Quality Network for Psychiatric Intensive Care Units

THEMATIC REPORT

2014-2017

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Publication Number: CCQI294

Date: October 2018

PICU
QUALITY NETWORK FOR PSYCHIATRIC INTENSIVE CARE UNITS
CCQI

This publication is available at:
www.rcpsych.ac.uk/picu

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Artwork displayed on the front cover of this report:

Untitled, The Spinney

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Acknowledgments

The Network gratefully acknowledges:

- The advisory group for the Quality Network for Psychiatric Intensive Care Units.
- The advisory group members that supported the AIMS PICU project during the period 2014-2017.
- The staff in member services who organised and hosted a peer-review visit.
- Those individuals who attended visits as part of a peer-review team.
- The patients that participated in the review process.
- Everyone who has taken the time to feedback after peer-review visits and peer-reviewer training.

Preface

This is the first aggregated report published by the Quality Network for Psychiatric Intensive Care Units.

This document describes the nature and purpose of the QNPICU project and summarises the findings from 28 review visits, conducted between November 2014 and October 2017. The services were reviewed against the AIMS PICU Standards for Psychiatric Intensive Care Units – 3rd Edition (2014).

The report identifies themes in good practice, with attention to the challenges of achieving excellence in these areas. People who were offered therapeutic activities and psychologically informed care report a more positive experience of their time in services. There is a move towards less restrictive environments and facilities, with an emphasis on access to outside space and therapeutically designed settings. Co-production is becoming more embedded in the design and delivery of PICU services. Carers report they feel more encouraged and supported when communication with the ward team is prioritised. Workforce development, which incorporates a multidisciplinary approach, provided by well trained and compassionately supported staff is essential to maintain the quality of care required at times of acute distress. The top five unmet standards are highlighted, along with feedback from the people and services who have engaged with the full peer-review process. This feedback has already led to improvements in the QNPICU project, such as having a member of the project team present for all peer-review visits.

The project encourages all stakeholders in PICU services to share good practice and to become involved in the quality improvement process. There is a growing recognition that stakeholders extend beyond those currently accessing or working in intensive care units. Mental health and recovery encompasses the whole population, as should quality improvement and service development. With this in mind, the report is aimed at a broad readership with a wide distribution remit, to promote discussion, debate and engagement in the ongoing development of mental health intensive care services.

Dr Amanda Wild
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Chair, QNPICU Advisory Group
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Who We Are and What We Do

The Quality Network for Psychiatric Intensive Care Units (QNPICU), previously known as AIMS PICU, was established in 2009 to enhance and support psychiatric intensive care units (PICUs) in quality improvement initiatives and ventures. The project is one of around 27 quality networks, accreditation and audit projects organised by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI).

The AIMS PICU project was relaunched in autumn 2017 as the Quality Network for Psychiatric Intensive Care Units (QNPICU). This was part of a departmental harmonisation process to ensure the benefits available to member services are meaningful, supportive, useful and consistent across all CCQI projects within the department.

A new set of standards were published, and the tools used for the accreditation process have been revised. Through our new set of standards published in October 2017, we hope to have created an even more supportive process of reflection and sharing good practice. Our standards now enable a more meaningful and productive account for how a service is delivering care, whilst enabling the peer-review visits to be more focused around quality improvement and excellent care provided in psychiatric intensive care units. We introduced a new accreditation committee and advisory group and can offer additional benefits such as newsletters, events and aggregated reports. This has been a developmental year for the project and we will continue to improve our functions as a quality improvement Network and aim to support more services.

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 an accreditation process. This process provides recognition to services who meet a set threshold of standards and who are deemed to be operating at a level that achieves accreditation. We promote the sharing and learning of best practice through peer-led accreditation 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 service users 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. Similarly, an accreditation committee is in place to make key accreditation decisions and uphold the rigour of the process.

The Accreditation Process

Using nationally agreed standards, each service engages in a three-year accreditation process. The first step is to reflect on practices during a period of self-review, providing evidence against each 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 and calculations are made to determine whether the service meets the thresholds for accreditation.

The following information describes the 'types' of standards and the thresholds that must be met in order to receive accreditation status:

> **Type 1:** Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment.
>
> **Type 2:** Expected standards that most services should meet.
>
> **Type 3:** Desirable standards that high performing services should meet. (Type 3 standards have now been combined with type 2 standards in the new QNPICU process).

Members services must meet **100% of Type 1 standards** and **80% of Type 2 standards,** (and previously 60% of type 3) to achieve accreditation. Services can be deferred for up to 12 months if they do not initially meet these thresholds.

Benefits of Membership

- Involvement in the development of nationally agreed standards;
- The opportunity to visit other services to learn and share good practice;
- The recognition and achievement of receiving accreditation status;
- A detailed service report and a national aggregated 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 units;
- A regular newsletter and the opportunity to contribute articles and other content;
- Valuable networking opportunities.

This Report

This is the first aggregated report published by the Quality Network for Psychiatric Intensive Care Units, and uses the data collected from services who completed their peer-review against the AIMS PICU Standards for Psychiatric Intensive Care Units – 3rd Edition (2014). This document summarises the findings from 28 review visits that were conducted between November 2014 and October 2017. It will outline and identify best practice as well as the key areas of challenge experienced by participating services.

All member services are reviewed against published standards for psychiatric intensive care units covering five different domains:

- General standards
- Timely and purposeful admission
- Safety
- Environment and facilities
- Therapies and activities

Our key findings, and this report is structured by the following domains:

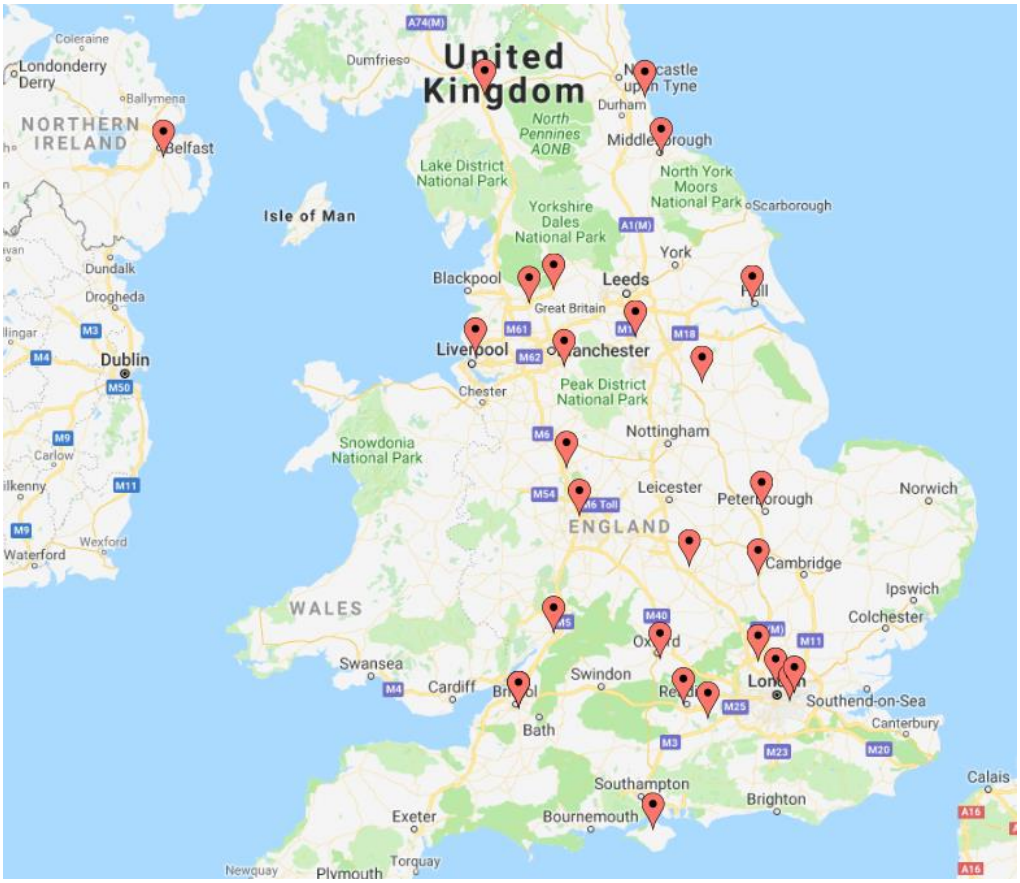
- Introduction
- Contextual information
- Key findings:
    - Therapies and activities
    - Environment and facilities
    - Patient experience and information
    - Staff support and training
    - Carer engagement
    - Workforce capacity and capability
- Feedback

Introduction

Membership and accreditation

Since the AIMS PICU Standards were published in 2014, there have been 28 accreditation visits (for 27 different services) across the UK between November 2014 and October 2017, with services working against these standards. Each accreditation visit is conducted by a collective group of peers with PICU or reviewer experience. Service user and carer representatives also attended visits.

Although previously a member of the project team attended some of the review visits, moving forward there will be a project representative attending every visit for consistency and guidance. This has been in place since November 2017.



Out of the 27 services reviewed during this time, 22 services were accredited. Accreditations were awarded to these services between June 2015 and February 2018.

Participation

As part of the self-review process services were asked to distribute questionnaires to carers, patients and staff. In total, there were 114 carer responses, 326 patient responses, and 742 staff responses across 27 wards. This number increases when accounting for interim responses to 188 carer, 548 patient and 1372 staff responses.

Ward managers were also asked to complete several other questionnaires to give an accurate self-review covering different categories of standards.

The number of responses received were as follows:

- 42 checklist questionnaire responses
- 43 environment questionnaire responses
- 537 health record audit questionnaire responses
- 40 ward manager questionnaire responses.

Contextual Data

This section provides an overview of the contextual information gathered from the 27 services reviewed against the AIMS PICU standards. We collect this information to help gain an overview of the ward size, staffing numbers and occupancy. As staffing levels are usually higher on a PICU, this helps get an understanding of the ward.

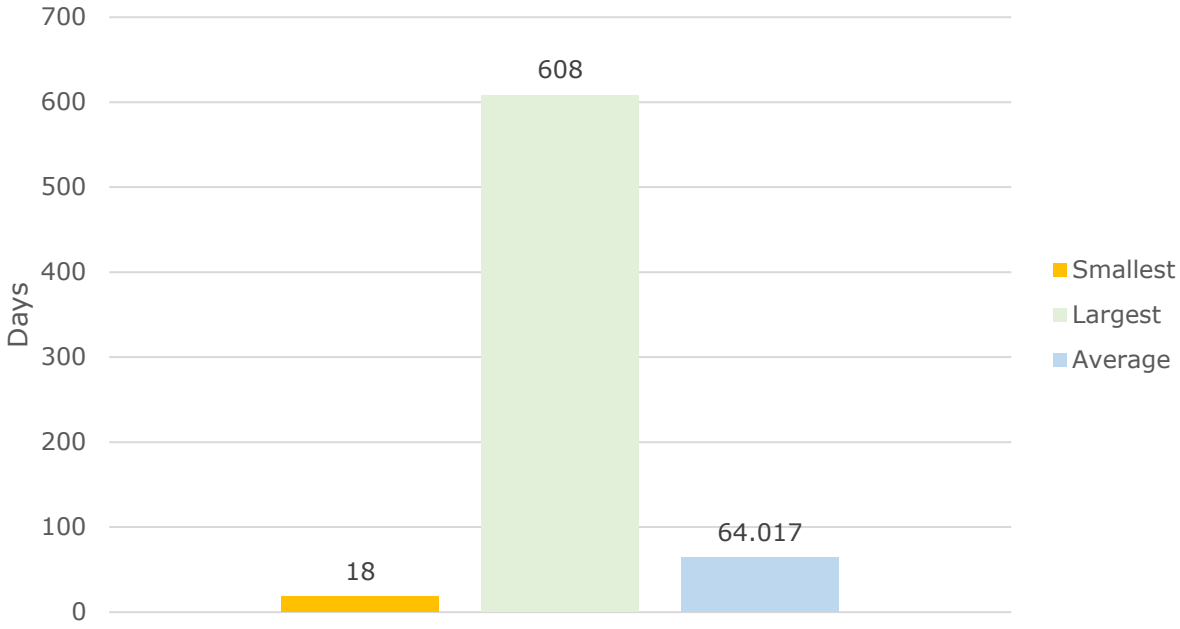


Figure 1: Average length of stay for beds across 27 wards

This data indicates a wide range for length of stay. The highest number is due to one ward having a long-term segregation unit (average length of stay 608 days). Without this, this average would be 39.29 days.

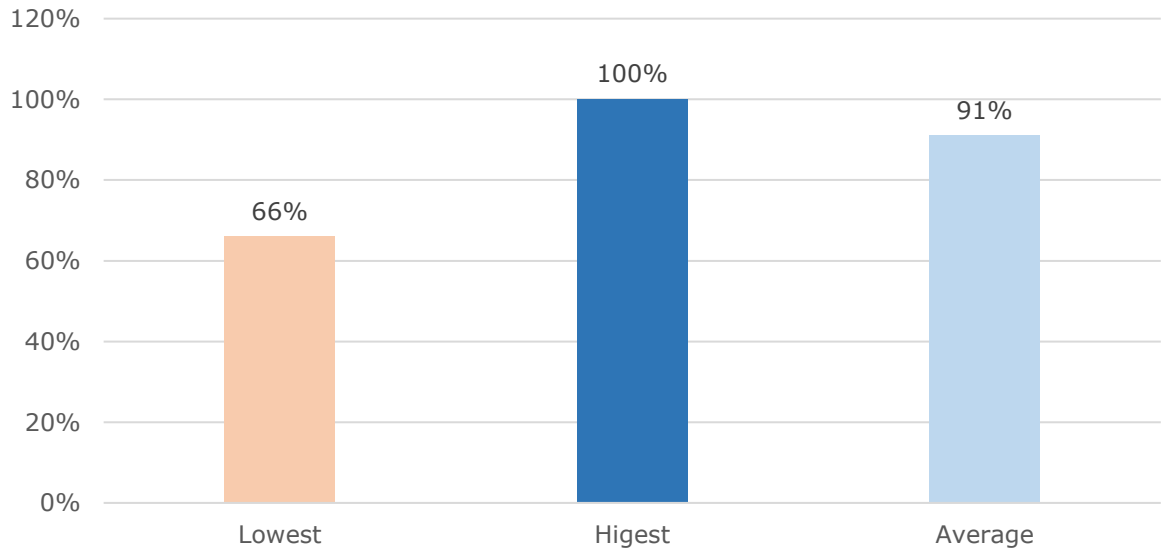
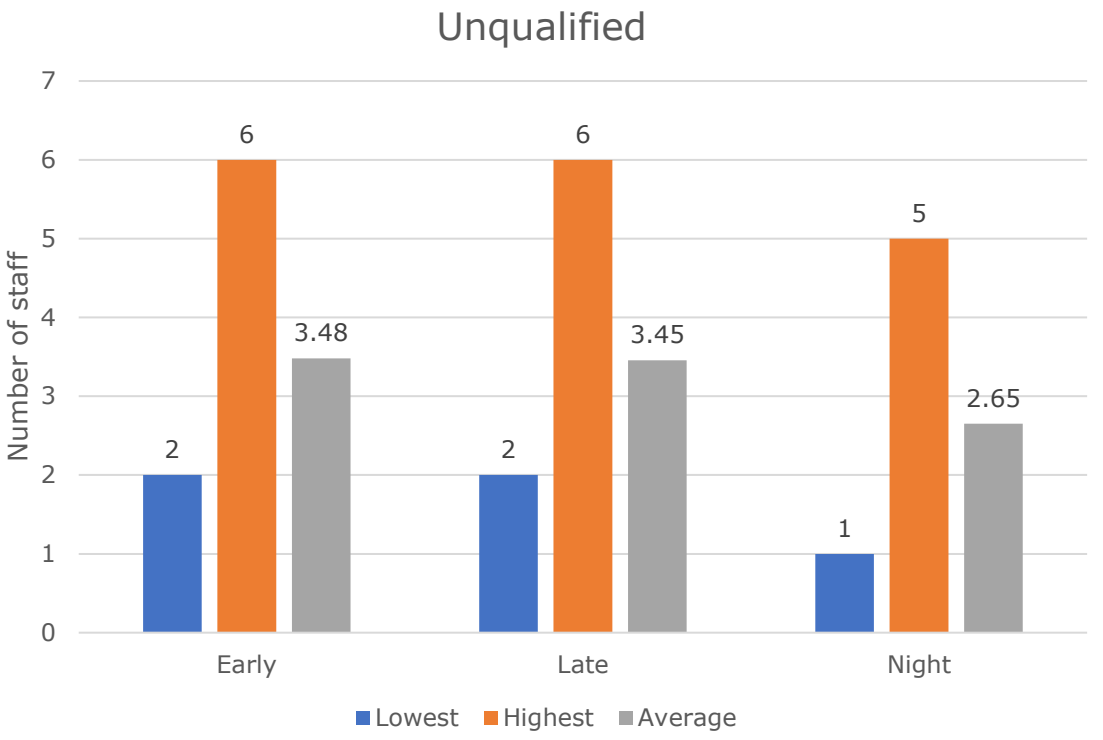
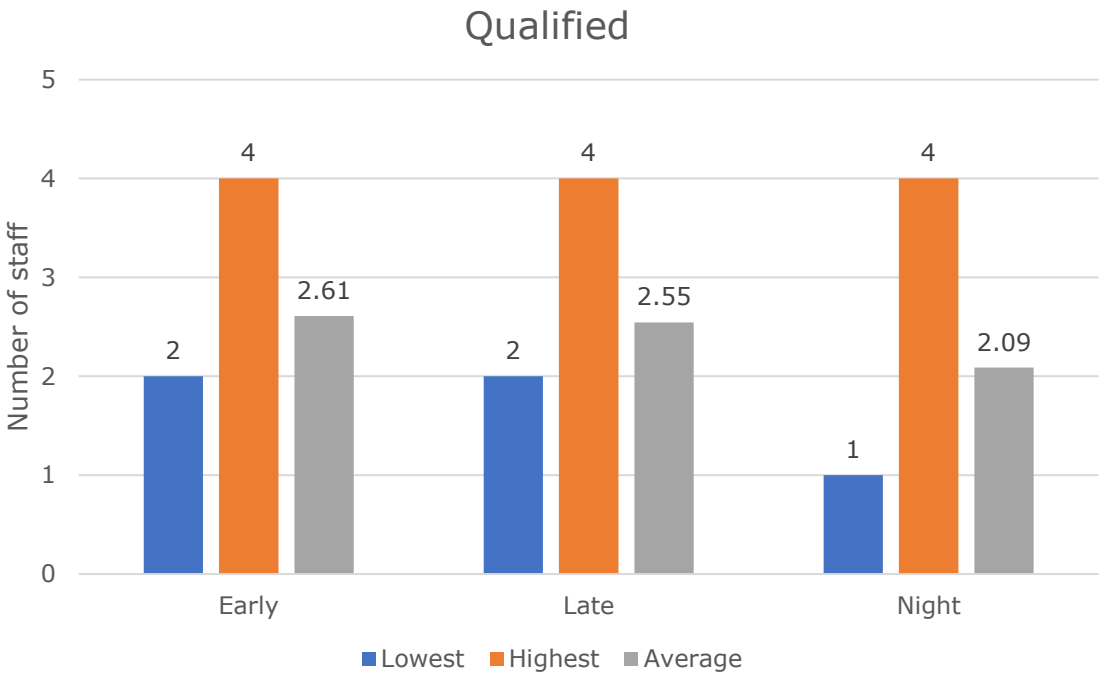


Figure 2: Bed occupancy levels

This data shows that bed occupancy levels are relatively high, with the average being 91%. Although the lowest number is 66%, the majority of services have a 90-100% occupancy level.





Figures 3 and 4: Minimum staffing levels for qualified and unqualified staff per shift

The data shows that there is a consistently higher average for minimum unqualified staff required on all shifts. The range of minimum staff for both qualified or unqualified is between 1-6 people. This will usually depend on the number of patients, and the security level of the ward.

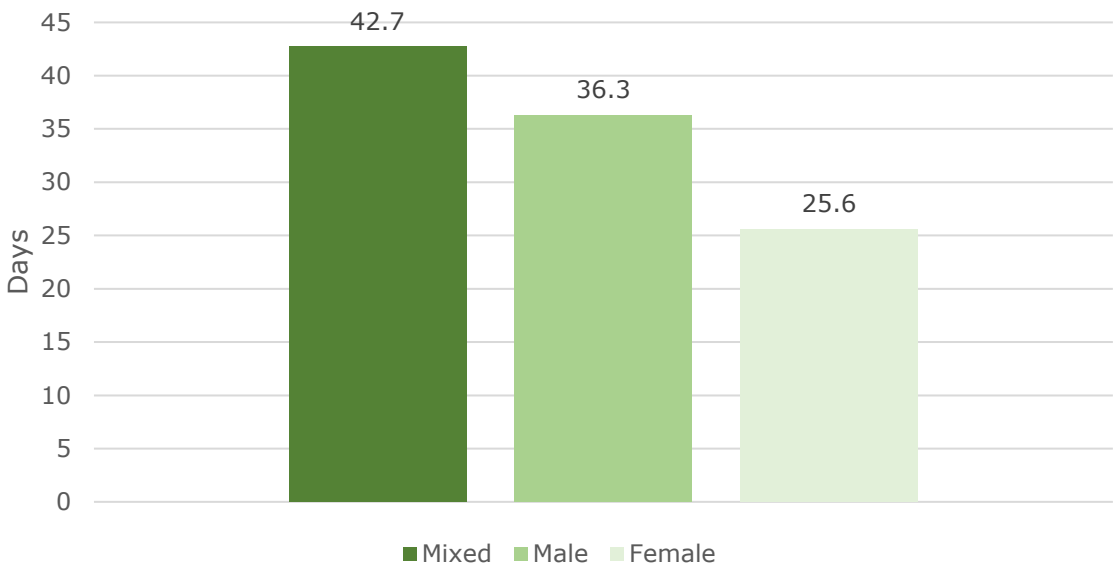


Figure 5: Average length of stay by gender

This data shows that the average length of stay appears to be higher in mixed wards. Female PICUs have a significantly lower average length of stay, however it is worth noting that there was only 1 female only PICU from our data set. There was 13 mixed wards and 13 male wards. Please note that the long-term segregation ward taken out of this graph. With this in, it brings the male average to 93.5 days.

Key Themes

Areas of good practice from the AIMS-PICU accreditation visits have been split into the following themes:

Therapeutic Activity

Patients who have engaged in a range of therapeutic activities and psychological interventions reported having a more positive experience during their time in services. Wards who have taken on a philosophy of engagement with patients and being more proactive than reactive in facilitating activities, had a higher number of positive responses. Staff members reported this empowers patients. There has been an increase in the amount of activities and therapeutic interventions noted since the standards were published in 2014, which take into account patients' specific interests and needs. Some wards have activity coordinators working late nights and on weekends to help facilitate this.

However, therapeutic activity can still be a struggle for services due to the high demands of the patient population. Standards regarding activities being facilitated in evening and at weekends were regularly scored as Not Met and brought to the accreditation committee. This could be because the time for activities was not being protected, or due to staff needing to be with patients who are on higher levels of observation. A regular area for improvement throughout many reports is also to increase the psychological input.

Examples of good practice:

- The Activity Co-ordinator works both late nights and weekends to help facilitate activities over a seven-day week.
- The philosophy of trying to engage with the patient rather than just observe them, even if just for 15 minutes. Staff feel this is a lot more worthwhile and patients appreciate this as it empowers them.
- The patients spoke warmly of staff and spoke of their overall treatment in a positive manner. Patients are offered activities throughout the day, and special interest days such as smoothie making day, which was talked of very positively by patients.

Environment and Facilities

Least restrictive environments and practice have become more common within services over the past few years. Enabling patients to freely access outdoor space, with a peaceful and safe courtyard can de-escalate situations more naturally. Ensuring patients are risk assessed rather than having blanket bans is seen now more often than not, with the introduction of mobile phones and internet access being a relatively recent development for inpatient units. Wards that are bright and spacious are beneficial. Having patients contribute to the environment as much as possible has had a positive

effect on their experience. This could be through art work being displayed, large chalkboards on the walls, or a 'bubble board' to write suggestions for improvement.

Services can be limited in the rooms available on the ward to ensure there is a quiet room, family room, de-escalation space or staff room. Some services have struggled to ensure there are enough toilet/washing facilities for the patient population. Most services with improvements needed focused on making the ward more homely and less clinical.

- The courtyards allow good outside access without being restrictive due to the use of building walls rather than fences.
- The environment is very big and spacious. It was observed as being clean and well organised with a large courtyard available at the patient's request. It is also noted as feeling open and unrestrictive. There is a calm feel about the ward contributing to the patient's wellbeing. Patients have large, spacious rooms, with the ability to lock it themselves within the limits of safety.
- There is a 'Bubble Board' on the ward where patients put up ideas they have about ward improvement.
- A recovery board with quotes from patients provides a homely feel to the ward.

Patient Experience and Information

Patients' recovery is heavily influenced by their experience on the ward, and the information they receive. Enabling patients to have more autonomy of their care, and taking a lead in their care plans has been increasing in services. As a Network, we look at care plans and ask patients about the levels of collaboration and control they have over their interventions. Having information readily available and on display regarding codes of conduct, advocacy and PALS can increase a patient's feeling of empowerment. Effective welcome packs should be clear and easy to understand, with localised information specific to the ward/unit.

Patients who are not given on information on such things as medication, or how to feed back about the service have resulted in patients feeling as though they have no power, and their care is out of their control. There was a high level of patients who reported that the food was poor, with lack of choice and healthy options.

- Feedback is sought from the people who use the service ('Having Your Say', weekly community meetings, friends and family feedback).
- Information is well displayed on noticeboards and patients' artwork is on display. There are lovely pictures displayed around the courtyard and conservatory.
- An ex-patient attends community meetings to enhance patient involvement on the ward.

- There was a good relationship observed between staff and patients, with patients responding well to staff during the conversation seen. Staff were seen to go out of their way for patients, including putting hand-made posters on the wall outside the patient's door, and accommodating their interest in healthy foods.

Staff Support and Training

Staff support and wellbeing is vital for a cohesive and effective team. PICUs are particularly difficult environments, and ensuring both clinical and line management supervision in is place, as well as reflective practice can be detrimental to a successful ward. Good leadership and effective training can ensure staff are retained and create a desirable place to work. A cohesive team can work together well and support one another. This will ultimately have a direct effect on patients' experience in the ward.

Key action points noted from services is staff not being able to take breaks. Although this has noted to be reducing, when staff are not able to take breaks on long shifts this can ultimately lead to staff burning out and becoming unwell. When there are senior management changes, or lack of support from senior staff, this has been seen to influence front line staff who can feel unsupported and worried about their job security.

- The team is well led. The ward manager has a broad knowledge of the ward and patient, and their individual needs. There is a team manager on duty during the night shifts providing good support for the team. There is an excellent supervision strategy in place, as well as support for training.

- Good leadership structure was observed. Management were reported to be visible to staff and support them in their roles. Staff members came across as passionate with the care of patients' being their main priority. Staff were all keen to learn and support each other.

- The peer-review team were very impressed with the amount of training staff have available to them and the ways in which this is recorded and monitored. Staff receive full inductions and access supervision regularly. Team days incorporate cross working and strengthen communication. Policies are consulted on and staff have access to reflective practice during team days.

Carer Engagement

Carers felt encouraged by staff support when communication with the ward was high. Drop-in sessions and carer forums enabled carers to ask questions and seek answers from the ward and gain a greater understanding of mental health, and specifically PICU settings. Where carer champions are in place, wards are better prepared for carers and will have higher engagement.

Issues such as high rates of out-of-area placements can affect the levels of interaction with carers. Services may struggle to engage, and as a result may offer carers less information; for example, information on how to access a statutory carers assessment. Issues of confidentiality are also difficult. Staff should be trained on carer awareness, including carers' rights in relation to confidentiality.

- Carers spoken to reported positive experiences of the ward and of its staff, and were impressed with this service and standard of care provided to their loved ones.

- "Very pleased with everything about the ward", "Very grateful for the care my relative has had" - quotes from carers.

Workforce Capacity and Capability

Having a full multi-disciplinary team (MDT) to contribute to ward rounds enables a full approach to a patient's experience in the service. Specialist input from psychology, pharmacy and occupational therapy, as well as nursing and medical will produce a progressive strategy for patient care. In order for the team to work cohesively, meetings need to be pre-arranged and in place for good working relationships. External links with the police and drug/addiction teams will help if further expertise if needed.

Often wards can struggle with staffing, and wards will work on their minimal staffing levels required. This can have an effect on the interventions offered, and will rely on bank and agency staff, especially if there are high levels of observations on the ward.

- Examples of excellent clinical practice, such as daily "report-out" meetings, as well evidence of an energised and innovative team that is willing to trial new models of care to enhance patient care.

- Staff support each other and communicate well amongst each other and to the patients. The patient feedback was very good about staff and the service.

- The staff working there are resilient and hard working in a tough environment. They work cohesively and collaboratively together to ensure the ward runs smoothly and the patients' needs are cared for.

- Evidence of team spirit was observed. There is a good multi-disciplinary team (MDT) and healthy working relationships between staff members and the patients.

- There is access to the pharmacist available twice a week which was commended by the review team. The pharmacist also attends ward rounds to support the monitoring of medication and governance around high dose anti-psychotics.

- The team is cohesive and collaborative in their working and progressive. There is much evidence to suggest that staff put patients first and provide a range of activities and care for patients. The unit is modern, well equipped and nicely decorated, with staff and patient posters which brighten up the unit.

Findings from Accreditation Committee

This section explores the top five unmet Type 1 standards brought to the Accreditation Committee, with suggestions on how to overcome them.

Standard 1: All staff are able to take regular allocated breaks away from patients during their shift.

Recommendation: Allocate breaks to staff members for every shift and document this on the rota.

Recommendation: Ensure staff are taking these breaks through audits. Ask staff to sign after they have taken their break.

Recommendation: Allow staff to reclaim time if breaks were not possible.

Standard 2: Patients have access to staff trained and supervised to deliver psychological interventions for at least one half-day (four hours) per week per ward/unit.

Recommendation: Hire new staff with the appropriate qualifications to deliver psychological interventions

Recommendation: Train current staff on how to deliver psychological interventions.

Recommendation: Collaborate with close wards to share their psychological input, contracting interventions for four hours per week to the ward.

Standard 3: On the day of admission, or as soon as they are well enough, the patient is given a "welcome pack" that contains:

- **a clear description of the aims of the ward/unit;**
- **the programme and modes of treatment;**
- **a clear description of what is expected and rights and responsibilities;**
- **a simple description of the ward/unit's philosophy, principles and their rationale;**
- **the ward/unit team membership, including the name of the patient's consultant psychiatrist and key worker/primary nurse;**
- **visiting arrangements;**
- **personal safety on the ward/unit;**
- **facilities and the layout of the ward/unit;**
- **programme of activities;**
- **what practical items patients need in hospital and what should be brought in;**
- **resources to meet ethnicity and gender needs.**

Recommendation: Create a new, localised welcome pack containing the specifications mentioned.

Recommendation: Involve current or recent patients in the creation of the Welcome pack.

Recommendation: Ensure the information in the Welcome pack is clear and concise and avoids the use of jargon. Have it available in easy-read formats.

Standard 4: Social/recreational activities are provided at weekends/ evenings.

Recommendation: Gather information and ideas from current patients about their interests. Patients and staff should create an activity timetable together.

Recommendation: Include an activities co-ordinator and occupational therapy to create a varying and interesting timetable of activities.

Recommendation: Ensure there are activities available in the evening and weekends which are well documented, and use feedback from patients to adapt according to current interests.

Standard 5: In services where seclusion is practiced, there is a designated room fit for the purpose. The seclusion room:

- **allows clear observation;**
- **is well insulated and ventilated;**
- **has access to toilet/washing facilities;**
- **is able to withstand attack/damage;**
- **has a two-way communication system;**
- **has a clock that patients can see.**

Recommendation: Conduct an environmental audit of the seclusion facilities, highlighting areas specified. Identify what is needed in the seclusion facility and take this to commissioners.

Top Tips for your Accreditation visit!

- Encourage all staff from the ward to be involved in the process. Ask the team to help with the self-review workbook, as well as staff survey responses.
- Be prepared on the day. Have all of the evidence labelled and ready for the review team.
- Get involved with the Network; attend training, events and special interest days, and go to visit other services. This is a big benefit of the programme!

Feedback

In this section we will look at the feedback collected within this timeframe. It will explore areas of achievement and areas for improvement for the project. It will acknowledge what the project team have been doing in response to suggestions.

There are many benefits of attending reviewer training and reviews. Some of the benefits of attending the reviews are outlined below:

- Networking and finding examples of good practice to take back to your own service.
- Peer-reviews enable staff to share and learn from best practice, facilitating quality improvement throughout the whole network.
- Reduces clinical isolation within a tough working environment.
- CPD points available for attending reviews.
- Strengthen ties with the Network and PICU colleagues and gain quality improvement knowledge.
- Build on your leadership and assertiveness skills.
- Gain a better understanding for those about to go through their own accreditation process!

Reviewer training

Feedback is collected following reviews and reviewer training, and this feedback is then collated and analysed.

Following reviewer training sessions, feedback is collected from the delegates, regarding the quality of the training:
(Key: 5 for excellent, 1 for poor)

Rating	Percentage
5	56%
4	38%
3	1.5%
2	4.5%
1	0%

Feedback from trainees:

"I thought the training was very useful, and it was also an excellent opportunity to network with other staff working in PICU's (and therefore reassuring to hear that other PICU's face the same challenges!)"

"The trainers were very well prepared and did their best to answer all queries sufficiently and they managed to convey how useful the reviewing process is."

Review day

Feedback from review team members:

	Very useful	Mostly useful	Not useful
The documentation and guidance notes	89%	11%	0%
The support provided by the AIMS-PICU project team	94%	0%	6%
How useful was it to have the opportunity to meet people from another service?	94%	6%	0%
How useful was it to go through the peer-review process?	100%	0	0

Do you have any comments about the preparation, guidance and support provided by the AIMS-PICU team?

Positive reflection:

"Relaxed, organised, inclusive. Made reviewers feel welcome and acknowledged their experience."

Suggestions from feedback:

"There wasn't a project worker from the Royal College they sent someone with no idea of how a review goes."
Update: There is now a member of staff who works for QNPICU at every review.

"A hard copy of the CQC report would have been helpful rather than an online version."
Update: Hard copies of all documents are now sent out in a pack to the reviewers a month prior to the visit, in addition to electronic versions.

"Sometimes it feels like you're cramming in sections of the review day, and feel that there is a lot to achieve in the time given."
Update: In an attempt to reduce the pressure to cover the quantity of standards in a limited space of time, the Network condensed the standards from 310 to 158.

Feedback from host services:

	Yes	Sometimes	No
Do you feel that you got the most opportunity to discuss acute care issues with your peers from other services/backgrounds?	100%	0%	0%
Do you feel that you had adequate time during the day?	50%	0%	50%
Were there any elements that you could not achieve during the day? E.g. key staff unable to attend meetings, last minute changes to timetable, problems disseminating information about the review to relevant parties.	22%	0%	78%
Do you think you have learned anything new?	100%	0%	0%
Were all the members of the peer-review team introduced at the start of the day?	100%	0%	0%
Was it made clear that the review day is intended to be a supportive process, and designed to promote the sharing of good practice?	92%	0%	8%
Did you feel included in discussions and the review process?	92%	8%	0%

Positive reflection:

"The whole team were a supportive and positive team they gave feedback as we went through the process and kept us informed of the plan they had throughout the day. We tried to be as organised as we could throughout the day and this was highlighted at the end of the day."

Suggestions from feedback:

"One of the team members appeared a little rude and dismissive of feedback from staff."
Update: Reviewers attend reviewer training in which correct protocol and professional, positive attitudes are reinforced. There is a member of the Quality Network team present on the day to facilitate the review in an appropriate manner.

"There may already be something in place, but maybe a social media group for aims PICU members? Something like the Safewards groups on Facebook and Twitter? It would be good to share what we do with others etc."
Update: Regarding both of the recommendations; there is an e-mail discussion group currently in place for QNPICU. Questions and discussion points are checked regularly by a member of the team and then sent out to the mailing list to generate discussion in this specific area. All members are encouraged to utilise this group and use it to share good practice.

Looking Forward

With the change from AIMS PICU to the Quality Network, QNPICU has been undergoing a number of changes over the last nine months, with adaptations being made to key areas of the programme of work. Below are the key areas of change with a description of future developments:

Events

Welcome Event

In January 2018 QNPICU held its first event. Almost 90 people attended, including current members and new teams. It was amazing to have everyone together sharing ideas and good practice. The event was focused on the Quality Network, and what services would like from the project. We also had presentations on reducing restrictive practice and personal accounts from experts by experience. If you would like to see the presentations from the day, please visit: https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualitynetworks/psychiatricintensivecare/latestevents/pastevents.aspx

Annual Forum

On Friday 12 October 2018, QNPICU will host its first Annual Forum at the Royal College of Psychiatrists. This will be an interactive event packed with presentations and workshops. It is an opportunity for professionals from all disciplines to meet and discuss key service development issues relevant to PICU services in greater detail and share ideas about the future.
It is a great opportunity for professionals from all disciplines working in PICUs, stakeholders, patients and carers to come together and discuss key service development issues and quality improvement practices.

Standards

First Edition

In October 2017, QNPICU published the fourth edition of standards for psychiatric intensive care units. The standards consultation process included experts from various services, and patient and carer representatives. These standards act as a framework by which to assess the quality of care and includes guidance for our high secure services, ensuring it is applicable to all PICU services. The standards were reduced from 310, to a much more manageable 158, ensuring that process is much more focused and meaningful to member services. If you would like a copy of the standards, please visit: https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualitynetworks/psychiatricintensivecare/publications.aspx

Membership Options

Peer-review only option

We are in the process of developing a peer-review developmental option to our programme. This will entail a supportive annual peer-review visit and localised report. This membership option is targeted to services who are not currently at a level for accreditation, but who wish to engage with the network and be supported to improve the quality of their practices.

We will be encouraging services to start with a peer-review option, and with experience and time, move onto the accreditation programme. We hope this will enable our quality improvement programme to reach as many services as possible.

We will pilot the peer-review option in 2019, starting with expressions of interest gathered initially at the Annual Forum and through other communications onwards. If you are interested in the peer-review options, please email PICU@rcpsych.ac.uk

Governance

Advisory Group/Accreditation Committee

QNPICU established an Advisory Group and Accreditation Committee in January 2018. Below is a list of our current members:

- Abu Shafi, Core Trainee
- Amanda Wild, Consultant Clinical Psychologist (Chair)
- Claire Antley, Unit Manager
- Faith Ndebele, Consultant Psychiatrist
- Hattie Moyes, Research Manager
- James Donegan, Ward Manager
- Mark Haslam, Patient Reviewer
- Michelle Dixon, RMN – Ward Manager
- Neeraj Berry, Consultant Psychiatrist & Associate Medical Director
- Stephanie Platt, Occupational Therapist
- Stephen Guy, Lead Mental Health Pharmacist
- Sue Denison, Patient Reviewer (Co-chair)
- Tom Tunnicliffe, Advanced Nurse Practitioner and Approved Clinician
- Tracy Lang, Carer Representative

Project contact details and information

Project team

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COLLEGE CENTRE FOR QUALITY IMPROVEMENT