RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QNWA
QUALITY NETWORK FOR INPATIENT WORKING AGE MENTAL HEALTH SERVICES

Quality Network for Working Age Inpatient Mental Health Services

Developmental Handbook

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Contents

Introduction

Who we are

The Quality Network for Inpatient Working-Age Mental Health Services (QNWA) 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 QNWA 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 QNWA standards were published in September 2006, the Network has grown to include over 140 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 multi-disciplinary teams in a process of quality improvement. In order to do this, wards 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 developmental 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.

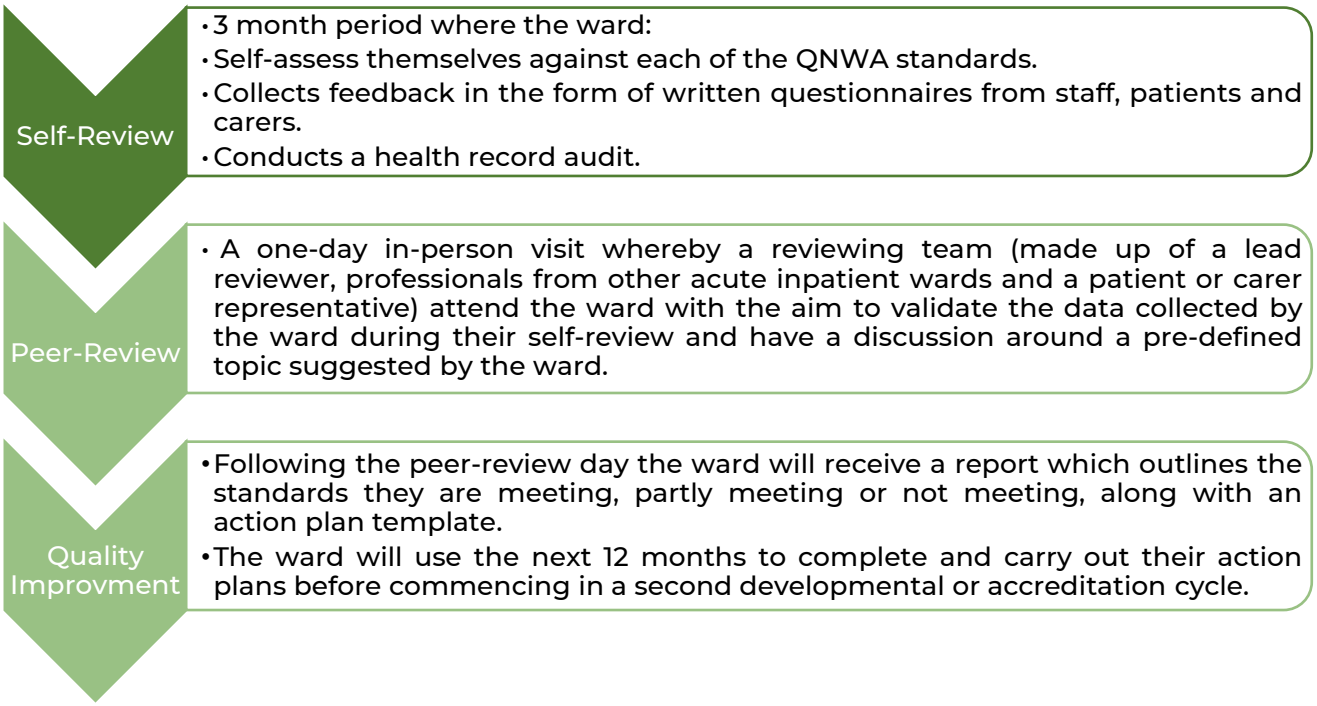
The Network is governed by an Advisory Group which includes professionals, patients and carers to progress the programme of work. These individuals represent key interests and areas of expertise in the field of acute inpatient mental health, as well as individuals who have experience of using these services 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.

This handbook

This handbook will help you prepare and undertake your developmental self- and peer-review efficiently and successfully.

The Developmental Process

The developmental process is made up of 3 main stages:



Key Terms in this Guidance Document

QNWA	Quality Network for Inpatient Working Age Mental Health Services (formerly known as AIMS-WA).
CARS	College Accreditation and Review System. At the beginning of your self-review your ward will receive a login for CARS, this is where you collect all your self-review data. It is also used to upload the required policies and documentation as well as photos of your environment and facilities.
Workbook	Once you have completed your self-review, the QNWA project team will send you a copy of your workbook, this is a collation of all the data collected during your self-review which forms the basis for discussion on the peer-review day. It is recommended that you send a copy of the workbook to all staff members who will be involved in the peer-review day.

Getting Started

❑ **If you are a new QNWA member:**

Complete a joining form, making sure you have provided a Purchase Order number.

If you are an existing QNWA member:

Check with the project team that your membership payment is up to date.

❑ **Familiarise yourself with the QNWA standards**

These are the standards that your ward will be measured against.

❑ **Choose your QNWA key contact and complete your 'Starter Form'.**

The QNWA key contact will oversee several tasks during the ward's developmental cycle, including: disseminating information from the QNWA project team to the MDT, arranging the date of your peer-review visit, ensuring that all elements of your ward's self-review is completed on time and lead on preparations for your ward's peer-review visit.

The QNWA project team will email you the starter form to complete.

Our ward's key contact is: _____

Self-Review

This is an opportunity for your ward to review its local procedures and practices against the QNWA standards.

❑ **Receive your login to the College Accreditation and Review System (CARS)**
CARS (https://cars.rcpsych.ac.uk/) is a bespoke online system created for the CCQI to collect all the ward's self-review data. When the ward is ready to begin their self-review phase, your key contact will be registered to CARS and provided with a username and a link to set a password for the account.

❑ **Begin your self-review period!**
The start date and deadline of your self-review period will be confirmed to you via email by the QNWA project team. It's very important that your self-review is completed by the deadline in order to move on to the peer-review stage.

 Our ward's self-review deadline is: _____

❑ **Complete your checklist on CARS**
This is where your ward self-assess against all of the QNWA standards by selecting whether each standard is "Met", "Partly Met", "Not Met" or "N/A". You must also provide comments against **all** Type 1 standards and any "Not Met" standards.

Please note that there are 205 standards so allow plenty of time to complete this.

❑ **Upload your evidence on CARS**
The QNWA standards list several policies or procedures which a ward must have and follow, a copy of these policies needs to be reviewed by the peer-review team in order for these standards to be scored as 'Met'.

To ensure a smooth running of your peer-review day, most policies and procedures will be reviewed by the lead reviewer prior to the review day and will also be available to the review team. **Therefore, it is important that you upload the policies and documentation to CARS during your self-review period.** Please see below the list of standards which require evidence to be uploaded:

Standard	Documentation Required	✓
2 [1] When a young person under the age of 18 is admitted: • there is a named CAMHS clinician who is available for consultation and advice; • the local authority or local equivalent is informed of the admission; • the CQC or local equivalent is informed if the patient is detained;	A SOP or equivalent covering the admission processes for young people under 18.	❑

• a single room is used; • efforts are made to repatriate them as soon as possible.		
7 [1] The patient is given an accessible information pack on admission that contains the following: • a description of the service; • the therapeutic programme; • information about the staff team; • the unit code of conduct; • key service policies (e.g. permitted items, smoking policy); • resources to meet spiritual, cultural and gender needs.	A copy of your welcome pack.	❑
8 [1] Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • their rights regarding admission and consent to treatment; • rights under the Mental Health Act; • how to access advocacy services; • how to access a second opinion; • how to access interpreting services; • how to view their health records; • how to raise concerns, complaints and give compliments.	Copies of the written information which is given to patients.	❑
29 [1] When patients are absent without leave, the team (in accordance with local policy): • activates a risk management plan; • makes efforts to locate the patient; • alerts carers, people at risk and the relevant authorities; • escalates as appropriate.	A copy of your local "absent without leave" policy.	❑
30 [1] Staff members follow a lone working policy and feel safe when escorting patients on leave.	Lone working policy.	❑
40 [1] Every patient has a 7-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. *Guidance: This includes activities such as education, leisure activities, skills and hobbies, psychoeducation, sensory modulation, and life skills.*	A copy of your current activity timetable.	❑
54 [1] The team handles and stores medication safely and securely, in line with the organisation's medicine management policy.	Medicine management policy.	❑
63 [1] Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	Policies or protocols for the safeguarding of vulnerable adults and children.	❑

64 [1] Staff members follow a policy when conducting searches of patients and their personal property.	Ward search policy.	❑
78 [1] The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge.	Data on 72-hour follow-up covering a 12-month period (compliance must be 80% or above in line with 2019 CQUIN target).	❑
84 [1] There are protocols for transfer or shared care between learning disability and generic mental health services.	A copy of your protocol for transfer or shared care with learning disability services.	❑
85 [1] There are joint working protocols/care pathways in place to support patients in accessing the following services: • accident and emergency; • social services; • local and specialist mental health services; • primary health care teams; • secondary physical healthcare; • home treatment/crisis resolution team.	Copies of the joint working protocols/care pathways in place for accessing A&E and the home treatment/crisis resolution team.	❑
87 [1] The ward/unit/organisation has a care pathway for women who are pregnant or in the post-partum period. *Guidance: Women who are over 32 weeks pregnant or up to 12 months post-partum period should not be admitted to a general psychiatric ward unless there are exceptional circumstances.*	A copy of the formal, written pathway for women who are pregnant or in the post-partum period.	❑
116 [1] The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • a method for the team to report concerns about staffing levels; • access to additional staff members; • an agreed contingency plan, such as the minor and temporary reduction of non-essential services.	Policy and procedure for monitoring safe staffing levels and contingency planning.	❑
125 [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. The quality and frequency of clinical supervision should be monitored at least quarterly.*	Clinical supervision log covering at least 6 months.	❑

147 [1] All staff members who administer medications have been assessed as competent to do so. The assessment is completed at least once every three years using a competency-based tool.	Log/training matrix showing staff who administer medication have been assessed as competent to do so in the last three years and when this is due to be renewed.	❑
148 [1] A risk assessment of all ligature points on the ward/unit is conducted at least annually. An action plan and mitigations are put in place where risks are identified, and staff are aware of the risk points and their management.	Copy of the latest audit of environmental risk.	❑
167 [1] Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward/unit, subject to risk assessment and in line with local policy. *Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.*	Local policy on the use of electronic equipment on the ward.	❑
180 [1] Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	2 weeks' worth of checks	❑
192 [1] The ward/unit has a policy on smoking and staff are supported to implement it.	Smoking policy.	❑
202 [1] The multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through use of audit and or quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where possible.*	Latest audit data on the use of restrictive interventions.	❑
203 [1] The safe use of high risk medication is audited, at least annually and at a service level. *Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.*	Latest audit data on high risk medication.	❑
205 [1] The unit has mechanisms to review data at least annually about the people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment. *Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.*	Latest data on people who have been admitted to the ward or action plans to address any inequalities identified.	❑

Training Standards		
132 [1] The use of legal frameworks, such as the Mental Health Act (or equivalent), the Mental Capacity Act (or equivalent) and Deprivation of Liberty Safeguards (DoLS);	Training log/matrix	❑
133 [1] Physical health assessment and management;	Training log/matrix	❑
134 [1] Risk assessment and risk management;	Training log/matrix	❑
135 [1] Recognising and communicating with patients with cognitive impairment and learning disabilities;	Training log/matrix	❑
136 [1] Statutory and mandatory training;	Training log/matrix	❑
137 [1] Safeguarding vulnerable adults and children;	Training log/matrix	❑
138 [1] Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care;	Training log/matrix	❑
139 [1] All staff undergo specific training in therapeutic observation when they are inducted into a Trust or changing wards. This includes: · Principles around positive engagement with patients; · When to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this; · Actions to take if the patent absconds.	Training log/matrix	❑

Top Tips

Check the 'review date' of your policies, if they are out of date you should also try to provide evidence that they are in the process of being reviewed and updated.

If a policy is in draft format and has not yet been ratified this would not meet our standard and would be marked 'Partly Met' by the review team. Try to get any draft policies ratified before the end of the self-review period.

It is important to label the policies with the corresponding standard number before uploading them to CARS e.g., "30 Lone Working Policy"

❑ **Complete your data collection**

The ward's key contact will be sent links to the online questionnaires as well as electronic copies of the patient and carer questionnaires. These should then be disseminated by the ward as follows:

❑ **Staff Questionnaire:** The link should be emailed to **all** staff who work on the ward. **The ward should aim for at least a 50% completion rate.**

❑ **Patient Questionnaire:** This questionnaire can be completed by patients who are currently on the ward and those who have been discharged within the last 3 months**. The minimum number of patient questionnaires you will need is 5**. As with all other questionnaires this is available online, however, if your patients are unable to complete it online, they can complete paper copies.

We recognise that some patients may not be well enough to complete the questionnaire; however, language and/or cognitive impairment should not normally be a barrier. If the patient is likely to require assistance filling in the questionnaire then an independent person (e.g. advocate) or the patient's carer/relative should be approached. Staff from your ward may not assist the patients. Please ensure that staff respect the confidentiality of the questionnaire by ensuring that responses are collected and returned to the project team appropriately.

Please stress to patients that filling in the questionnaire is entirely voluntary, entirely anonymous, and will not affect the care and treatment they receive.

❑ **Carer Questionnaire:** These should be completed by the person who has had the most involvement with the patient and their care while they have been on the ward, this may be their carer, a relative or friend. **The minimum number of carer questionnaires required is 3.** If carers complete the questionnaire on paper, please ensure that staff respect the confidentiality of the questionnaire and do not assist the carer in completing it or view their responses.

Please stress to carers that completing the questionnaire is entirely voluntary, entirely anonymous, and will not affect the care and treatment that their loved one will receive.

❑ **Health Record Audit: The service will need to complete 5 of the health record audits.** These audits should be completed using real patient health records and not templates.

You can check your survey targets and progress at any time on your CARS review dashboard.

If at any time you feel that you will not be able to complete the self-review (including securing the required number of surveys) before the deadline, please contact the project team as soon as possible.

The Peer-Review Day

Timetable

Below is a copy of the review day timetable, the meetings highlighted in green are those which require involvement from ward staff, patients or carers. A detailed breakdown of each of these meetings will follow in this guidance document.

9:15	**Review Team Arrive at the Ward/Unit**	
9:30	**Review Team Introductory Meeting** Review team meet privately for introductions, timetable review and assignment of roles. *Refreshments would be welcomed.*	
10:00	**Introductory Meeting with Host Team** Review team meet with the host team for introductions, to explain the purpose of the day, confirm the timetable and answer any preliminary questions.	
10:15	**Environment and Facilities Tour** A member of the host team and a patient (where available) to take the review team on a tour of the ward and answer questions about the environment and facilities available for patients, staff, and visitors.	
11:00	**Review Team Meeting** The review team meets in private to consider areas of achievement and recommendations following the Environment and Facilities Tour.	
11:15	**Ward Management and Senior Clinicians Meeting & Open Discussion** The review team meet with Ward Management and Senior Clinicians (e.g. Senior Nurses, Occupational Therapists, Psychologists, Psychiatrists etc.) to discuss the standards in the 'Ward Management and Senior Clinicians' section of the workbook and the ward's chosen open discussion topic.	
12:45	**Review Team Meeting** The review team meets in private to consider areas of achievement and recommendations following the Ward Management and Senior Clinicians Meeting.	
13:00	**Lunch** *To be provided by the host team.*	
13:45	**Staff Team Meeting** The review team meet with all available non-managerial staff to discuss the standards in the 'Staff Meeting' section of the workbook. **Note: No managers should be present in this meeting.**	
14:45	**Patient Meeting** Members of the review team meet with patients to gain feedback about their experiences of being on the ward.	**Carer Meeting** Members of the review team meet with carers to gain feedback about their experiences of the ward.
15:45	**Review Team Meeting** The review team meets in private to discuss overall areas of achievement and actions points from the day.	
16:00	**Final Meeting** The review team and host team meet to discuss key areas of achievements and recommendations.	
16:15	**Close** Review team leave the ward/unit.	

Review Team Introductory Meeting

09:30 – 10:00

The review team will meet privately for introductions, timetable review and assignment of roles.

A private room will be required for the review team to conduct this meeting. Ideally this room will be available for use by the peer-review team for the whole day as there will be a few similar meetings to this throughout the day (11:00-11:15, 12:45 – 13:00 & 15:45 – 16:00).

Preparation Required
❑ Identify a room for the peer-review team to use throughout the day. The room will need to be big enough for 4/5 people. ❑ Access to light refreshments is always appreciated!

Introductory Meeting with the Host Team

10:00 – 10:15

We encourage as many staff members from the host service as possible to attend this meeting.

Purpose of the meeting:

- Introductions
- The lead reviewer will explain the purpose of the review day
- The lead reviewer will confirm the timetable with you to ensure the day is still due to go ahead as planned
- The lead reviewer will be able to answer any initial questions you may have about the accreditation process or the peer-review day

Preparation Required
❑ Identify and inform those who will be joining the introductory meeting. ❑ Identify a room big enough for the meeting to take place. There will be 4/5 review team members plus your own staff team.

Environment and Facilities Tour

10:15 – 11:00

A member of the host team and a patient (where available) will take the review team on a tour of the ward and answer questions about the environment and facilities available for patients, staff and visitors.

Purpose of the meeting:

- Validate standards in the “Environment and facilities” section of the workbook.

Preparation Required
❑ Identify a member of staff and/or patient who will be leading the tour. **Tip**: The person/people leading the tour should have a good idea of the route they will be taking, the review team will want to see all the main areas (ward entrance, bedroom corridor(s), lounge, dining area, clinical rooms, outside area & nursing station/office).

Ward Management and Senior Clinicians Meeting & Open Discussion

11:15 – 12:45

The review team will then meet with Ward Management and Senior Clinicians (e.g., Ward Manager & Deputy, Matron, Service Manager, Senior Nurses, Occupational Therapists, Psychologists, Psychiatrists etc.).

Purpose of the meeting:

- To validate standards in the “Ward Management and Senior Clinicians” section of the workbook
- To have an open and honest discussion around the chosen discussion topic.

Preparation Required
❑ Identify and inform those who will be joining the Ward Management and Senior Clinicians meeting. Ensure everyone knows where the meeting will take place. **Tip**: Send a calendar invite to those attending this meeting with the time and location. Especially for staff who work across multiple wards or outside the ward.

Break for Lunch

13:00 – 13:45

Lunch should be provided by the host team and the project team will inform you of any dietry requirements prior to the review day. This part of the day is a great opportunity for more informal networking with the wider staff team and patients.

Preparation Required
❑ Make lunch/catering arrangements.

Staff Meeting

13:45 – 14:45

The review team meet with all available non-managerial clincal, admin and domestic staff.

Purpose of the meeting:

- Validate standards in the "Frontline Staff" section of the workbook.

Preparation Required
❑ Identify and inform those who will be joining the staff meeting **(minimum of 5 staff members with a mix of professionals including qualified staff members)**. ❑ Identify a room for the meeting to take place. **Tip**: Consider how the ward will be staffed whilst this meeting is taking place. We often see wards being covered by management staff, temporary staff from other wards in the unit or bank/agency staff.

Patient Meeting

14:45 – 15:45

Members of the review team meet with patients to gain feedback about their experiences of being on the ward.

Purpose of the meeting:

- To validate standards in the "Patient and Carer Experience" section of the workbook

Preparation Required
❑ In the week leading up to your review, let patients know in community meetings about the peer-review and get an idea of who may be willing to give feedback. The project team can also provide you with a poster that can be printed and displayed on the ward. ❑ Identify a room for the meeting to take place. It's best to do this somewhere that patients will feel comfortable such as a lounge area or activity room.

Carer Meeting

14:45 – 15:45

Members of the review team meet with carers to gain feedback about their experiences of the ward. This can be done in two ways:

1) Invite carers to attend the ward at this time to give their feedback as a group.
2) Organise for the review team to speak with carers individually over the telephone on the review day. We could speak with up to 3 carers in 20 minute slots during the alloted time.

Purpose of the meeting:

- To validate standards in the "Patient and Carer Experience" section of the workbook

Preparation Required

- ❑ Decide how best to facilitate the carer meeting given the options above and confirm with the QNWA Project Team.
- ❑ If carers will be attending the ward, please identify a room big enough for the meeting to take place. Please note that this meeting takes place at the same time as the patient meeting.
- ❑ If the review team will be calling carers, please identify and gain consent from those who will be called and pass on contact details to the project team one week before your peer-review.

Tip: Ideally the review team will want to speak to a minimum of 3 carers, it's always best to send out invites to more than 3 carers in case some are unavailable. We suggest aiming for 6.

Final Feedback Meeting

16:00 – 16:15

Before this meeting, the review team will spend some time alone summarising areas which they think the ward are doing well in as well as areas where improvements can be made based on the discussions had throughout the day. These thoughts will be shared with members of the host team during this meeting.

We suggest that as many staff members of the host team as possible join this meeting.

Purpose of the meeting:

- Give initial feedback to the ward
- The lead reviewer will explain what will happen next in the process and answer any questions the host team might have

Preparation Required
❑ Identify and inform those who will be joining the final feedback meeting. ❑ Identify a room big enough for the meeting to take place. There will be 4/5 review team members plus your own staff team. **Tip**: Send a calendar invite to those attending this meeting with the time and location. Especially for staff who work across multiple wards or outside the ward.

After the review day

Following your peer-review day, the lead reviewer will write up your developmental report. This report will outline all the standards which have been marked as 'Met', 'Partly Met' or 'Not Met' by the peer-review team as well as detail a summary of achievements and actions points for the ward.

The report contains an action plan template that should be filled in and completed by the ward. During the ward's second cycle, they will be asked to present their action plan and discuss the changes made to the ward since their initial developmental peer-review.

Notes

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QNWA

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

QNWA@rcpsych.ac.uk
www.rcpsych.ac.uk/QNWA

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

CCQI
COLLEGE CENTRE FOR QUALITY IMPROVEMENT