a large garden and a quiet garden for occupational therapy purposes. In the female corridor, females have access to a smaller female-specific garden. There are three lounges available throughout the ward, one mixed lounge in the main ward area, a female-specific one in the female corridor and a male-specific one in the male corridor. They are all equipped with a TV, DVDs, board games and other entertainment resources.
The Junipers

Governance

On average services met 63% of standards in this area:

Services collect data on the use of restrictive interventions to actively reduce its use. Lessons learned are shared with the team and the wider organisation also.

Some of the services collect clinical outcome data that is then reviewed at least every six months, then shared with commissioners, staff patients and carers in order to make improvements. Not many services collect data on the safe prescription of high-risk medications.

Importantly, the team makes sure that other patients on the ward who are distressed by events are offered support and time to discuss their experiences in all participating services.

Good practice examples

Management and leadership is well embedded, supportive and hands-on. The ward manager will regularly go onto the ward and was commended by both staff and patients for having an open-door policy. Despite a large Trust senior management reshuffle, the senior management and ward managers are settled, compassionate and dedicated to improving the service.
Croydon PICU

Appendices

Appendix 1 – Member Services' Contact Details and Information

Service	Contact Details
Croydon PICU *South London and Maudsley NHS Foundation Trust*	Julie Heyward Head of Nursing and Quality julie.heyward@slam.nhs.uk 0779 456 3169
Tayside IPCU *NHS Tayside*	Johnathan MacLennan Lead Nurse for Inpatient Mental Health and Learning Disabilities johnathan.maclennan1@nhs.net 01382 658345
Johnson PICU *South London and Maudsley NHS Foundation Trust*	Lesa Bartlett General Manager Lesa.Bartlett@slam.nhs.uk 0203 228 0271
Sherbourne ward *Coventry and Warwickshire Partnership Trust*	Josephine Holland Ward Manager josephine.holland@covwarkpt.nhs.uk 0247 693 2389
The Junipers *Devon Partnership NHS Foundation Trust*	Keri Gilchrist Ward Manager kerigilchrist@nhs.net 0139 253 9123

Appendix 2 – Event Programmes

Staff Support and Wellbeing, 24 January 2019, Royal College of Psychiatrists, London, E1 8BB

10:00 Registration and refreshments

10:30 Welcome and introduction

10:40 More than just a nice to have: the importance of workplace wellbeing
Faye McGuinness – Head of Workplace Wellbeing Programmes, Mind

11:10 Needing permission: the experience of self-care and self-compassion
Hannah Andrews, PHD study, University of Warwick

11:40 Refreshments

12:00 See, Think, Act: Relational Security
Liz Allen, FrontFoot

12:30 The importance of support for staff wellbeing: what can you do today
Louise Hall, University of Leeds

13:00 Lunch

14:00 Workshop Session One: Implementation of See, Think, Act
Liz Allen, Managing Director, FrontFoot

14:45 Afternoon refreshments

15:00 Workshops Session Two: How do we support staff wellbeing?
QNPICU team

15:45 Final plenary

16:00 Close

QNPICU Annual Forum 2019, 15 October 2019, Royal College of Psychiatrists, London, E1 8BB

10:00 Registration and refreshments

10:30 Welcome and introduction
Susan Denison, Patient Representative and Co-Chair of the QNPICU advisory group, Tracy Lang, Family and Friends Representative and member of the QNPICU advisory group.

10:35 Findings from the review process
Kate Townsend, Deputy Programme Manager, Quality Network for Psychiatric Intensive Care Units

10:55 Introducing positive behaviour support in a PICU
Stephen Davison, Lead Nurse Positive & Safe Care, Tees Esk Wear Valleys NHS Foundation Trust

11:25 Refreshments

11:45 Workshops: Session One

A: Hear Us – link working project in South London
Barbra Davison, Linkwork Manager

B: From observation to intervention: A refreshed approach to enhanced observation in IPCU
Michelle Pocula, Senior Charge Nurse, Lisa Walker, Charge Nurse and Donna Robertson, Improving Observation Practise/Acting Clinical Team Lead; IPCU Tayside

C: Providing care in the digital age: non–contact monitoring in the PICU setting
Dr Faith Ndebele, Consultant Psychiatrist; Sherbourne PICU

12:15 Key messages from a cross-national study of recovery-focused care planning in inpatient settings
Alan Simpson, Professor of Mental Health Nursing, Kings College London

12:45 Lunch

13:45 The art of happiness
Timothy Shaw, Artist and Co-founder of Hospital Rooms and Niamh White
Curator and Co-founder of Hospital Rooms

14:15 The national reducing restrictive practice collaborative
Kate Lorrimer, Quality Improvement Coach, National Collaborating Centre for Mental Health (NCCMH)

14:45 Afternoon refreshments

15:15 Workshops: Session Two

A: The power of words
Dr Elena Arora, Head of Psychology and Therapies, and Tafadzwa Manyenga, Restrictive Practice Reduction lead, Nouvita Healthcare

B: Talk 1st – the positive and safe journey within PICU
Joanne Linton, Ward Manager and Hayley Stevenson, Beckfield ward

C: Staff wellbeing pilot: recommendations in action
Kate Townsend, Deputy Programme Manager and Kelly Rodriguez, Project Officer; QNPICU

15:45 Final plenary
Susan Denison, Patient Representative and Co-Chair of the QNPICU advisory group, Tracy Lang, Family and Friends Representative and member of the QNPICU advisory group.

16:00 Close

Project contact details and information

Project team

Megan Georgiou, Programme Manager
Megan.Georgious@rcpsych.ac.uk
0203 701 2701

Kate Townsend, Deputy Programme Manager
Kate.Townsend@rcpsych.ac.uk
0203 701 2678

Address

Quality Network for Psychiatric Intensive Care Units
Royal College of Psychiatrists
2nd Floor 21 Prescot Street
London
E1 8BB

Website

www.rcpsych.ac.uk/PICU

Contact

PICU@rcpsych.ac.uk

Royal College of Psychiatrists Centre for Quality Improvement
21 Prescot Street • London • E1 8BB

www.rcpsych.ac.uk

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