Accreditation for Working Age Inpatient Mental Health Services

THEMATIC REPORT

2017 - 2019

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AIMS WA
ACCREDITATION FOR WORKING AGE INPATIENT MENTAL HEALTH SERVICES

CCQI

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ROYAL COLLEGE OF PSYCHIATRISTS

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Artwork kindly provided by the patients and therapeutic activity nurses within NHS Greater Glasgow and Clyde.

FOREWORD

Dr Rob Chaplin
Clinical Lead for Accreditation

The COVID-19 pandemic has presented unique challenges to health care across the world. The delivery of mental health inpatient care is no exception. Staff have had to make adaptions to their ways of working to enable isolation, cope with changes in mental health legislation, manage severe restrictions on patients' leave and caring for people with significant physical health problems whilst protecting their own health. I have seen evidence of wards preparing for the first patients who test positive, become wholly a COVID positive ward and adapt to the passing of the peak of infections. This is the background to the 14th year of the Accreditation Network for Inpatient Mental Health Services for Adults of Working Age (AIMS-WA).

Over the last year, AIMS-WA has seen an increase in attendance at Annual Forums and increased engagement in Network activities. At the CCQI we have listened to our members, and in the most recent revision, reduced the number of standards that high-quality services are required to meet. This will hopefully reduce any additional administrative work at this demanding time.

The report shows that accreditation is not easily achieved, and wards can justifiably feel proud of the award. Some wards may feel that they need more time to reach this goal, therefore a 'developmental' option is been introduced to enable a ward to have the benefits of membership of the Network but without the pressure to demonstrate this too rapidly.

The highlights of this report are that we are seeing increasingly patient-centred care and likewise, patients are reporting good experiences with seven of the eight standards reported having over 90% compliance. Moreover, all wards actively supported staff health and well-being, which is currently of paramount importance, given the anxieties about adequate access to personal protective equipment. Conversely, despite patients being able to access occupational therapy and staff trained to deliver psychological interventions, just over half of the wards provided sufficient activities at weekends and evenings. Hence there will be some old as well as new challenges to post-COVID working.

It remains to be seen how our practices will continue to evolve, and which can be phased out with the passing of the first peak of COVID. Therefore, AIMS-WA will keep up to date and modify our visits, standards and evidence accordingly. Finally, I would like to acknowledge the risks that staff in the AIMS-WA Network have taken, and the understanding that patients and carers have shown in working together at these unparalleled times.

Chris Wright
Service User Representative

In my 30 years of active user involvement, without doubt accreditation is by far the most important project I've ever been involved with as it makes a real, positive difference to frontline mental health care. For the past 13 years I have been a service user representative for the AIMS-WA Network as part of the accreditation committee, advisory group and had the pleasure of visiting many wards and units as a member of peer-review teams. Over this time I've seen wards going through the process of accreditation implement real, lasting change, not only to improve patient care but also for their staff as well. Areas for improvement can often be apparently small changes yet have a significant impact on improving a service. A special part of a review for me is highlighting areas of achievement where staff rightly receive praise for the work they are already doing.

A large part of my role on review days is to get feedback from patients about their experience on the ward. Their views and opinions are what really matter, so I make sure what they tell me is included in the report and this is then fed back to the ward managers and staff team. Quite often the patients are highly complimentary about staff and I have seen changes implemented that will have positive lasting effects for all patients on the ward and those who will be admitted in the future.

There have been many highlights, including improving psychology provision, protected time activity provision, one to one time between staff and patients and ensuring staff have breaks to name but a few. One highlight that will always stay with me was when a ward manager had tears of happiness in her eyes after hearing that the patients had told the review team about the "fantastic care" they were receiving from all the staff team.

I believe this report is important as it highlights the many good things that wards are doing, however, there is still room for improvement. This report shows that 42% of patients are still not receiving a copy of their care plan, this is really important for wards to get right because if I as a patient don't get my care plan and understand its importance, how on earth can I engage with it?

I hope this report will highlight the importance of good patient centered care and experience, carer engagement, staff wellbeing, safety and therapeutic activities on acute inpatient wards and that staff will strive for continuous improvement ensuring an even better experience for patients in the future. After all, a good mental health service is good for everyone.

WHO WE ARE AND WHAT WE DO

Who we are

The Accreditation for Working Age Inpatient Mental Health Services (AIMS-WA) was established in 2006 to promote better standards of care within mental health inpatient wards. The Network is one of around 30 quality networks, accreditation and audit projects organised by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI).

The AIMS-WA Network was created as a result of the findings of the National Audit of Violence 2003-2005 which highlighted the concerning high prevalence of violence on acute wards, but also concluded that examples of good practice were going unrecognised. Since the first set of AIMS-WA standards were published in September 2006, the Network has grown to include over 130 member wards/units. A full list of member wards and their current accreditation status is available to view on our website.

What we do

Our purpose is to support and engage wards in a process of quality improvement as part of an accreditation process whereby they are reviewed against a set of specialist standards for acute inpatient wards for working age adults. This process provides recognition for wards 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 wards to action plan against areas of future improvement. Membership with the Network is voluntary, and wards pay an annual fee to become a member. Involvement in the Network is open to all working age acute inpatient wards across the UK and Ireland and is strongly encouraged as a support mechanism for positive change and improvement.

The Network is governed by an Advisory Group which includes professionals, patients and carers to progress the programme of work. These individuals represent key interests and areas of expertise in the field of acute inpatient 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 and consistency of the process.

The Accreditation Cycle

Using the latest edition of the AIMS-WA standards, each ward engages in a three-year accreditation process. The first step is for wards to reflect on practices during a period of self-review, whereby they assess themselves against each of the standards. As part of this stage, each ward 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 wards review their practices using the data provided from the self-review.

The information collected during the self-review and peer-review stages are collated into a draft report. This reports on the ward's compliance with each standard and calculations are made to determine whether the ward meets the thresholds for accreditation. If the ward is not meeting the thresholds at this stage, they have up to 12 months to make the required changes before a final accreditation decision is made.

THIS REPORT

Overview and purpose

This first edition of this AIMS-WA Thematic Report explores the performance of 45 member wards who completed both the self-review and peer-review stages of the accreditation process in 2017 to 2019, against the 6th Edition Standards for AIMS-WA. It is aimed at ward staff, senior management, patients and carers as well as anyone who has an interest in acute inpatient services.

The report first presents an overview of these 45 wards, including their location and overall performance/status in the accreditation cycle. It then examines contextual data obtained at the start of the self-review stage from all wards. This data comprises number of beds, average length of stay (days), and bed occupancy levels (%).

This report then presents an analysis of how well member services are performing against standards. This was done by assessing whether they were marked as 'Met' or 'Not Met' on thirty-two (mostly Type-1) standards. These standards were shortlisted on the basis that they represent best practice and can be grouped into six themes deemed central to acute inpatient care for working age adults. Thus, the performance of the wards is broken down and presented in this report according to these six themes, which can be found on pages 7 and 8, along with the standards they each comprise.

Finally, this report concludes with a 'summary of recommendations' section that encompasses the six themes. Accordingly, six recommendations of action are made, which are aimed at ward staff and senior management. The purpose of these recommendations is to support wards 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 working age individuals who use acute inpatient services will have a good experience.

Jargon Buster

Royal College of Psychiatrists (RCPsych)
This is a professional body that is responsible for setting and improving standards in psychiatry.

6th Edition Standards for AIMS-WA
These are the sixth set of accreditation standards. They have been drawn from key documents and expert consensus, have been subject to extensive consultation with professional groups involved in the provision of inpatient mental health services and with people and carers who have used services in the past. The standards give patients and carers an idea of the sort of care they should expect from a ward. They tell service providers what they need to do to provide high quality care.

Type-1 Standards
A sub-type of standards that encompass criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment.

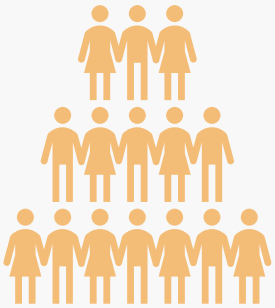
Type-2 Standards
A sub-type of standards that concerns criteria that a ward would be expected to meet.

Type-3 Standards
A sub-type of standards that relates to criteria that are desirable for a ward to meet, or criteria that are not the direct responsibility of the service.

DATA COLLECTION

17
Trusts and Organisations were represented

45
Wards had their self- and peer-reviews in 2017-19



729
Patients completed questionnaires

1644
Staff completed questionnaires

298
Carers completed questionnaires

Where did data come from; how was it collected?

Jargon Buster

Self-review period
This self-review is the first aspect of the review process. It is completed via the RCPsych's 'College Accreditation and Review System' (CARS), which is an online data collection portal. All services have three months to complete this stage. Information collated during the self-review then forms the basis of the peer review.

Peer-review visit
The peer-review visit is a supportive one-day visit where the peer-review team (consisting of members of the project team, professionals, and a carer or patient representative) will ask questions and discuss topics based on information collected at the point of self-review. This provides the service with the opportunity to raise any challenges, exchange ideas and share good practice with peers. This process ensures that areas of good practice are recognised as well as areas requiring development and allows the team to decide on specific actions to take forward.

Health Record Audit
A review of patients' health records against a number of the AIMS-WA standards which define good practice when recording each patient's medical records whilst they are on the ward.

The data in this report comes from 45 member wards who undertook their AIMS-WA self-review and peer-review in 2017 to 2019. Together, they represent 17 Trusts and organisations across England and Scotland.

Contextual data was obtained from the 'starter forms' which are completed by wards at the beginning of their self-review period.

Data showing whether a ward was marked as 'Met' or 'Not Met' against a given standard were taken from the decisions included in the draft report written following each ward's peer-review visit. Decisions as to whether a ward had met or not met standards were made by the peer-review teams based on evidence obtained from both a ward's self-review and subsequent peer-review visit.

This evidence included:

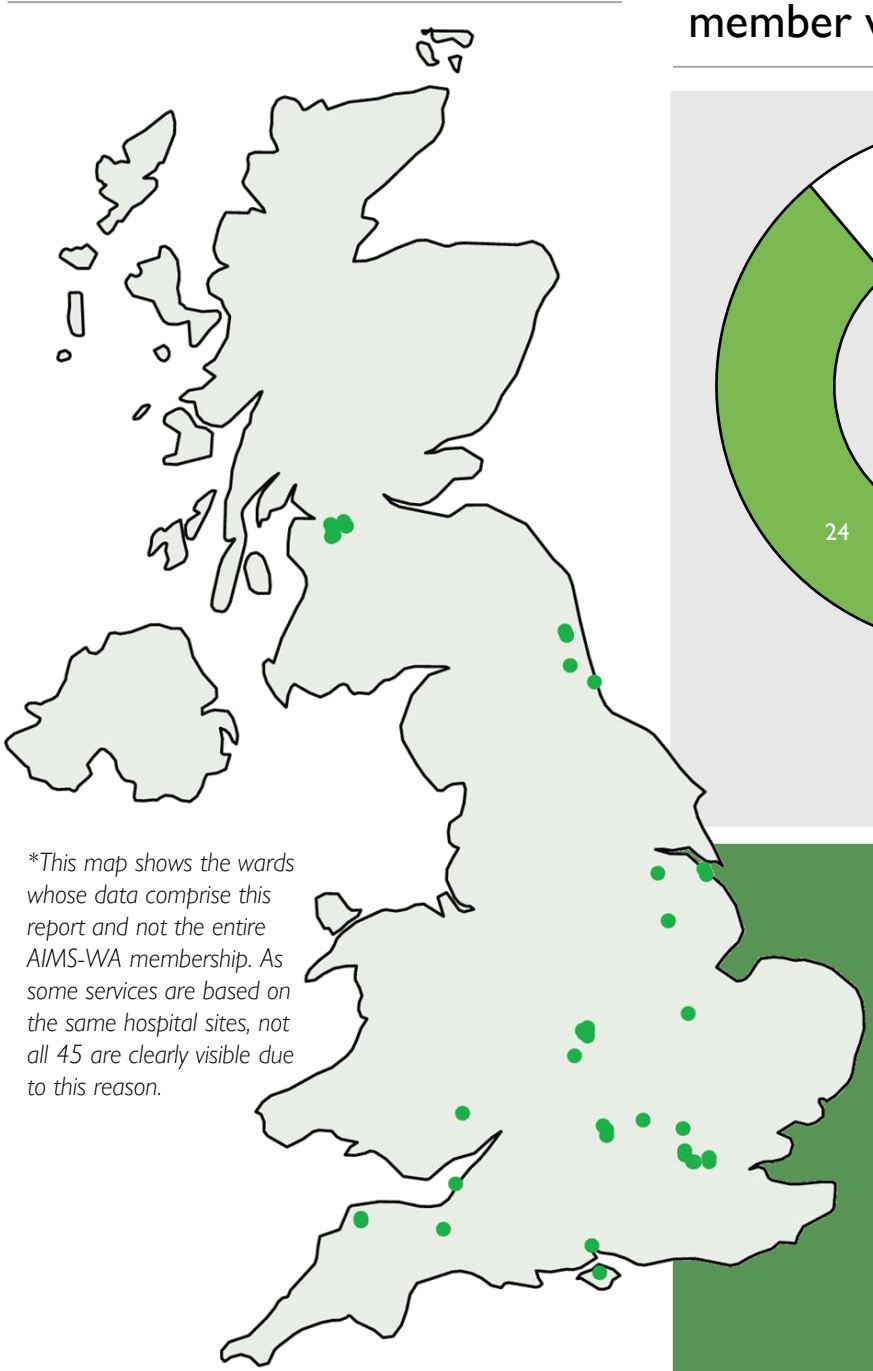
- Patient questionnaires
- Carer questionnaires
- Staff questionnaires
- Health record audits
- Policy and documentation checks

REPORT DATA

Overview of member wards

Of the 45 wards included in this report, 37 are based in England, and 8 in Scotland. As of July 2020, 16 of these wards are Accredited; 24 wards have had their 'Accreditation Deferred'; and 5 wards are 'Not Accredited'.

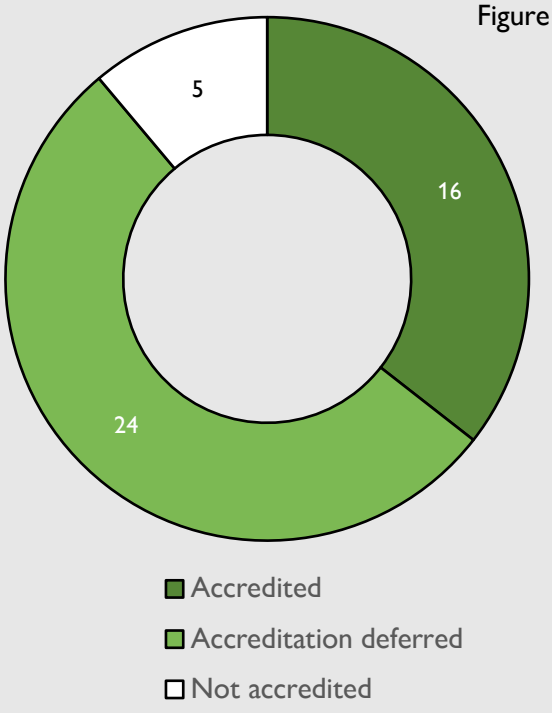
Member ward locations*



**This map shows the wards whose data comprise this report and not the entire AIMS-WA membership. As some services are based on the same hospital sites, not all 45 are clearly visible due to this reason.*

Overall performance of member wards

Figure 1



Jargon Buster

Accredited
Used to describe a ward which has undertaken the accreditation process and has demonstrated that they meet the requirements to be awarded accreditation.

Accreditation deferred
Used to describe a ward which has completed the self and peer review stages and is now working towards becoming accredited.

Not accredited
Used to describe a ward which has undertaken the accreditation process and has failed to demonstrate that they meet the requirements to be awarded accreditation.

Contextual data

All wards starting a self-review period are asked to provide up-to-date contextual data, including number of beds, bed occupancy, and average length of stay. The following figures are based on data gathered from 45 wards that completed both the self-review and peer-review stages of the accreditation process in 2017-2019, under the 6th Edition Standards.

Number of beds

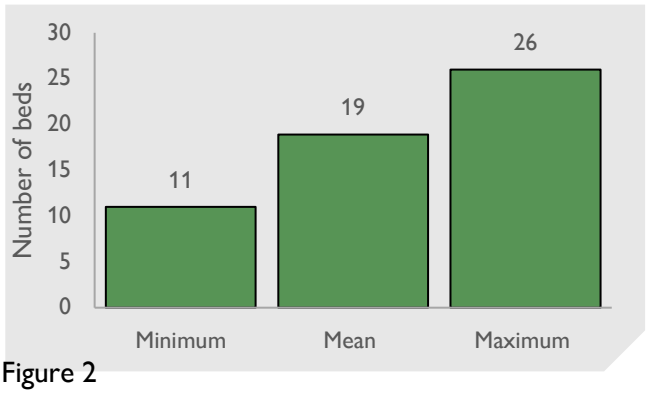


Figure 2

Figure 2. The number of beds varied across the member wards. Two mixed-sex wards based in North East Lincolnshire were joint smallest with 11 beds each; the largest service was a male-only ward based in the East of England, which comprised 26 beds. The average number of beds on wards were 19.

Average length of stay (days)

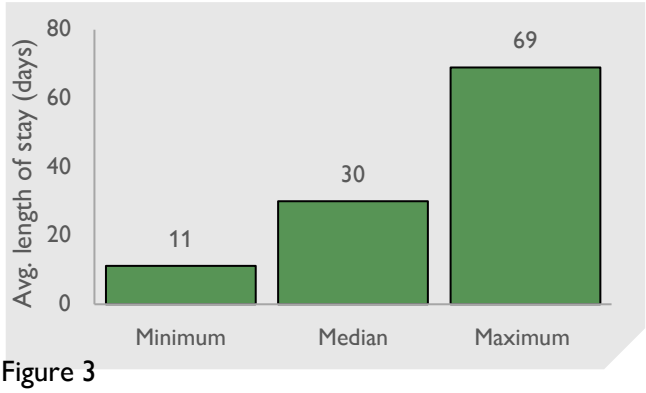


Figure 3

Figure 3. The average length of stay (in days) varied considerably across the 45 wards. The shortest length of stay, which was reported by a mixed-sex ward based in South East England, was 11 days; whereas the longest length of stay at nearly 10 weeks (69 days), was reported by a female-only ward based in South East England. The median length of stay on wards was approximately a month (*Md* = 30 days).

Bed occupancy (%)

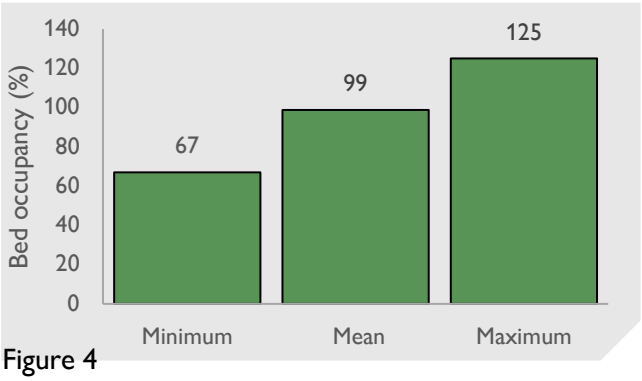


Figure 4

Figure 4. Bed occupancy (%) ranged from 67% to 125%*. The lowest occupancy was reported by a female-only ward, whereas the highest was reported by a male-only ward. Both wards were based in the East of England.

**It is important to note that wards assess occupancy based on patients who are registered under their care at the time. Thus, values reflect both patients who are physically on the ward and those who are on leave (e.g., weekend leave). This explains why bed occupancy can exceed 100%.*

THE STANDARDS AND REPORT THEMES

The standards are a way to measure how well a ward is performing. For the purpose of this report, we shortlisted the standards that most evidenced each of the 6 key themes. Each standard is identified by its standard number followed by a 1, 2 or 3 in a square brackets which defines the type of standard it is.

PATIENT EXPERIENCE

1. **4.57 [1]** Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room.
2. **1.66 [1]** Patients and their carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service. *Guidance: This might include patient and carer surveys or focus groups.*
3. **4.9 [1]** Hot drinks are available to patients 24 hours a day upon request. Any restrictions are individually care planned and not implemented as a blanket rule.
4. **4.44 [1]** Water and soft drinks are available to patients 24 hours a day.
5. **2.12 [1]** On admission to the ward/unit, or when the patient is well enough, staff members show the patient around.
6. **5.29 [2]** There is a weekly minuted community meeting that is attended by patients and staff members. *Guidance: This is an opportunity for patients to share experiences, to highlight issues on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.*
7. **2.11 [1]** On admission to the ward/unit staff members introduce themselves and other patients.
8. **2.14 [1]** The patient is given an age appropriate 'welcome pack' or introductory information that contains the following: a clear description of the aims of the ward/unit; the current programme and modes of treatment; the ward/unit team membership; personal safety on the ward/unit; the code of conduct on the ward/unit; ward/unit facilities and the layout of the ward/unit; what practical items can and cannot be brought in; clear guidance on the smoking policy in smoke-free hospitals and how to access smoking breaks off the hospital grounds; resources to meet spiritual, cultural and gender needs.

PATIENT CENTRED CARE

1. **3.4 [1]** Patients are informed about the level of observation that they are under, how it is instigated, the review process and how their own patient perspectives are taken into account
2. **2.67 [1]** Patients and carers are able to contribute and express their views during reviews.
3. **5.22 [1]** Patients feel listened to and understood in consultations with staff members.
4. **2.39 [1]** The patient and their carer (with patient consent) are offered a copy of the care plan and the opportunity to review this.
5. **2.36 [1]** The practitioner develops the care plan collaboratively with the patient and their carer (with patient consent).
6. **5.20 [2]** Each patient receives a pre-arranged one-hour session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns.

CARER ENGAGEMENT

1. **2.44 [1]** Carers are involved in discussions about the patient's care treatment and discharge planning.
2. **2.47 [2]** The team provides each carer with a carer's information pack. *Guidance: This includes the names and contact details of key staff members on the unit. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*
3. **2.45 [1]** Carers are advised on how to access a statutory carer's assessment, provided by an appropriate agency.

STAFF EXPERIENCE AND WELLBEING

1. **1.19 [1]** The ward/unit actively supports staff health and well-being. *Guidance: For example, providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*
2. **1.30 [1]** All staff members receive an annual appraisal and personal development planning (or equivalent). *Guidance: This contains clear objectives and identifies development needs.*
3. **1.32 [1]** All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.*
4. **1.36 [1]** All staff members receive monthly line management supervision.
5. **1.37 [1]** Staff members are able to take breaks during their shift that comply with the European Working Time Directive.

SAFETY

1. **3.1 [1]** An audit of environmental risk is conducted annually, and a risk management strategy is agreed. *Guidance: This includes an audit of ligature points.*
2. **5.4 [1]** There are clear lines of sight to enable staff members to view patients. *Guidance: Measures to address blind spots can include mirrors, CCTV, increased staffing in areas without clear lines of sight.*
3. **2.58 [1]** When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.
4. **3.16 [1]** The team audits the use of restrictive practice, including face-down restraint.
5. **4.25 [1]** In ward/units/units where seclusion is used, there is a designated room that meets the following requirements: it allows clear observation; it is well insulated and ventilated; it has direct access to toilet/washing facilities; it is safe and secure – it does not contain anything that could be potentially harmful; it includes a means of two-way communication with the team; it has a clock that patients can see.

THERAPIES AND ACTIVITIES

1. **5.44 [1]** Activities are provided seven days a week and out-of-hours. *Guidance: Activities which are provided during working hours, Monday - Friday, are timetabled. The provision of activities could involve voluntary sector, peer-support workers etc. rather than employed staff.*
2. **5.4 [1]** Patients have access to occupational therapy.
3. **5.24 [1]** 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.
4. **5.46 [1]** Group activities are protected and not interrupted.
5. **5.10 [2]** Patients have access to a specialised pharmacist and/or pharmacy technician to discuss medications.

THEME 1
Patient experience

Results

98% of patients were supported to access materials and facilities that are associated to specific cultural or spiritual practices, **2% were not.**

100% of wards held weekly minuted community meetings that were attended by patients and staff members.

100% of patients and their carers were given the opportunity to feed back about their experiences of using the service, and their feedback was used to improve the service.

100% of staff members ensured that on a patient's admission to the ward/unit, they introduced themselves and other patients.

91% of staff members provided hot drinks to patients 24 hours a day upon request. Any restrictions were individually care planned and not implemented as a blanket rule, **9% did not.**

100% of staff members ensured that on a patient's admission to the ward/unit, or when the patient was well enough, they showed patients around.

96% of staff members provided water and soft drinks to patients 24 hours a day, **4% did not.**

85% of wards gave patients an age appropriate 'welcome pack' or introductory information, **15% did not.**

Artwork kindly provided by the patients and therapeutic activity nurses at the Leverndale Hospital, NHS Greater Glasgow and Clyde.

Recommendation

Though a large percentage of patients reported receiving a 'welcome pack'/introductory information upon being admitted, 15% of patients said they did not. Therefore, wards should make sure they provide a comprehensive welcome pack to all patients, ensuring it includes a description of the service; information about the staff team; the therapeutic programme, the unit code of conduct, key service policies; and resources to meet spiritual, cultural and gender needs.

"Given loads of support and daily feedback at morning meetings."

"This is my first admission and I felt frightened at first. Some patients helped reassure me and the staff have been amazing, very caring."

"I haven't been here for more than a week; however, I have had a team meeting with a number of people. What has been nice is the encouragement of family members to be present."

"Very friendly staff but no welcome pack. They said that they were ordering some more."

Jargon Buster

Community Meetings
"A reflective and listening space for both patients and staff to discuss what's working on the ward, what's not working so well, highlight needs and help inform. They can help generate ideas, roles and help engender meaning, understanding and a sense of safety" (Star Wards, n.d.).

Welcome Pack
Refers to a collection of information, often put together collaboratively by patients and staff, that outlines what an individual can expect during their stay on the ward.

Blanket Rule
Refers to a rule or policy that limits a patient's liberty and other rights that are routinely applied to all patients, or within a service, without individual risk assessments to justify their implementation. The Mental Health Act (2015) allows for the use of blanket restrictions only in certain very specific circumstances.

THEME 2
Patient centred care

Results

93% of patients were informed about the level of observation that they were under, how this was instigated, the review process and how their own patient perspectives were taken into account, **7% were not.**

73% of practitioners developed the care plan collaboratively with the patient and their carer (with patient consent), **27% did not.**

89% of patients and carers felt able to contribute and express their view during reviews, **11% did not.**

98% of patients received a pre-arranged one-hour session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns, **2% did not.**

98% of patients felt listened to and understood in consultations with staff members, **2% did not.**

58% of patients and their carers (with patient consent) were offered a copy of the care plan and the opportunity to review this, **42% were not.**

Artwork kindly provided by the patients and therapeutic activity nurses at the Leverndale Hospital, NHS Greater Glasgow and Clyde.

Artwork kindly provided by the patients and staff at the therapeutic hub, Bushy Fields Hospital, Black Country Partnership NHS Foundation Trust.

I have never been treated as well as I have here on [the ward] and although my recovery is taking time I feel so supported and understood and feel safest and maybe most hopeful I have in a very long time.

Treated with dignity and care.

Recommendation

A large proportion of patients reported that they were not offered a copy of their care plan and indicated they did not feel their care plan was developed collaboratively. Therefore, wards must ensure that care plans are developed jointly, and patients are always offered an updated care plan after every formal review their care. If a patient chooses not to receive the updated copy, a record of this should be documented in the patient's care notes.

It would have been nice to receive a full explanation regarding my care plan on paper so I can fully understand what medication I will be taking, the dosage and what will happen when I leave.

Jargon Buster

Observations
A minimally restrictive intervention of varying intensity in which a member of the healthcare staff observes and maintains contact with a patient to ensure the service user's safety and the safety of others (National Institute for Health and Care Excellence [NICE], 2015).

Care Plan
A plan that describes in an easily accessible way the needs of the patient, their views, preferences and choices, the resources available, and actions by members of the care team, (including the patient and carer) to meet those needs (Oxleas NHS Foundation Trust, n.d.)

Review Meetings
For the purpose of this report, 'review meetings' refer to the formal review of patient's progress, such as clinical review meetings or MDT (multidisciplinary team) review meetings.

Key Worker
For the purpose of this report a 'key worker' is an identified member of the ward team who is responsible for assessing, planning, implementing, evaluating and coordinating patient care on an individual basis (Rotherham Doncaster and South Humber NHS Foundation Trust, n.d)

THEME 3
Carer Engagement

Results

89% of carers were involved in discussions about the patient's care treatment and discharge planning, **11% were not.**

47% of wards provided carers with a 'Carers' Information Pack', **53% did not.**

84% of carers were advised on how to access a statutory carer's assessment provided by an appropriate agency, **16% were not.**

"The staff are always willing to discuss any concerns… and I am free to add any input."

"Carers information was not on the ward, but staff spoke to me about these pieces of information."

Recommendation

Overall, carers indicated they felt involved in discussions about, and the development of, patient's on-going treatment and discharge planning. The majority of carers were provided information on how to access a carers' assessment. However, under half of services were not providing all carers with a carer's information pack. All carers should be offered a carer's information pack, which includes information of names and contact details of key staff members. It should also include local sources of advice and support such as local carers' groups, carers workshops and relevant charities.

Jargon Buster

Carer
A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support (Caring Together, 2019).

Discharge Planning
The process whereby the ward team considers the support that a patient may need in the community, refers them to these services, and then liaises with these services to manage patient's discharge from the service (NICE, 2018).

Carer Information Pack
A Carers' Information Pack gives information about mental illness and where to find support. It aims to meet some of the basic needs of carers, family members and friends of people who have been diagnosed as having a mental illness of serious mental health problem (Support in Mind Scotland, 2014).

Statutory Carer's Assessment
An assessment which looks at for example, physical, mental and emotional needs, of someone who is caring for a family member or friend. It is an opportunity to record the impact caring has on someone's life and support or services might be required (Carers UK, n.d.)

THEME 4
Staff experience and wellbeing

Results

100% of wards actively supported staff health and well-being, e.g. by providing access to support services and monitoring staff burnout.

89% of all staff received an annual appraisal and personal development planning (or equivalent), **11% did not.**

62% of clinical staff received supervision at least monthly, or as otherwise specified by their professional body, **38% did not.**

56% of all staff received monthly line management supervision, **44% did not.**

Recommendation

Nearly half of staff reported that they did not receive monthly line management or clinical supervision. Therefore, senior management should make sure that all staff receive both monthly line management and clinical supervision, and ensure a system is in place to record when it has been undertaken.

Jargon Buster

Clinical Supervision
A process whereby a manager meets regularly with staff to review their work (Skills for Care, 2020). Thus, clinical supervision refers to this process within the context of healthcare, with staff who work directly with service users. work.

Line Management
A process that provides an opportunity for staff to evaluate their performance, set objectives that align with the organisation's objectives and needs of the service, and identify areas for further training and development. It is carried out by a supervisor with authority and responsibility for the supervisee (Care Quality Commission [CQC], 2013).

Appraisal
A meeting set up by an organisation that provides an opportunity to discuss an employee's work performance. Their purpose it to help determine whether targets have been achieved and to make decisions about future work, as well as to provide an opportunity to discuss career plans. They typically occur annually (NHS Employers, 2017).

Personal Development Planning (PDP)
NHS Employers (2010) states that PDP is "the process of defining the types and levels of skills, knowledge and behaviour that staff require in carrying out their work, assessing their current skill levels against these requirements, and then putting development plans in place to close any gaps or shortfalls."

Burnout
Refers to "an experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding" (Mateen & Dorji, 2009).

Professional Body
"An organisation with individual members practicing a profession or occupation in which the organisation maintains an oversight of the knowledge, skills, conduct and practice of that profession or occupation" (Science Council, n.d.).

Good practice: supporting staff wellbeing and health

Staff have reported that their ward actively supports their health and well-being in the following ways:

I feel I have been offered adequate support in maintaining and developing my professional approach, this is done in the way of regular feedback included 1-1 supervision and group supervision.

I feel well supported and a valued member of [the] ward. I also feel that we are given opportunities to develop and grow as a person.

More time for management supervision is needed.

THEME 5
Safety

Results

73% of wards conducted an annual audit of environmental risk and agreed a risk management strategy **27% did not.**

69% of wards have clear lines of sight to enable staff members to view patients, **31% did not.**

89% of wards /units where seclusion was used, had a designated room appropriate for seclusion, **11% did not.**

93% of wards audited the use of restrictive practice, including face-down restraint, **7% did not**.

78% of staff when they met for handover, had adequate time allocated to discuss patients' needs, risks and managements plans **22% did not.**

Recommendation

The majority of wards are ensuring that patients and staff members are safe whilst they are on the ward, however, there is still more that can be done.

Nearly a third of wards had blind spots which could pose a risk to both patients and staff and over a quarter were not conducting annual environmental risk audits. Wards should ensure that their environmental risk audit is undertaken annually and that all identified blind spots are included within this. Where environmental risks are identified there should be clear documented plans detailing how the risks associated with them will be mitigated.

A small number of wards had seclusion rooms which were deemed to be unsafe or lacked the appropriate features to meet the requirements set out in the Mental Health Act 1983: Code of Practice. Wards which use seclusion should ensure that their designated room meets the appropriate standard and that any required changes are prioritised and undertaken quickly.

Lastly, over a fifth of staff reported not having adequate time during handovers to ensure patient's needs, risks and management plans are discussed. Wards should ensure that shift patterns allow for an adequate handover to take place relative to the number of beds on the ward. Staff should not have to arrive to work early or leave late in order to participate in a safe handover. Wards should also review the way in which handovers are conducted to ensure maximum efficiency in the allocated time.

Artwork kindly provided by the patients and staff at Harrison House, NAViGO Health and Social Care CIC, as part of an art competition run by the AIMS-WA Network on the theme of 'Reducing Restrictive Practice'.

Jargon Buster

Face-Down Restraint
Also known as prone restraint, face-down restraint is when a patient is pinned to the ground by staff members with their face towards the floor and is physically prevented from moving out of this position (DHSC, 2014).

Handover
A handover is when an individual or group of staff transfer the responsibility of care for a patient to another individual or group. Handovers may happen several times a day, especially when staff begin or end their shift (Cochrane, 2014).

Seclusion
Is the unplanned, supervised confinement and isolation of a patient, away from other patients, in an area which they are prevented from leaving. This could be in a designated seclusion room or in the patient's bedroom for example.

Restrictive Practice
"Making a patient do something they don't want to do or stopping them doing something they want to do" (Skills for Care & Skills for Health, 2014, p.9). This may include the use of restraint, seclusion and rapid tranquilisation by staff members. It can also include wider practices; for example, preventing them from accessing outdoor space.

Risk Management Plan
A written plan that details actions to be taken by staff and the patient to prevent any negative event from occurring and where this is not possible, minimising the harm caused (DHSC, 2009).

Good practice: environmental risk audits

There are a number of ways to complete and document environmental risk audits, some wards will use nationally recognised audit tools whilst others may use locally developed ones. When deciding if a ward's environmental risk audit meets the AIMS-WA standard the peer-review team and/or accreditation committee will look at the following things:

- ❑ Was the audit conducted within the last 12 months or since any alterations were made to the ward?
- ❑ Are the identified risks weighted or rated to reflect the severity of the risk?
- ❑ Are any obvious ligature risks identified during the tour of the ward present on the audit?
- ❑ Is there a clear plan to act on the findings of the audit to mitigate any risks posed by the environment?
- ❑ Have staff acted on the plan outlined in the audit?

Example Environmental Risk Audit

Identified Risk	Location	Risk Rating	Action Plan
Poor line of sight	Female Bedroom Corridor	Medium	A dome mirror is to be fitted to ensure visibility of the full bedroom corridor. This has been ordered by the estates department and is due to be fitted on 15th August. Inform and remind all staff members of identified risk during safety huddles until mirror has been fitted.
Window handles	TV Lounge	Low	Window handles have now been replaced with ligature free alternatives.

THEME 6
Therapies and activities

Results

56% of wards
provided activities seven days a week and out-of-hours**, 44% did not.**

100% of patients
had access to a specialised pharmacist and/or pharmacy technician to discuss medications.

100% of patients
had access to occupational therapy.

96% of patients
had access to staff trained and supervised to deliver psychological interventions for at least one half-day (four hours) per week per ward/unit, **4% did not.**

100% of wards
ensured group activities were protected and not interrupted.

Recommendation

Overall, nearly all patients had access to occupational therapy, psychological interventions and a pharmacist or pharmacy technician. However, many wards are not providing a full timetable of activities 7-days a week and out-of-hours. Activities can have several positive impacts on the ward environment and patient recovery and wards must ensure that a full timetable of activities is available for patients to engage in.

Jargon Buster

Psychological Interventions
Treatments which involve talking about your thoughts with a trained professional to better understand your own thinking and behaviour, understand and resolve your problems, recognise symptoms of mental illness in yourself, reduce your symptoms, change your behaviour and improve your quality of life. (RANZCP, 2016)

Occupational Therapy (OT)
Therapy which aims to help patients overcome any practical difficulties they have as a result of their mental health problem. It can help build confidence and skills needed for personal, social, domestic, leisure or work activities.

Pharmacist / Pharmacy Technician
A person who is professionally qualified to prepare and distribute medication. They can also provide information and advice about different types of medication. A pharmacy technician would perform these roles under the supervision of a qualified pharmacist.

Good practice: ward activities

The provision of activities will vary from ward to ward, whilst some wards may have staff members specifically dedicated to facilitating activities others may be run by nursing staff or healthcare assistants in addition to their other duties. When considering if an activity timetable meets the AIMS-WA standard the peer-review team and/or accreditation committee will consider the following things:

- ❑ Are there timetabled activities in the morning, afternoon and evening 7 days a week?
- ❑ Are there psychological and OT led activities in addition to those led by nursing staff?
- ❑ Are there sufficient activities taking place on the ward for patients who may not be able to get leave to attend activities elsewhere?
- ❑ Do patients and staff say that planned activities take place or are they regularly cancelled?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Breakfast Club 9:30-10:30	Yoga 10:00-11:00	Breakfast Club 9:30-10:30	Mindfulness 10:30-11:15	Pilates 10:00-11:00	Breakfast Club 9:30-10:30	Mindfulness 10:30-11:15
Afternoon	Goal Setting 12:00-13:00 Gym 2:30-4:30	Cooking Group 12:00-1:00 Emotional Regulation 2:00 – 3:00	Benefits and Employment Advisor 12:00-2:00	Knitting 12:00-1:30 Community Meeting 2:00 – 2:30	Wellbeing Walk 12:00-12:45 Art Club 2:00-4:00	Make your own lunch 12:00-2:00 Wellbeing Walk 3:00-4:00	Baking 12:00-2:00
Evening	Quiz Night 6:30	Movie Night 6:30	Pamper Session 6:30	Music & Singing 6:30	Games Night 6:30	Smoothie Making 6:30	Movie Night 6:30

"Within the ward there is a clear focus on a multi-disciplinary approach, which keeps the patient at the centre of all decisions. There is a good acknowledgement of Occupational Therapy within the service, and an appreciation for the need for ward-based activity coordinators in addition to occupational therapy."

"OTs try hard to provide stimulating activities and are generally sensitive and responsive to my requests."

"Sometimes I feel that there is a lack of meaningful activities which leaves patients feeling uninspired and just in their rooms or watching TV."

SUMMARY OF RECOMMENDATIONS

1	**Patient Experience:** Though most patients reported receiving a 'welcome pack'/ introductory information upon being admitted to the ward, 15% said they did not.	Therefore, wards should make sure they provide a comprehensive welcome pack to all patients, ensuring it includes a description of the service; information about the staff team; the therapeutic programme, the unit code of conduct, key service policies; and resources to meet spiritual, cultural and gender needs.
2	**Patient Centered Care:** 42% of patients reported that they were not offered a copy of their care plan and 27% indicated they did not feel their care plan was developed collaboratively.	Therefore, wards must ensure that care plans are developed jointly, and patients are always offered a copy of their updated care plan after every formal review their care. If a patient chooses not to receive the updated copy, a record of this should be documented in the patient's care notes.
3	**Carer Engagement:** Over half of wards are not providing all carers with a carer's information pack.	Therefore, wards should ensure that all carers are offered a carer's information pack, which includes information of names and contact details of key staff members. It should also include local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.
4	**Staff Experience and Wellbeing:** 44% of staff reported that they did not receive line management supervision and 38% of applicable staff reported not receiving clinical supervision on a monthly basis.	Therefore, senior management should make sure that all staff receive monthly line management and that clinical staff receive monthly clinical supervision. The ward should ensure there is a robust system is in place to record when both line management and clinical supervision has been undertaken.
5	**Safety:** A small number of wards are not meeting standards that ensure patients and staff members are safe whilst on the ward.	Therefore, wards should ensure that environmental audits are conducted annually and risks associated with blind spots are mitigated. Seclusion rooms should be assessed to ensure they meet the criteria set out within the AIMS-WA standard. Wards should also review the amount of time allocated for handovers to ensure it is sufficient to discuss the needs, risks and management plans for all patients.
6	**Therapies and Activities:** Nearly half of wards are not providing a full timetable of activities 7-days a week and out-of-hours.	Therefore, wards should ensure that a full timetable of activities is available for patients to engage in, activities should take place in the morning, afternoon and evening 7 days a week.

NETWORK DEVELOPMENTS

As a Network we pride ourselves on being driven by the needs of our member wards, this is why their feedback and questions are so important to us. Below are some of the most common we've received since the publication of our 6th edition standards and the developments we've made to address them.

"There are a lot of standards which can make the accreditation process feel daunting."

In September 2019, following an extensive review process with a number of stakeholders, we published the 7th edition standards for acute inpatient services for working age adults. We were able to reduce the number of standards by over a third, making them the most concise edition of standards yet. Initial feedback from wards who have begun the accreditation process against the 7th edition standards has been very positive.

"My ward has looked through the standards and we don't think we'd meet all the requirements to be accredited. Is there any other way we can be involved in the Network?"

In Summer 2020 we will be launching a developmental membership option. This type of membership will include a self-review, a supportive peer-review review visit and a localised report. This membership option is targeted at wards who are not currently at a level for accreditation but wish to engage with the Network and be supported to improve the quality of the service they provide. It is expected that wards will be developmental members for a maximum of two years before proceeding onto accreditation.

"We've been AIMS-WA members for a number of years now, how can we make the most out of our membership?"

There are many ways to make the most out of your membership these include:

Attending our events: We hold a number of special interest days and an Annual Forum each year, member services are entitled to free and heavily subsidised places at our events.

Speak at our events: We're always looking for people to speak at our events, if there is something innovative and exciting happening on your ward you can share it with other AIMS-WA members at our events.

Attend peer-reviews: Once you have attended a training session, you can attend peer-review visits to other acute mental health wards across the UK. These are great opportunities for you to Network and find examples of good practice that you can take back to your own service.

Join one of our Committees: We have two Committees, made up of a range of multi-disciplinary team staff members as well as patient and carer representatives, that advise on the direction of the Network and the accreditation status of our members. We've updated our website to ensure it includes clear information on the benefits of membership, upcoming events and how to get involved in our Committees.

For more information on the Network or how you can be involved, please email us or visit our website:


aims-wa@rcpsych.ac.uk


rcpsych.ac.uk/aims-wa

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Charlesworth Ward, *Lincolnshire Partnership NHS Trust*

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Coombehaven Ward, *Devon Partnership NHS Trust*

Coral Ward, *East London NHS Foundation Trust*

Crystal Ward, *East London NHS Foundation Trust*

Delderfield Ward, *Devon Partnership NHS Trust*

Embleton Ward, *Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*

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Osborne Ward, *Isle of Wight NHS Trust*

Pelham Lodge, *NAViGO*

Phoenix Ward, *Oxford Health NHS Foundation Trust*

Larches Ward, *Coventry and Warwickshire Partnership NHS Trust*

Roman Ward, *East London NHS Foundation Trust*

Ruby Ward, *Oxford Health NHS Foundation Trust*

Rydon Ward 1, *Somerset NHS Foundation Trust*

Sandford Ward, *Cygnet Health*

Sapphire Ward, *Oxford Health NHS Foundation Trust*

Saxon Ward, *Southern Health NHS Foundation Trust*

Shore Ward, *Central and North West London NHS Foundation Trust*

Shoredrift Ward, *Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*

South Ward, *NHS Greater Glasgow and Clyde*

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Swanswell Ward, *Coventry and Warwickshire Partnership NHS Trust*

Thames Ward, *Central and North West London NHS Foundation Trust*

Vaughan Thomas Ward, *Oxford Health NHS Foundation Trust*

Ward 3A, *NHS Greater Glasgow and Clyde*

Ward 4A, *NHS Greater Glasgow and Clyde*

Ward 4B, *NHS Greater Glasgow and Clyde*

Westwood Ward, *Coventry and Warwickshire Partnership NHS Trust*

Wintle Ward, *Oxford Health NHS Foundation Trust*

SOURCES OF SUPPORT

Below are some helplines that may be of use to patients, carers and mental health professionals:

- Project5 – gives NHS staff access to free one-to-one support sessions with either accredited clinical psychologists, mental health experts or coaches, via an online booking system. Website: www.project5.org

- Carers Direct – 0300 123 1053; provide confidential information, advice and support for carers. Lines are open 9am to 8pm Monday to Friday; 11am to 4pm on weekends. Request a free interpreted call back in one of more than 170 languages. Website: www.nhs.uk/carersdirect/pages/carersdirecthome.aspx.

- Carers UK – 0808 808 7777; provide information, advice and support for carers including information about practical issues, looking after yourself and details of local support groups. Lines are open Mondays and Tuesdays 10am to 4pm. Website: www.carersuk.org/.

- Mind Infoline – 0300 123 3393; offers information and advice on all issues relating to mental health and information about Mind associations and other support services in your area. Lines are open 9am to 6pm. Email: info@mind.org.uk. Website: www.mind.org.uk.

- Support in Mind Scotland – 0300 3231545; a national charity that works to improve the wellbeing and quality of life of people affected by serious mental illness. This includes those who are family members, carers and supporters. Email: info@supportinmindscotland.org.uk. Website: www.supportinmindscotland.org.uk

- NHS Direct – 111 or 0845 46 47 (Wales); a 24-hour telephone advice and information service which is part of the National Health Service. *(Note – NHS Direct has an obligation to call out emergency services if they are concerned about your safety).*

- Samaritans – 116 123; free helpline service offering confidential emotional support for anyone, 24 hours a day, 7 days a week. You can also email: jo@samiritans.org for support, or write to 'Chris' PO Box 9090, Stirling, FK8 2SA. Some centers also offer face to face support, usually by appointment. Website: www.samaritans.org/.

- Saneline – 0300 304 7000; a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers. Open every day of the year from 4.30pm to 10.30pm.

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