



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

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Quality Network for Forensic Mental Health Services

Annual Report 2007 - 2008

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CRTU 062

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Introduction

The Quality Network for Forensic Mental Health Services was set up in 2006. It is one of several networks managed by the College Centre for Quality Improvement. Adopting a multi-disciplinary approach, the network aims to facilitate quality improvement and change in forensic mental health settings through a supportive peer-review network. A fundamental principle is that of listening to and being led by frontline staff and service users. The network serves to identify areas for improvement through a culture of openness and enquiry rather than inspection or blame. Members can use the results of reviews to develop action plans to achieve year on year improvement. They can also share their results with key groups locally, including commissioners, health and local authorities, those making referrals to their services and local user and carer groups.

What does the Quality Network for Forensic Mental Health Services do?

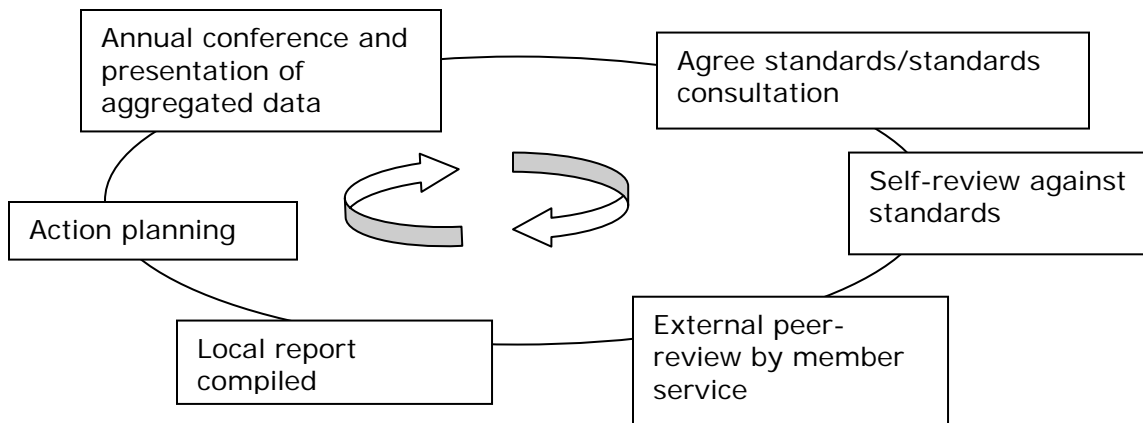
The quality network's activities include:

- Developing and applying standards for forensic mental health services through a system of self- and external peer-review;
- Supporting local implementation of best practice and national policy, as identified in the service standards;
- Producing reports for participating services that highlight areas of achievement and areas for improvement;
- Providing a national "benchmarking" service to allow services to compare their activity with other services;
- Facilitating information-sharing about best practice between members of the network;
- Supporting routine data collection, e.g. regarding clinical and cost outcomes.

The Review Process

The real benefit for member services is in taking part in the process of self- and peer-reviews. These reviews aim to improve services incrementally by applying standards, using the principles of the clinical audit cycle (see Figure 1).

Figure 1. The cyclical review process:



Each year, the standards are applied through a process of self-review and external peer-review where members visit each other's services. The self-review questionnaire is essentially a checklist of standards for Medium Secure Units against which teams rate themselves, supplemented with more exploratory items to encourage discussion around achievements and ideas for improvement. The self-review process helps staff and service users to prepare for the external peer-review and become familiar with the standards.

During the peer-review, data are collected through interviews with staff, and service users. The results are fed back in local and national reports. Services then take action to address any development needs that have been identified. The process is ongoing rather than a single iteration.

Cycle 1 2006-2007

Thirty two wards across eight medium secure units participated in Cycle 1, which was in effect a pilot and developmental phase for the quality network process. Member units undertook the self-review between September 2006 and February 2007 and received an external peer-review between October 2006 and March 2007.

Cycle 2 2007-2008

Fifty four wards across sixteen medium secure units participated in Cycle 2 (see Appendix B). This number is made up of the eight pioneer units that took part in Cycle 1 plus a further eight units undertaking the process for the first time. Member units undertook the self-review between August 2007 and February 2008 and received an external peer-review between September 2007 and March 2008.

Table 1. Number of Staff and Services Users Participating in Peer-reviews in Cycle 1 and Cycle 2

	Cycle 1	Cycle 2
Staff participating as peer reviewers	37	79
Staff interviewed	180	240
Services users interviewed	70	109

This report

This annual report summarises the aggregated results of the reviews undertaken by the sixteen medium secure units in Cycle 2 2007-2008. It is structured around the fourteen sections of the standards for medium secure units. The Standards for Medium Secure Units (MSUs) include all the Department of Health standards (Health Offender Partnerships, 2004) and extra standards identified by members of the Quality Network for Forensic Mental Health Services from a supplementary set (see Standards for Medium Secure Units, 2007). The body of the report highlights achievements, areas for improvement, and gives examples of solutions to common problems. Appendix A is a full summary of the extent to which the sixteen services met the standards.

How members of the Quality Network for Forensic Mental Health Services can use this report:

How well are we doing overall in comparison with the network?

Your unit's local report provides you with a summary of the number of criteria met, partly met and not met, which then yields an average score for each individual standard. These averages enabled us to obtain a measure of your unit's overall performance for each section of the service standards. Average scores for Cycle 2 are detailed in the key findings and in Appendix A so you can immediately see how well you are doing compared with the other teams in the network. Each member has also been assigned a unique team number so that you can use the graphs in this report to compare yourselves with the rest of the network.

What are the key areas of variance within the network?

The key findings highlight areas identified within each section that best discriminate services from one another, and also those standards considered to be critical to the quality of care provided.

How can we identify other services that could provide advice or support on specific areas of service development?

A summary of service development initiatives that member services have undertaken is presented in Appendix C to aid information sharing amongst network members.

ACKNOWLEDGMENTS:

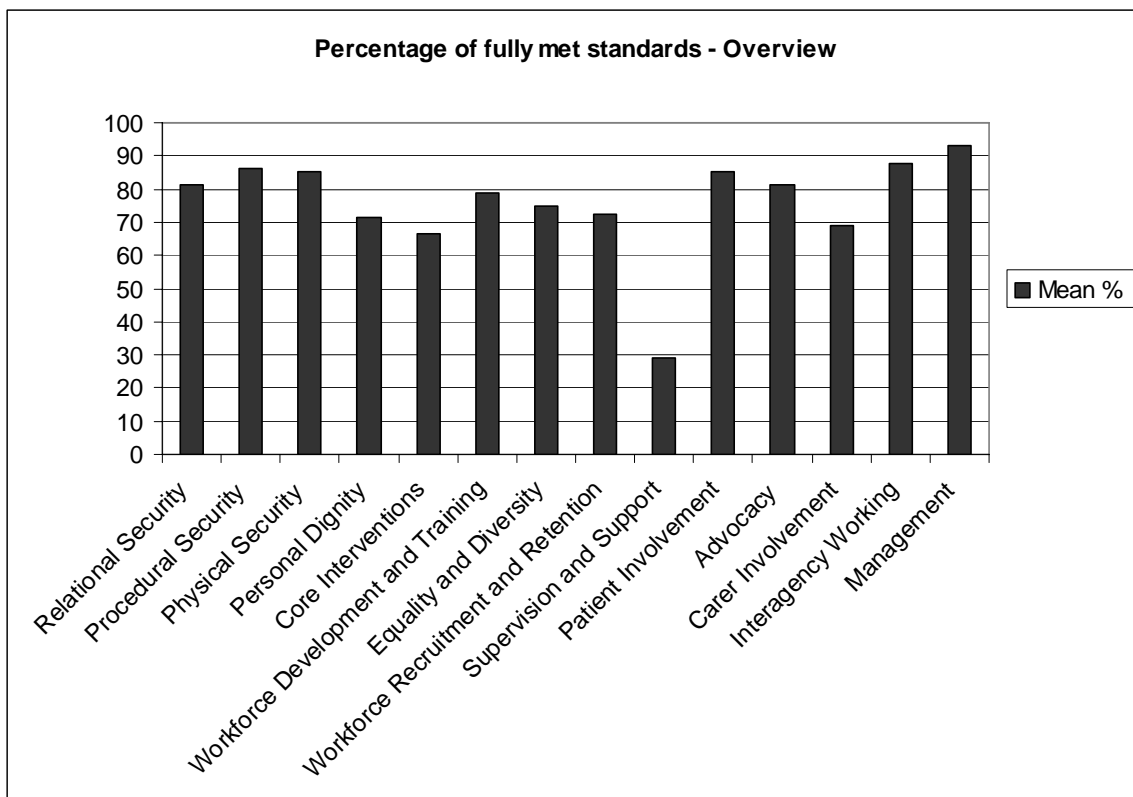
The project team gratefully acknowledges:

- The staff in member units who organised, attended and received peer-reviews
- Service users in member units who took part in the peer-review of their unit
- The Advisory Group (see Appendix E) for their continuing support and advice

Summary and Recommendations

This section outlines the key issues that emerged from the reviews. It recommends action that units can take in response to the problems raised and action that the Quality Network for Forensic Mental Health Services will take.

Figure 2.



Overall, the units reviewed were found to score highly in the majority of standard areas. It can be seen in Figure 1 that units met at least 70% of the standards in eleven out of the total fourteen standard areas. The top three areas that were found to have the highest average percentage of met standards were Management, Interagency Working and Procedural Security. The standard areas which were found to have the lowest scores were Carer Involvement, Core Interventions and Supervision and Support. The average percentage of met standards for the area of Supervision and Support is notably lower than the than that achieved in other others. This is discussed further below.

Figure 3.

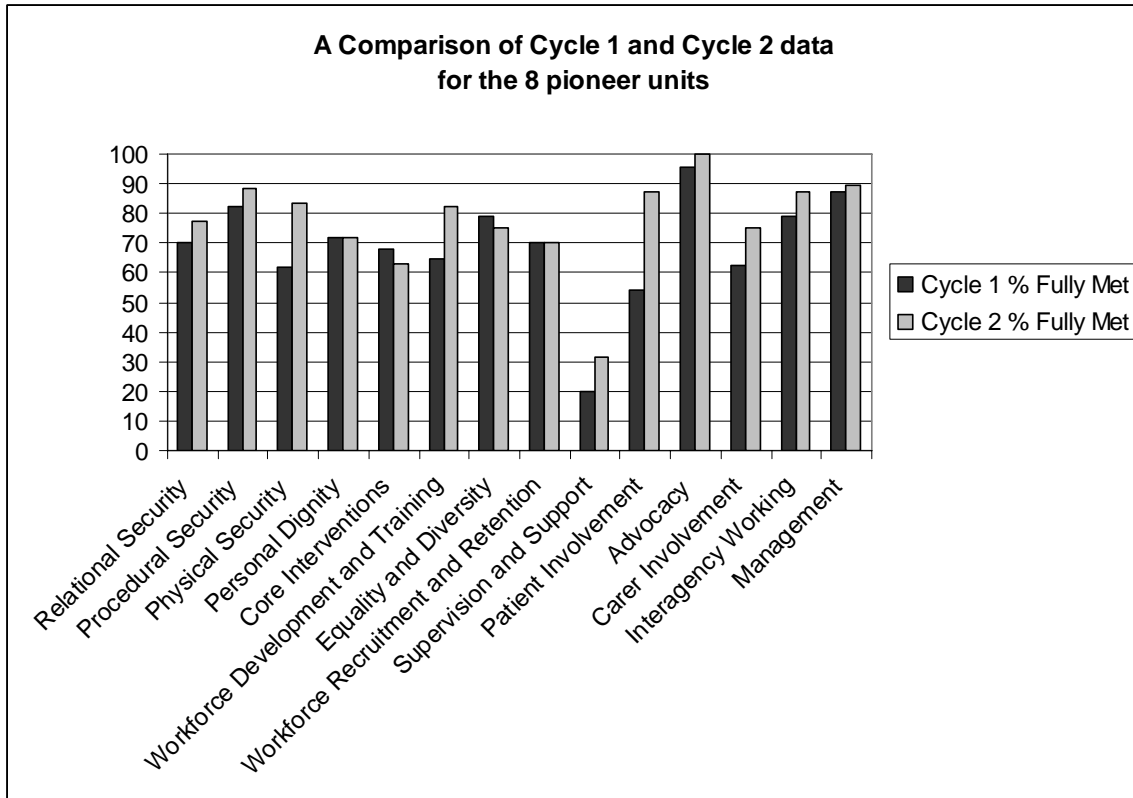


Figure 2 above compares the data collected during Cycle 1 and Cycle 2 for the eight pioneer units. An improvement can be seen in ten of the standard areas and in a further two standards areas the average percentage of fully met standards has remained the same. Considerable improvements have been made in the areas of Physical Security and Patient Involvement. Furthermore, an improvement is noted in the area of Supervision and Support. This is encouraging.

However, it can also be seen from Figure 2 that the average percentage of fully met standards has decreased in two areas, namely, Core Interventions and Equality and Diversity. The decrease observed in the area of Core Interventions may be attributable to recent challenges faced by two of the units as a result of short staff psychology departments.

Supervision and Support

The provision of clinical supervision for allied health professionals and medical staff generally met required standards. By contrast, in the majority of units reviewed the provision of clinical supervision for nursing and support staff is poor. Overall, the provision of supervision was inconsistent and all of the units reviewed failed to meet the standard requiring all staff to receive regular supervision totalling at least one hour per month. Furthermore, only three units were found to provide junior staff with a least one hour of supervision a week. Again, this was found to be weakest for nursing staff. Nursing staff reported that time for supervision is not formally protected, and when designated, it is not always viewed as a priority and so often gets cancelled. It is particularly important that nursing staff are well supported under a clear clinical leadership, given the key role they have in the day to day work in the unit. Consequently, it is very important that action points in this area are implemented and reviewed in the Cycle 3 peer-reviews.

Recommendation 1 – Supervision and Support

Managers to ensure that there are formal structures in place and protected time for nurses and other frontline staff to have regular clinical supervision totalling at least one hour per month.

What will the Quality Network for Forensic Mental Health Services do?

Facilitate means by which members can share good practice, for example, via the email discussion group (msu@cru.rcpsych.ac.uk), and the provision of opportunities for member units to liaise.

Ensure that supervision and support for nurses is a focus for measuring progress in Cycle 3 reviews.

Core Interventions

Core interventions were not well provided, and this is the second lowest scoring area. In general, units provided inadequate access to creative therapies, offender related treatments and formal family therapy. The lack of offender related treatments is of particular concern considering the nature of the patient group. Only half of the units reviewed reported their unit to contain an adequate number of large and small rooms, adequately designed for individual and group work and this can limit therapeutic activity. Additionally, peer-review teams often reported that well resourced activity and therapy areas were not being fully utilised. Finally, most worrying three units were found to have severely short staffed psychology departments with senior managers reporting significant challenges in recruiting to the vacant posts. This begs the question of why some medium secure units are having difficulties recruiting to, generally, much sort after roles. It is notable that that short comings in the provision of care and treatment together with inadequate provision for staff supervision perhaps suggest that in many units

there is a lack of value placed on the quality of care for both staff and patients.

Recommendation 2 – Core Interventions

Where applicable managers to ensure adequate staffing levels and environmental facilities so that patients have access to a wide range of treatments.

Recommendation 3 – Core Interventions

Consider introducing a ward or unit based activities coordinator role.

What will the Quality Network for Forensic Mental Health Services do?

Highlight issues concerning gaps in core interventions to commissioners.

Ensure that core interventions are a key focus of the third review cycle.

Carer Involvement

Although the majority of units were found to have a policy on the consultation and involvement of carers, in practice carer involvement is found to be a challenge for many units. It is encouraging that carer involvement is becoming an area of focus across the units. However, many of the structures in place are new and still in the stages of development. Units often reported the main difficulties to overcome are the constraints imposed by large geographical catchment areas. Staff from units that have well established and well functioning carers' groups reported the input of the carers' group to be highly beneficial.

Recommendation 4 – Carer Involvement

Senior managers and frontline staff to develop strategies for the routine involvement of carers in all aspects of the service by liaising with other units that have successfully implemented similar strategies and schemes.

What will the Quality Network for Forensic Mental Health Services do?

Facilitate means by which members can share good practice, for example, via the email discussion group, and the provision of opportunities for member units to liaise.

Personal Dignity:

Primary Healthcare

Only about half of the units provided patients with good access to primary healthcare services and this varied considerably across units. Some units were observed to have dedicated on site primary healthcare suites, including dental facilities, and other unit were found to provide little or no access to

primary care services. In these units primary healthcare services were generally noted to be provided by junior doctors and ward nurses, with managers reporting that it is difficult to find a GP willing to visit the unit. It is a matter of concern that as many as six units failed to meet this standard.

Environment

There was marked variation in the quality of the physical environment across units, with just over half of the units providing an environment of good quality that is well maintained. Approximately half of the units were built to 1980s specifications and are no longer fit for purpose. Indeed, two units are operating in nineteenth century buildings. These units are in need of urgent refurbishment and redesign to meet the demand of contemporary standard for patients' personal dignity. Some of these services are involved in the design of new purpose built units that are due to be completed in the next couple of years.

Recommendation 5 – Personal Dignity: Primary Healthcare

Consider ways in which patients' primary healthcare needs could be better met e.g. arranging for a GP and primary care nurse to provide regular clinics.

Recommendation 6 – Personal Dignity: Environment

Continue to implement and monitor action plans for the improvement of the environment, and ensure that this is not delayed or postponed, particularly due to possible future relocation of the service.

What will the Quality Network for Forensic Mental Health Services do?

Disseminate these areas of concern to commissioners via the annual report.

Workforce Development and Training and Workforce Recruitment and Retention

Only half of the units reported that all staff have an individualised personal development plan in place that is updated annually. The majority of units are implementing the Knowledge and Skills Framework, but the process is often time consuming. Nurses in particular do not have personal development plans in many units.

Only five units provide annually updated security awareness training. Only five units were reported to be fully compliant with this standard. This is a matter for concern. However, some units have recently implemented a rolling programme of security awareness training that will allow for annual updates.

Recommendation 7 – Workforce Development and Training

Continue with the implementation of the Knowledge and Skills Framework and to ensure that nurses have personal development plans.

Recommendation 8 – Workforce Recruitment and Retention

Continue with the implementation of annually updated security awareness training as a matter of priority.

What will the Quality Network for Forensic Mental Health Services do?

Facilitate means by which members can share good practice, for example, via the email discussion group, and the provision of opportunities for member units to liaise.

Equality and Diversity

Overall, units were found to score well in relation to equality and diversity. However, a quarter of the units reviewed were found to partially meet this standard. Staff in these units would like, for example, provided by an equality and diversity group. Again, it is noted that many of the structures in place are new and in development.

Recommendation 9 – Equality and Diversity

Managers to review, implement and monitor strategies for raising awareness of ethnic and cultural issues and providing staff with adequate support in this area.

What will the Quality Network for Forensic Mental Health Services do?

Facilitate means by which members can share good practice, for example, via the email discussion group, and the provision of opportunities for member units to liaise.

Physical Security

Only six units reported that the physical security of the service protects the privacy and dignity of patients, facilitates their care and treatment, prevents the passing in of contraband items and offers a protection to the public such as to make escape/abscond difficult. Similarly, just under half of the units reviewed were not well designed and did not to have the necessary facilities and resources for people requiring medium secure care. Striking variations were noted across the units, largely due to approximately half of the units being built to 1980s specifications and the other half having been purpose built to meet contemporary standards. The majority of the older medium secure services are actively involved in modifying their units to bring them in

line with the current standards. It is important that high levels of relational and procedural security are maintained in these units in particular.

Recommendation 10 – Physical Security

Continue with plans to modify older building to bring them in line with current standards for medium security. Ensure that this is not delayed or postponed due to possible future relocation of the service.

What will the Quality Network for Forensic Mental Health Services do?

Disseminate these areas of concern to commissioners via the annual report.

Key Findings Cycle 2 2007/2008

1: Relational Security

Key Findings

Number of standards in Relational Security: 23

Average percentage of criteria fully met by the 16 units: 81%

Range: 61 - 100%

Achievements

- All units were able to demonstrate that there is a clear process for the admission of patients. In addition, the majority of units have effective systems in place that ensure good quality multi-disciplinary assessment prior to admission.
- In general, there are clear and effective systems in place for communication and handover within clinical teams.
- There are no unmet standards within the subsection of Risk and Safety across all sixteen units. All units were noted to promote a blame free (or fair blame) culture for the reporting of incidents.

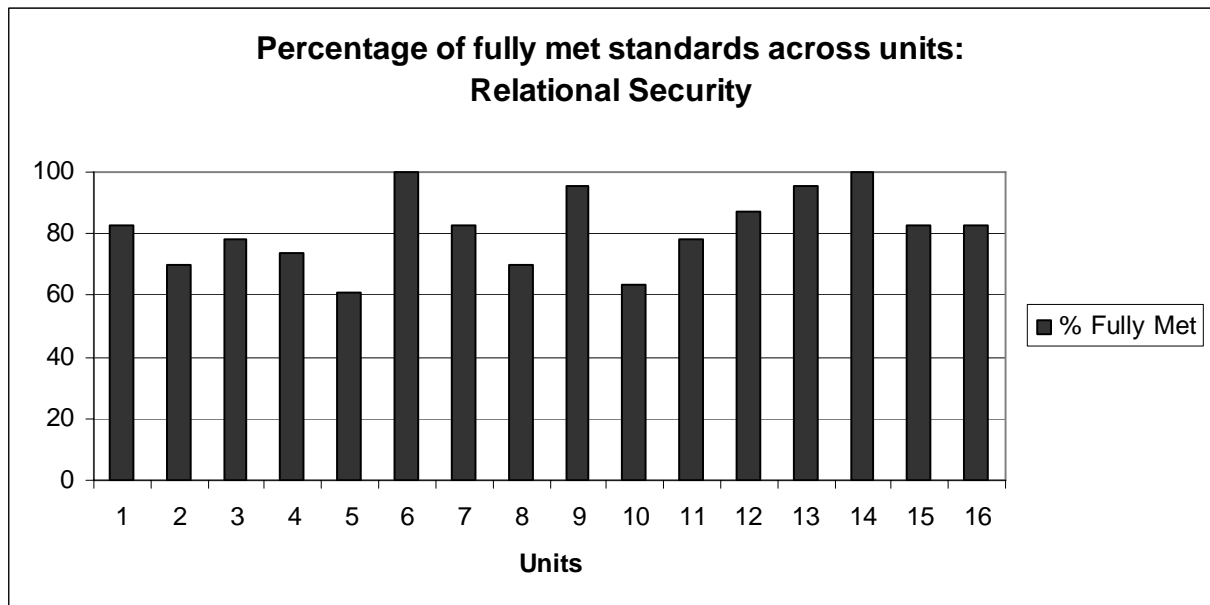
Areas for Improvement

- Just under half of the units fail to provide prospective patients and referrers with written information about the service as a whole.
- It was reported that approximately a quarter of the units do not meet the standard requiring that there is a core day described as part of patients' individualised care plans.
- Just over a quarter of the units reviewed found it a challenge to meet the standard relating to demonstrating an evaluated staffing profile to meet the needs of patients.

Solutions

- To develop information for prospective patients and referrers detailing the aims of admission and programmes of treatment, in consultation with patients.
- To review the effectiveness of the processes in place which demonstrate an evaluated staffing profile to meet the needs of the patients (e.g. skills assessment and needs assessment)

Figure 4.



Achievements

Relational Security was scored highly overall. The graph indicated that fourteen out of the sixteen units met at least 70% of the standards in this area. Establishing and maintaining a high level of relational security was reported to be a priority by both senior managers and frontline staff.

The peer-review visits revealed that there is a clearly defined process for the admission of patients to all of the units and it was noted that pre-admission assessments are becoming increasingly multi-disciplinary. While these assessments are largely carried out by medics and nursing staff, other disciplines such as psychology, occupational therapy and social work are involved where appropriate. In addition, fifteen out of the sixteen units were found to have an initial risk assessment completed by the time of admission and an initial treatment plan in place within twenty-four hours of admission. Patients from all units are managed within the framework of the CPA process (or equivalent) and case reviews are conducted regularly.

Staff from thirteen units reported that there are clear and effective systems for communication and handover in place with the majority of units facilitating ward handover meetings twice daily. While communication within teams was reported to be good, communication systems between senior managers and frontline staff were acknowledged to be an area for improvement.

There are no unmet standards relating to Risk and Safety. All of the units were reported to fully meet the standard for promoting an open, blame-free (or fair blame) culture. Furthermore, thirteen units were also noted to

provide an annual report on risks and incidents to enable staff to learn from risks and provide a safer therapeutic environment.

Areas for Improvement

The information provided for prospective patients, referrers and other relevant health professions was found not to be the required standard in seven of the units. This standard was partially met by six units and unmet by one unit. The majority of these units reported the development of written information to be work in progress.

Approximately three quarters of units reported that a core day is described as part of each patient's individualised care plan. However, five units were noted to be partially compliant with this standard. Again it should be noted that this was identified as an area for improvement in the self-review process and many units are looking a ways in which the core day can be developed and implemented consistently across wards. Staff from a number of units reported the introduction of Activities Co-ordinators has been beneficial.

The majority of units find it challenging to provide patients with access to a range of educational professionals. Only six units were found to be fully compliant with this standard. While most patients are able to access numeracy, literacy and IT tutors, units need to improve access to other educational professionals such as special educational needs co-ordinators, educational psychologists and career guidance services. Onsite educational facilities and resources were noted to vary considerable, with some units having well established and well equipped education and IT department and others working with very limited resources. Relationships with local colleges and universities were also noted to vary across units.

Six units did not meet the standard stating that there are processes in place to demonstrate an evaluated staffing profile to meet the needs of patients. It was reported by one unit that although reviews of the staff skills mix are carried out on a regular basis, a patients' needs assessment is outstanding. Additionally, some units reported that it has been a challenge to maintaining a good staff skill mix due to some posts being lost as a result of NHS Trust money saving exercises. Recruitment and retention was acknowledged to be a continuing issue for just under half of the units reviewed. Six out of the sixteen units did not meet the standard requiring that the variance between staff in post and establishment is minimised.

2: Procedural Security

Key Findings

Number of standards in Procedural Security: 16

Average percentage of criteria fully met by the 16 units: 86%

Range: 69 - 100%

Achievements

- Three quarters of the units were noted to have relevant, accessible and up to date policies and procedures in place, addressing a variety of issues.
- Eight standards in this area were met by either all or fifteen out of the sixteen units.

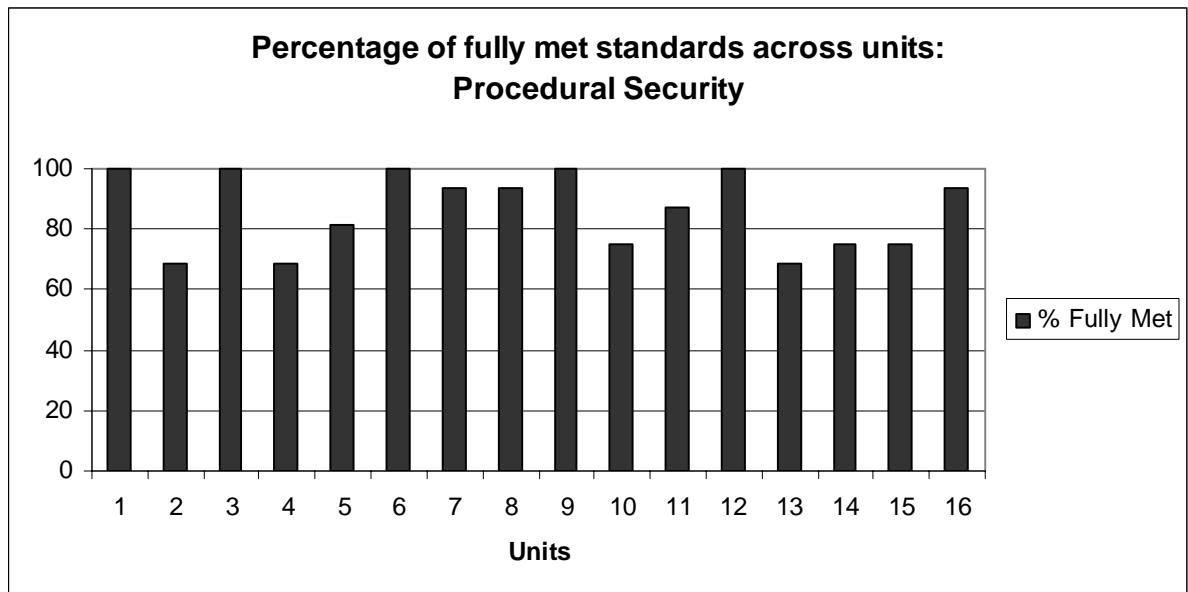
Areas for Improvement

- Just over a quarter of the units reported the need to develop a policy on the control of illicit substances.
- A comprehensive protocol for the risk assessment of patient access to telephones, cameras and the internet needs to be developed in five of the units.
- Eleven of the sixteen units do not have all policies and procedures outlined in the standards in place.

Solutions

- For all services to ensure that a comprehensive set of policies and procedures that meet required standards are in place. The quality network email discussion group may be a useful resource for sharing policies across services (msu@cru.rcpsych.ac.uk).

Figure 5.



Achievements

It can be seen in figure 5 that almost half of the units meet over 80% of the standards in this area. Furthermore, all units were found to have relevant, authorized and up to date policies which met the requirements of at least 60% of the standards relating to Procedural Security.

Four standards were found to be fully met across units. These included policies for: obtaining consent from patients, responding to staff alarms, searching, and the management of aggression and violence.

Areas for Improvement

Just over a quarter of units partly meet the standard relating to a policy for the control of illicit substances. In one case the reported reason for not meeting this standard was due to the policy being out of date and currently under review. In addition, the development of a protocol covering what to do when drugs are discovered and advice to visitors were identified as areas for improvement by other units.

Three quarters of the units reviewed were found to have contingency plans in place, agreed with the emergency services that cover hostage taking, riot, and escape. Three units reported that there are informal agreements in place with their local emergency services which are yet to be formally agreed. One of the units was noted to be currently in the process of developing and agreeing contingency plans.

It was noted that twelve units have a policy in place for administering drugs at dosages above BNF recommendations. However, two units were found to

partially meet this standard, and further two units have no policy in place. Senior managers from one of these units reported that there was no general consensus among staff within this area. This is a matter of concern and should be addressed as a matter of priority.

An additional area identified for improvement in five of the units is the development of a comprehensive protocol for the risk assessment of patient access to telephones, cameras and the internet. Staff reported that it has been a challenge to develop a robust policy in this area due to the fast paced advancement of modern technologies.

3: Physical Security

Key Findings

Number of standards in Physical Security: 27

Average percentage of criteria fully met by the 16 units: 85%

Range: 63 - 100%

Achievements

- Fifteen out of sixteen units were noted to carry out planned and recorded daily inspections of the perimeter to detect damage and/or contraband.
- All units were noted to have a policy in place concerning child visiting.
- Overall, the area of restraint and seclusion is well addressed in the majority of units.

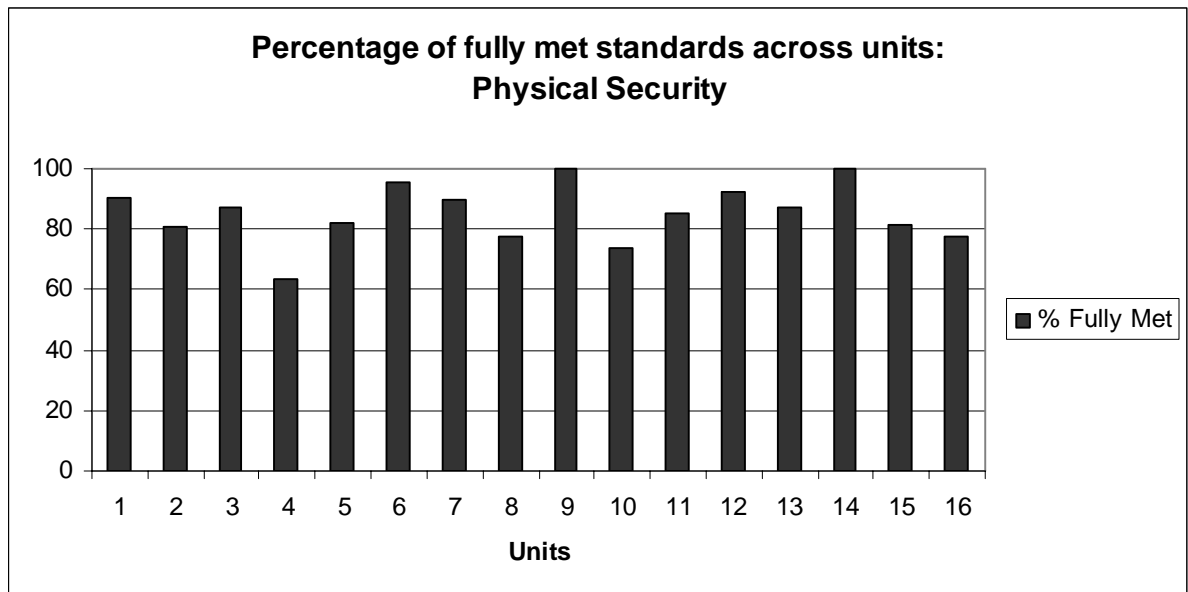
Areas for Improvement

- Only nine units were found to meet the standard stating that the unit is well designed with the necessary facilities and resources for people requiring medium secure care.
- In five services it was noted that not all members of staff working in the secure unit are issued with a personal alarm.
- Just over a quarter of units reported that there is not a system for patients to raise an alarm in an emergency.

Solutions

- In units where the design of the physical environment and facilities are not meeting standards the services need to continue to implement and monitor action plans for the improvement of the environment, and ensure that this is not delayed due to possible future relocation of the service.
- All units to ensure that staff working in secure areas are issued with personal alarms.
- In consultation with patients, all units to consider the implementation of systems to enable patients to raise an alarm in an emergency.

Figure 6.



Achievements

It can be seen in Figure 6 that twelve units met 80% or over of the standards relating to physical security. In all units access and egress is controlled by reception and secure locking systems were noted to be in place. In addition to this, fifteen units reported that secure keys are reconciled and checked by reception twice a day.

Fifteen out of sixteen units were found to carry out planned and recorded daily inspections of the perimeter to detect damage and/or contraband. It is noted that this has been a recent improvement for some services. Additional areas of achievement within this area include all units having a written policy for child visiting, the secure storage of confidential material and the management of restraint and seclusion issues.

Areas for Improvement

Only six units reported that the physical security of the service protects the privacy and dignity of patients, facilitates their care and treatment, prevents the passing in of contraband items and offers a protection to the public such as to make escape/abscond difficult. Similarly, half of the units reviewed were not well designed and were considered not to have the necessary facilities and resources for people requiring medium secure care. Five of these units were observed to have been built to 1980s specifications and two of the units are housed within nineteenth century buildings. One of the main challenges was noted to be the restrictions imposed by these older building on lines of sight in ward areas.

Eleven units meet the standard stating that all staff that work in the secure unit are issued with a personal alarm, three units were reported to partially meet this standard and two units were reported not to meet the requirements of this standard. In the majority of units personal alarms are available to staff but this was reported to vary across disciplines. Additionally, where the medium secure unit is made up of more than one building, it was noted that the provision of personal alarms may also be inconsistent across the service.

Finally, it was also reported that there is not a system in place for patients to raise an alarm in an emergency in five out of the sixteen units. Staff expressed concerns that such a system would be misused by patients. However, units that have implemented electronic alarm systems reported that they are generally used appropriately by patients.

4: Personal Dignity

Key Findings

Number of standards in Personal Dignity: 17

Average percentage of criteria fully met by the 16 units: 72%

Range: 47 - 94%

Achievements

- In all but one of the units it was reported that staff demonstrate respect for patients.
- All units were noted to ensure that patients' basic needs are met.
- It was found that fifteen out of sixteen units have facilities appropriate to the patient group.

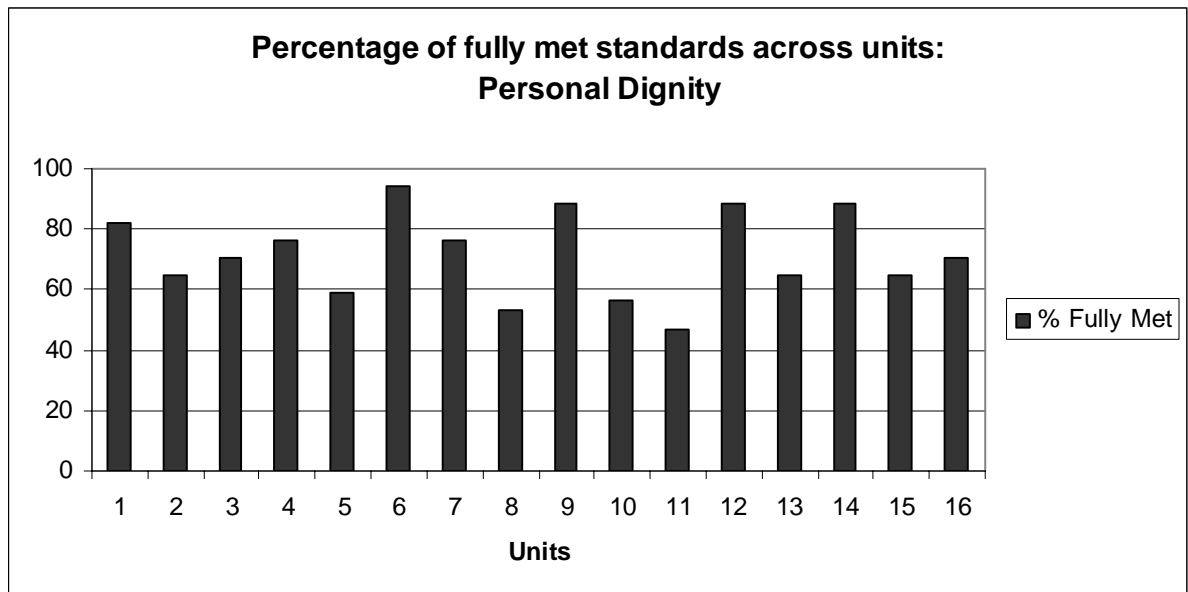
Areas for Improvement

- Providing good quality primary healthcare was reported to be a challenge in just over half of the units reviewed.
- The provision of good quality food was also a challenge for the majority of units.
- Only approximately half of the units reviewed were reported to provide a good quality environment that is well maintained.

Solutions

- All units to consider ways in which patients' primary healthcare needs could be better met e.g. arranging for a GP and primary care nurse to visit the unit.
- To look at ways in which the quality of the food could be improved e.g. changing caterers, cooking food from fresh on site or encouraging patients to self-cater.
- To continue to implement and monitor action plans for the improvement of the environment.

Figure 7.



Achievements

During the peer-reviews, service users from fifteen units reported that staff treated them with respect. Indeed, service users often spoke very highly of staff, reporting them to be polite, helpful and supportive. Service users from one service spoke of a sense of camaraderie between staff and patients at the unit.

All units ensure that patients' basic needs are met and it was noted that fifteen out of the sixteen units have facilities appropriate to the patient group. These facilities include: pool tables, table tennis, television, board games and gym areas. Patients from all units have regular access to fresh air on a daily basis and outdoor spaces were generally observed to be of a good standard.

Areas for Improvement

Just under half of the units reviewed were found to fully meet standards for providing patients with good access to primary healthcare services. The provision of these services was found to vary considerably across units, with some having dedicated onsite facilities and others providing little or no access to primary care services. Indeed, four units were found to be partially compliant and six units failed to meet this standard. Primary healthcare services were generally noted to be provided by junior doctors and ward nurses. Senior managers often reported that it is difficult to find a GP willing to visit the unit. Patients' level of satisfaction with the physical healthcare they receive was also noted to vary. Some patients reported their needs to

be met by the staff at the unit, while other found this level of provision to be inadequate.

Just over half of the units fully meet the standard stating that the environment is of a good quality and well maintained. Approximately half of the units were noted to have been built to 1980s specifications that are no longer fit for purpose. Indeed, two units are operating in nineteenth century buildings. Overall, those units that do not meet this standard were reported to need major refurbishment or relocation of the service. It was noted that some of these services are involved in the design of new purpose built units that are due to be completed in the next couple of years. However, some of the new buildings reviewed were reported to be bare and clinical and so work needs to be done in providing patients with a comfortable and homely environment.

The provision of good quality food was found to be high on patients' lists of improvements. Only a quarter of units were found to fully meet this standard. Patients interviewed during the review days often reported the food to be of a poor quality, with a lack of choice and variability and few healthy options. Suggestions of how this might be improved included cooking food from fresh onsite and encouraging patients to self-cater.

Across the majority of units there is a need to develop clear guidelines on sexual issues. This standard was found to be met by six units, partial met by a further six units and not met by four of the sixteen units. The quality network email discussion group may be a useful resource in developing such guidelines.

Finally, it was noted that although the provision of facilities appropriate to the patient group is generally good, many patients reported being bored. This was particularly true for patient on the acute wards. It would appear that the provision of on ward activities needs to be improved. The need for motivational work was also identified as an area of development by a number of units. The introduction of the activities co-ordinator role was found to have been beneficial in some of the units reviewed.

5: Core Interventions

Key Findings

Number of standards in Core Interventions: 18

Average percentage of criteria fully met by the 16 units: 67%

Range: 22 - 89%

Achievements

- The majority of units reported that there are clear pathways identified that are regularly reviewed.
- Fifteen units were found to provide patients with a range of clinically effective treatments, therapies, recreational and life skills training.
- Thirteen units reported that wherever possible the treatment provided is evidence based and the units that did not meet this standard reported this to be work in progress.

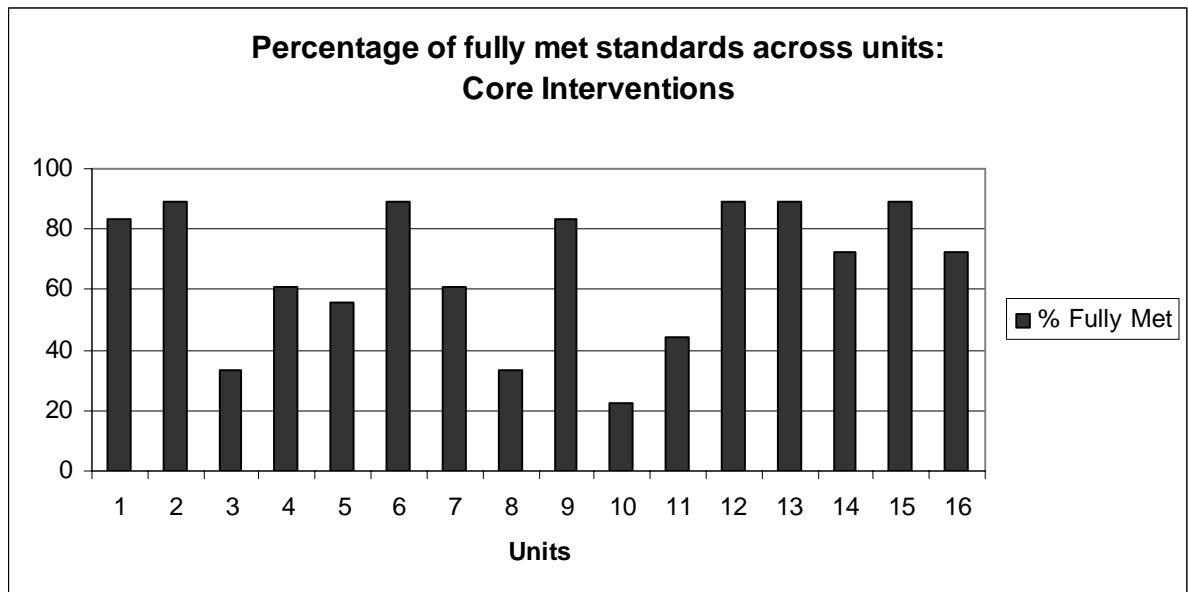
Areas for Improvement

- Nearly a quarter of the units reviewed were reported to have short staffed psychology departments and this was noted to have had a significant effect on the therapeutic programme available.
- Only half of the units reviewed reported being involved in relevant research and development activities.

Solutions

- Senior managers to review recruitment strategy, with particular attention to psychologists
- Units to develop structures for research and development to ensure there is a service led approach, disseminated to staff at all levels.

Figure 8.



Achievements

The majority of units reported that there are clear care pathways identified which are regularly reviewed. Fifteen units were found to provide patients with a range of clinically effective treatments, therapies, recreational and life skills training. In addition to this, wherever possible the treatment provided is evidence based in just over three quarters of the unit. The provision of evidence based therapies was noted to be work in progress for the remaining units.

Areas for Improvement

Just under half of the units were found to meet over 80% of the standards relating to core interventions, four units meeting less than 50% of standards. Three units were reported to face considerable challenges in the provision of core interventions due to severely short staffed psychology departments. The lack of psychology staff in these units was reported to have had a significant effect on the therapeutic programme available to patients. It should also be noted that only nine services reported their unit to contain an adequate number of large and small rooms, adequately designed for individual and group work and this can limit therapeutic activity.

One of the main challenges for the majority of units is the provision of creative therapies. Art therapy is available in nine units and music and drama therapy were only reported to be offered in five out of the sixteen units. While patients are often able to attend art, music and drama groups little interpretive work was reported to be carried out. Similarly, although the social work departments at a number of units offer extensive family work, formal family therapy is generally not available.

Only half of the units reviewed were met the standard relating to the provision of offender related treatments. Some units reported that they see the provision of such treatment and therapies as the role of low secure services. This is a matter of concern. However, other units acknowledged this to be an area for development and step are being taken to improve the provision of offender related treatments.

It was often noted during the peer-reviews that although a number of units have well equipped therapy and activity centres these are often not fully utilised. Again, it was reported that the introduction of an activities co-ordinator role may help to increase patient access to the facilities available.

The level of engagement in research and development activities varies across units. Approximately half of the units were reported to be involved in relevant research and development and six units were reported to partially meet this standard. Only one unit failed to meet this requirement. In many units, engagement in research relies on certain proactive individuals and the findings are usually not disseminated effectively throughout the service. However, it is encouraging that three quarters of the units have clearly written research and development policies and procedures in place.

6: Workforce Development and Training

Key Findings

Number of standards in Workforce Development and Training: 8

Average percentage of criteria fully met by the 16 units: 79%

Range: 29 - 100%

Achievements

- Three quarters of the units were reported to have a workforce development and training strategy in place.
- The majority of units provide training for unit managers who are nursing staff.
- All units provide staff with training in resuscitation.

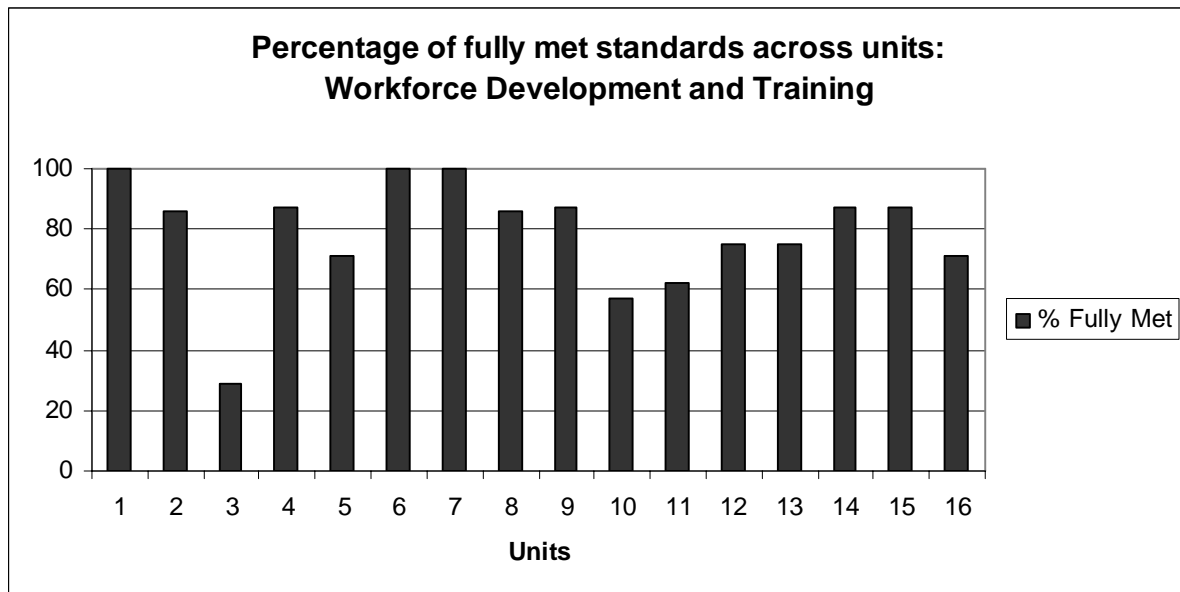
Areas for Improvement

- Only half of the units reported that there are individual personal development plans in place for all staff that are updated annually.
- Six units were found not to offer staff training concerning the issue of touching in general and sexual attraction between patients and staff.

Solutions

- To implement annually updated personal development plans for staff across all disciplines.
- To provide staff with training in the issue of touching in general and sexual attraction between patient and staff.

Figure 9.



Achievements

Three quarters of the units reviewed have a workforce development and training strategy in place. All units were reported to provide their staff with training in resuscitation. The majority of units also provide training in the management of imminent and actual violence, including breakaway techniques and restraint measures. Thirteen out of sixteen units run a training programme regarding culturally sensitive practice, disability awareness, and other equality issues. In addition it was also found that, in general, unit managers who are nursing staff have had further training in management and team leadership.

Areas for Improvement

Only half of the units reported that all staff have an individualised personal development plan that is updated annually. The majority of units were noted to be implementing the Knowledge and Skills Framework. This process was often reported to be time consuming and so presents a challenge in implementing it for all staff. Nurses in particular do not have personal development plans in many units. The provision of training regarding the issue of touching in general and the problem of sexual attraction between staff and patients was acknowledged by six units to be an area in need of improvement.

7: Equality and Diversity

Key Findings

Number of standards in Equality and Diversity: 1

Average percentage of criteria fully met by the 16 units: 75%

Range: 0 - 100%

Achievements

- In general, service users reported issues of equality and diversity to be treated respectfully.
- The purpose built medium secure units were noted to be accessible to patients with a physical disability, and one unit was noted to use brail signs on door.

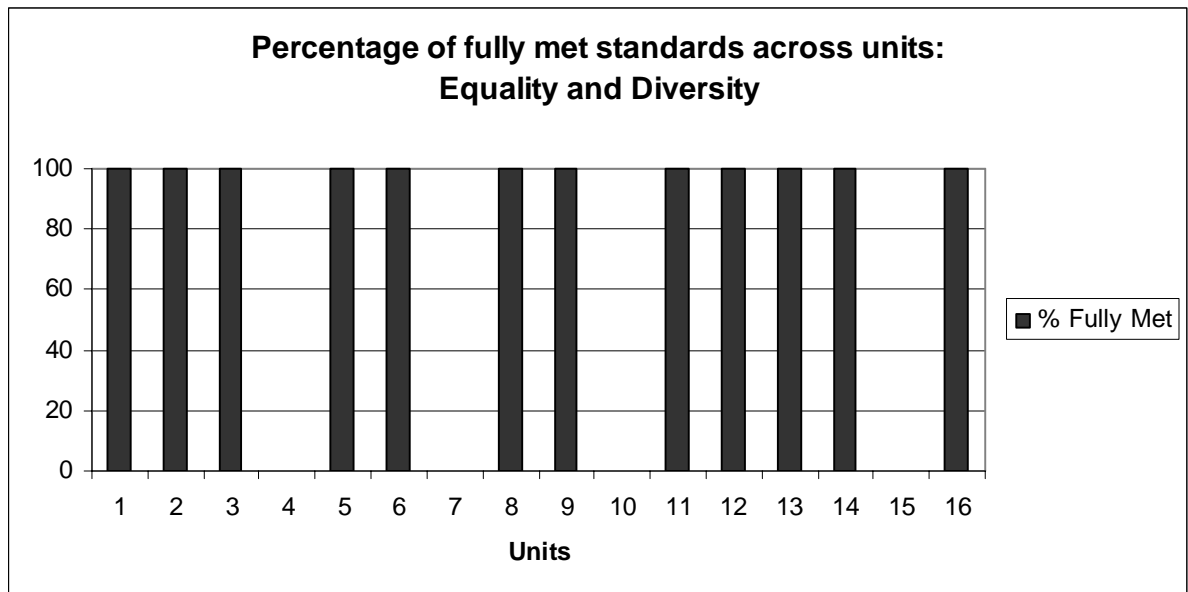
Areas for Improvement

- A number of staff reported feeling unsupported in issues of equality and diversity. It was noted that the provision of training and focus groups are still work in progress for some units.
- A number of service users reported they would value the introduction of a Sunday Service facility. In addition, increased access to a range of religious services was acknowledged to be an area for improvement.

Solutions

- To continue with the implementation and monitoring of equality and diversity training and focus groups.
- To consider the introduction of a Sunday service facility to meet the religious needs of the patient group.

Figure 10.



Achievements

It can be seen from Figure 10 that twelve of the units were fully compliant with the standard relating to equality and diversity. A number of units were noted to facilitate regular equality and diversity groups and patients interviewed generally expressed satisfaction with how issues of equality and diversity are address by staff at the unit.

Gender issues are addressed across the units with the many services containing female only wards. In units where this is not possible, steps are taken to ensure that female dignity is maintained. For example, some female patients express a preference for mixed ward environments and where this is not the case women only areas are identified.

A number of units have good resources to meet the religious needs of patients. The majority of units were found to facilitate visits from religious leaders from multi-faith backgrounds and several of the units have multi-faith rooms or reflection rooms. However, it should be noted that patients often did not recognise reflection rooms to be a religious facility. Units were also often reported to celebrate a variety of religious festivals and patients usually reported that they are provided with a choice of ethnic food.

The new purpose built medium secure units were noted to have been designed to be accessible to people with a physical disability. In addition, brail door signs were observed to be used in one of the new units.

Areas for Improvement

A quarter of the units reviewed partially meet the standard relating to Equality and Diversity. Staff in these units reported needing more support in relation to these issues and the introduction of an equality and diversity group would be valued. Senior managers noted that training is still in progress. Patients at a number of units reported that the introduction of a regular Sunday service facility would be valued and some units were noted to need to increase patient access to multi-faith religious services.

8: Workforce Recruitment and Retention

Key Findings

Number of standards in Workforce Recruitment and Retention: 5

Average percentage of criteria fully met by the 16 units: 73%

Range: 40 - 100%

Achievements

- The majority of units were found to have a recruitment policy in place.
- Fifteen units reported that all staff receive an induction prior to secure keys being issued.

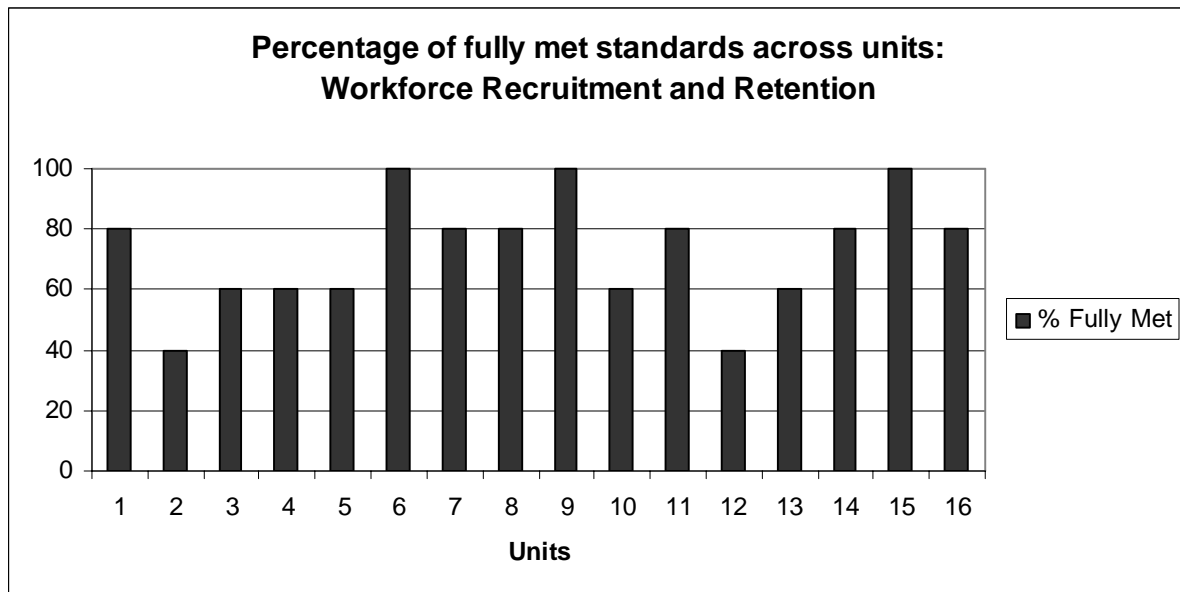
Areas for Improvement

- Just over a quarter of the units provide staff with annually updated security awareness training.
- In four of the units it was found that not all members of staff have enhanced CRB clearance.

Solutions

- To ensure that security awareness training is implemented for all staff with mandatory annual updates.
- To consider the implementation of retrospective enhanced CRB checks for all staff.

Figure 11.



Achievements

Three units were fully compliant with the standards in the area of Workforce Recruitment and Retention and a further six units were found to meet 80% of the standards. The majority of units were reported to have a recruitment policy in place and to provide staff with an induction prior to any secure keys being issued. In general, staff were noted to complete a Trust or corporate induction in addition to a local induction.

Areas for Improvement

Seven of the units met 60% or less of the standards in this area, with two units meeting only 40% of the standards. The main area for improvement was found to be the provision of annually updated security awareness training. Only five units were reported to be fully compliant with this standard. This is a matter for concern. However, it should be noted that a number of units were reported to have recently implemented a rolling programme of security awareness training that will allow for annual updates.

Three quarters of the units ensure that all staff have enhanced CRB clearance. The four units that did not meet this standard reported that although new staff are CRB checked this is not always the case for existing staff. Funding issues at Trust level were often noted to prevent the completion of retrospective checks.

9: Supervision and Support

Key Findings

Number of standards in Supervision and Support: 6

Average percentage of criteria fully met by the 16 units: 29%

Range: 0 – 50%

Achievements

- Supervision and support structures for the majority of disciplines, such as psychology, occupational therapy, medical and social work staff generally meet the required standards.

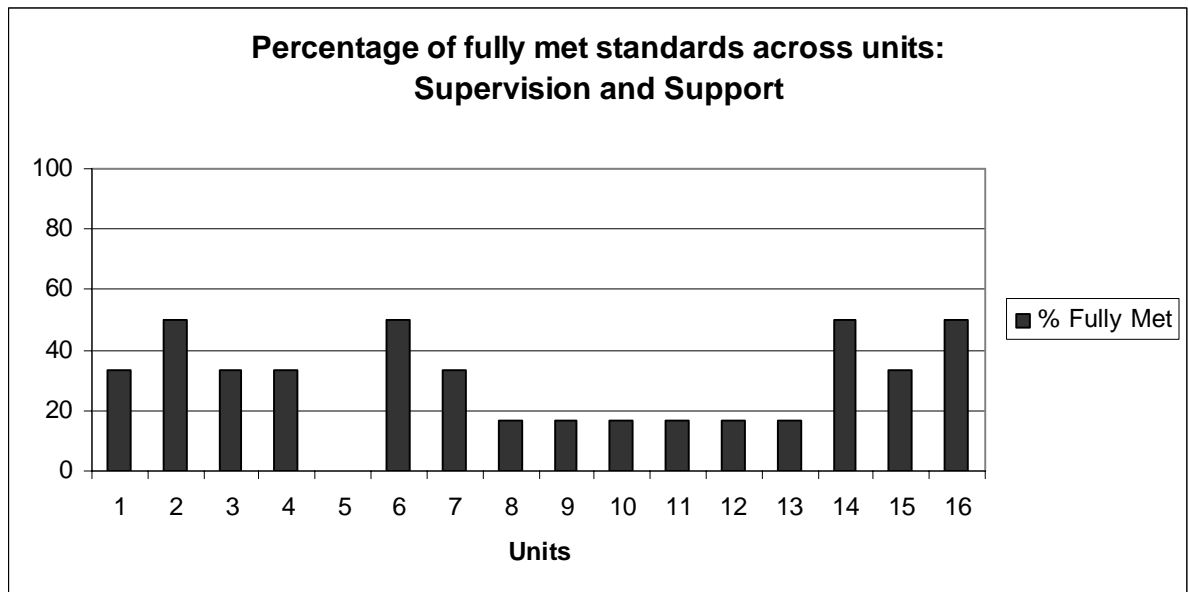
Areas for Improvement

- The programmes of clinical supervision in place are currently not meeting the standards, and consequently the needs of, nursing staff. It was particularly noted that there is a lack of protected time to enable staff to be released from the ward to attend supervision sessions.
- Only seven out of the sixteen units were reported to monitor and audit the occurrence of supervision for all staff.

Solutions

- For units to consider incorporating protected time into ward timetables to allow staff to attend supervision sessions.
- For units to ensure that the take-up of supervision is regularly monitored and audited.

Figure 12.



Achievements

In the majority of units the provision of supervision for allied health professionals and medical staff was reported to be good. It was noted that the structures in place for these professions meet the standard for a minimum of one hour of supervision per month from a colleague with appropriate experience. Informal support between frontline staff was largely reported to be available and highly valued by staff.

Areas for Improvement

As shown in Figure 12. above, supervision and support is an area of poor performance for all units and falls far below the level achieved in other standard areas. In a number of units, arranging supervision sessions was noted to be the responsibility of individual staff members. The majority of staff interviewed reported that a formal structure of supervision with allocated supervisors and designated regular time slot for supervision sessions would be valued. Although the provision of supervision for allied health professional and medics was generally found to be good this was not the case in all units.

In addition, the majority of units revealed that there is a lack of clinical supervision for nursing staff. Overall, nursing staff reported the occurrence of supervision to be inconsistent, often occurring on an ad hoc basis. All of the units reviewed failed to meet the standard requiring all staff to receive regular supervision totalling at least one hour a month. Units reported this to be a particular challenge for nursing staff and health care assistants. Furthermore, only three units were found to provide junior staff with a least

one hour of supervision a week. Again, this was found to be weakest for nursing staff.

Looking at factors contributing to inadequate supervision and support, only two units fully meet the standard for the provision of adequate time to enable staff supervision and support to be delivered. Nursing staff reported that time for supervision is not formally protected, and when designated, it is not always viewed as a priority and so often gets cancelled. It was also found that staff take-up of supervision and support is regularly monitored in seven of the units. The absence of regular monitoring and auditing may also be a contributing factor to the inadequate provision of staff supervision and support.

In addition to inadequate one to one supervision, approximately half of the units are also failing to provide wider support structures for staff. The implementation of staff support groups was noted to vary across units with some meeting weekly and others meeting fortnightly or on a monthly basis. Once again, nursing staff often find it difficult to attend such groups due to inadequately protected time.

10: Patient Involvement

Key Findings

Number of standards in Patient Involvement: 6

Average percentage of criteria fully met by the 16 units: 85%

Range: 50 - 100%

Achievements

- In the majority of units there was evidence to suggest that there is patient involvement in a wide range of aspects of the service.
- It was noted that fifteen of the units consult patients about the environment and all of the units were reported to encourage patients to personalise their bedrooms.

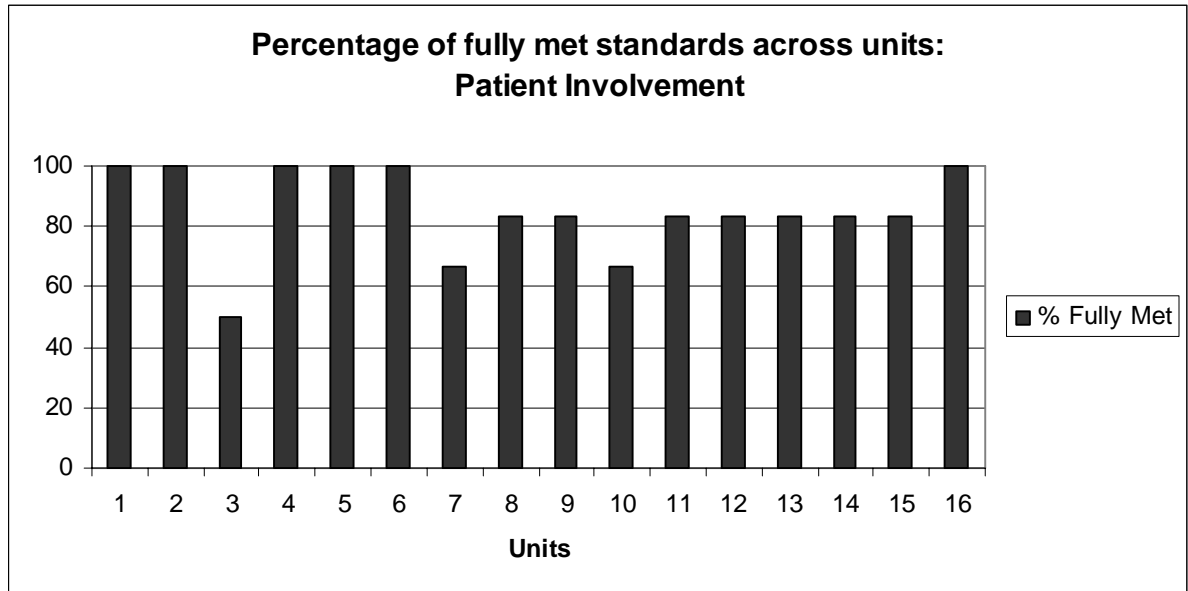
Areas for Improvement

- Unit policies and procedures are agreed through discussion with the whole unit in only half of the services reviewed.

Solutions

- To facilitate ways by which staff of all levels, patients and carers can be involved in discussions and decision making concerning unit policies and procedures.

Figure 13.



Achievements

The majority of services were reported to meet the standard stating that there is evidence of patient involvement in all aspects of the service. Overall, patient involvement is an area of focus for many units and there is a notable amount of developmental work taking place. The level of patient involvement was noted to vary across units which were observed to be at various stages of development. Patient involvement is an area in which sharing practice across units will be particularly useful as structures develop.

In relation to care, three quarters of units were reported to encourage patients to be actively involved in the development of their care plan. Many of the patients interviewed during the peer-reviews reported attending their CPA and having an opportunity to express their opinion. The majority of units were also noted to involve patients in the development of daily and weekly ward timetables.

Many of the units reviewed were also found to facilitate community meetings and service user forums. These units are often used to consult patients about the unit environment and to collect feedback that can be used to improve the service. All of the units were noted to encourage patients to personalise their bedrooms, although the limits imposed by each service are variable. Patients were also noted to be consulted regarding the design of new purpose built units.

Areas for Improvement

There is a need for structures for patient involvement in care to be formalised. Within units it was noted that the level of patient involvement often varied between ward and between patients. Structures in place need to ensure that patient involvement is consistent across the unit and over time.

Only half of the units were fully compliant with the standard for unit wide consultation on policies and procedures. In the units that did not meet this standard patients reported not being involved in the development or agreement of policies and procedures. Indeed, many patients did not know how to gain access to unit policies and were unaware of key documents such as the complaints procedure. Those services that do seek patient input have patient representatives at the monthly policy and procedures meeting. In some cases an advocate attends on behalf of the patients and then disseminates information regarding units policies to the patient group.

11: Advocacy

Key Findings

Number of standards in Advocacy: 1

Average percentage of criteria fully met by the 16 units: 81%

Range: 0 - 100%

Achievements

- Just over three quarters of the units reviewed were found to meet the standard in this area. In these units the advocacy service was reported to visit regularly and to be contactable in between visits.

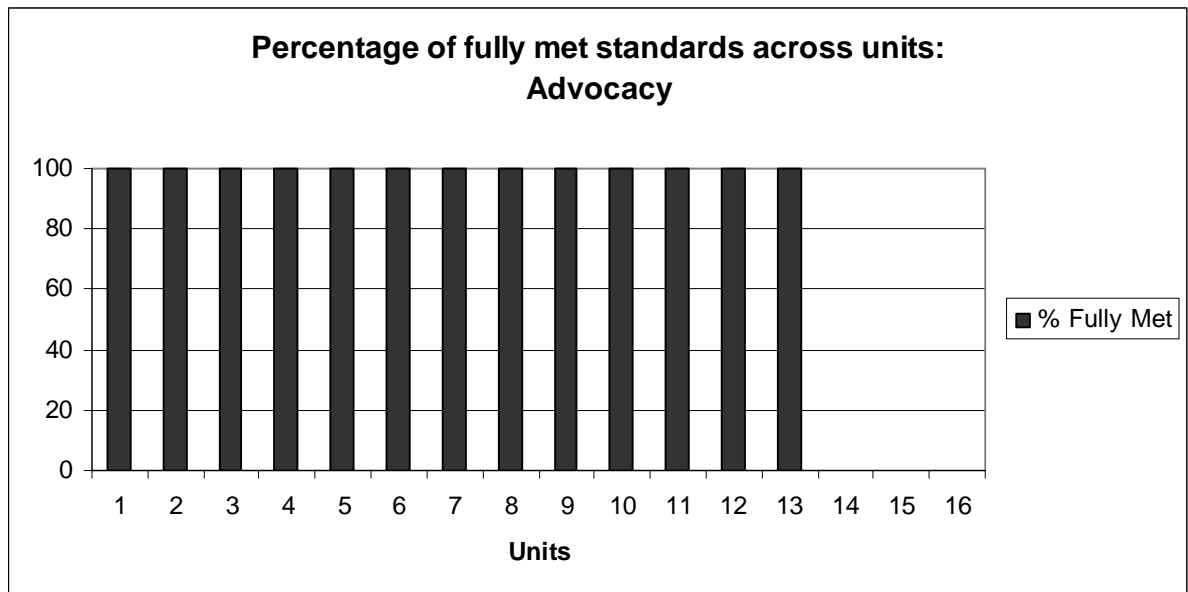
Areas for Improvement

- The level of engagement of advocacy services was found to vary considerably across units.
- Patients interviewed during the review were sometimes unaware of the role of advocates and the services they offer.

Solutions

- To use the quality network email discussion group (msu@cru.rcpsych.ac.uk) to find out about the services provided by advocates working in other medium secure units.
- To provide information for patients on admission to explain the role of independent advocacy services.

Figure 14.



Achievements

It can be seen in Figure 14 that just over three quarters of the units are fully compliant with the standard relating to the provision of independent advocacy services. In the majority of units, advocates were noted to visit the service regularly, ranging from once a fortnight to twice a week. It was also reported that patients are often able to contact the advocacy service in between visits. In a number of services information leaflets were observed to be displayed around the unit. Advocacy services were reported to facilitate service user forums, support patient involvement, and to attend policy meetings and CPA reviews. In general, patients were also noted to be aware of the role and services offered by the Patient Advice and Liaison Service.

Areas for Improvement

The level of engagement of advocacy services was noted to vary considerably across units. As noted above some services visit units on a fortnightly basis and others attend a couple of days a week. The amount of time the advocates spend at the service was also noted to vary from one or two hour sessions to seven or eight hour sessions.

Some patients interviewed during the peer-reviews informed the review teams that they were unaware whether there was an advocacy service available to them and were unclear of the role of an advocate. It would be beneficial for some units to increase the awareness and understanding of the advocacy services at the admission level.

12: Carer Involvement

Key Findings

Number of standards in Carer Involvement: 1

Average percentage of criteria fully met by the 16 units: 69%

Range: 0 - 100%

Achievements

- The majority of units reviewed reported that there was a policy in place covering issues of carer involvement.
- A small number of units were noted to have well established and well functioning carer groups.

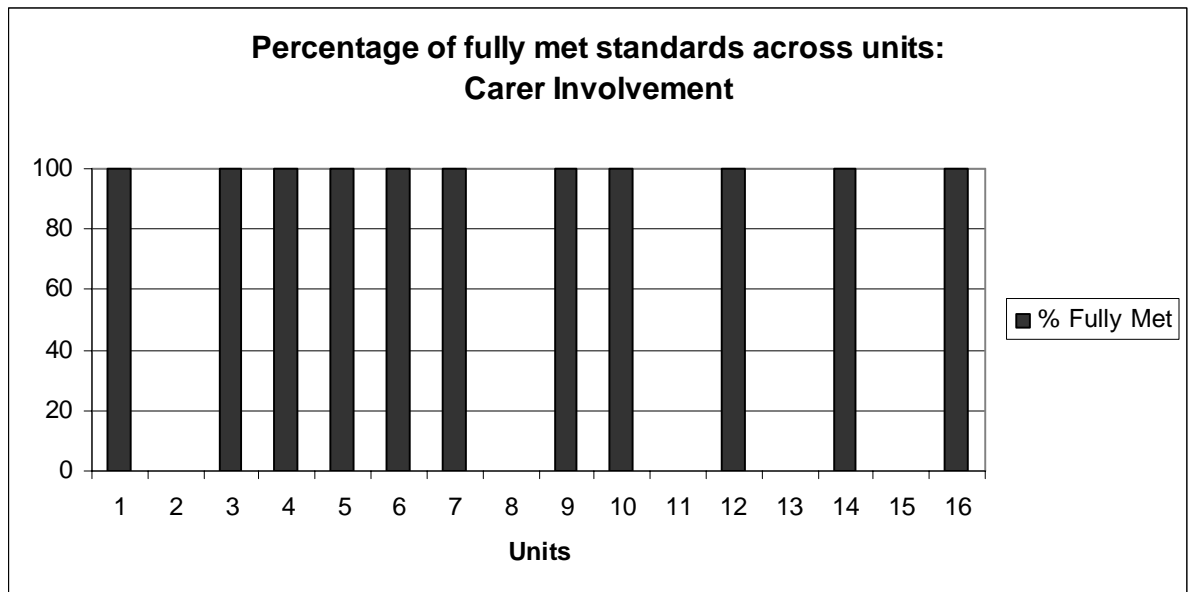
Areas for Improvement

- Although the majority of units have a policy in place, in practice carer involvement is found to be a challenge for many of the units.

Solutions

- For all units to look at ways in which the level of carer involvement can be improved. The quality network email discussion group may be a useful resource (msu@cru.rcpsych.ac.uk).

Figure 15.



Achievements

Fourteen out of sixteen units were found to be fully compliant with the standard stating that there is a policy on the consultation and involvement of carers. A number of units were found to have well established and well functioning carer groups that are regularly involved in a variety of aspects of the service. Staff at these units reported the input of the carer group to be highly beneficial.

Areas for Improvement

Although the majority of units were found to have a policy on the consultation and involvement of carers, in practise carer involvement is found to be a challenge for many units. Peer-reviewers often reported that they saw little evidence of the routine involvement of carers in the treatment and care offered to patients. Units reported that constraints are imposed by the wide geographical catchment areas of some services. For most services carer groups are a relatively new initiative and there is progress to be made in seeking and obtaining meaningful carer involvement in both aspects of care and the wider service.

13: Interagency Working

Key Findings

Number of standards in Interagency Working: 1

Average percentage of criteria fully met by the 16 units: 88%

Range: 0 - 100%

Achievements

- It was found that there is Interagency working in fourteen out of sixteen units.

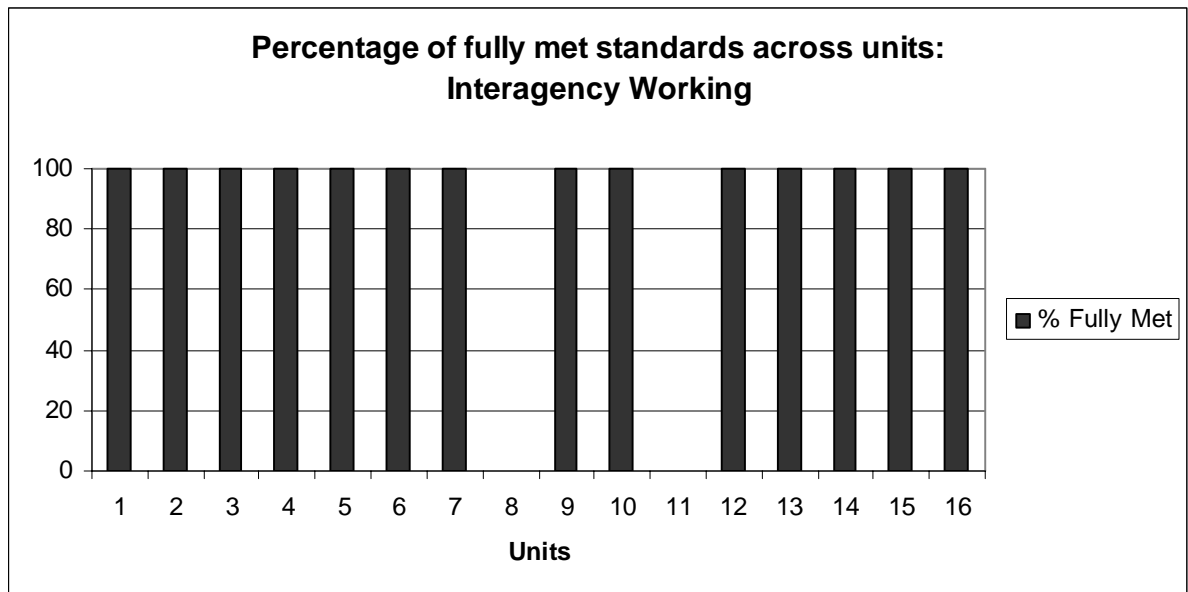
Areas for Improvement

- Units with large geographical catchment areas reported that it is a challenge to establish and maintain links with patients' local community mental health teams.

Solutions

- To consider ways in which interagency working can be effectively implemented in units with large/national catchment areas.

Figure 16.



Achievements

The majority of units were found to be fully compliant with the standard relating to interagency working, and two units were found to be partially compliant. In general, services reported good links with the prison services and community services, with many units involved in prison in-reach and community out-reach schemes. Overall, units also reported liaising with the local police, court and probation services and local authority services. The majority of units also reported involvement with MAPPA.

Areas for Improvement

Two units reported that due to large or national catchment areas it is often a challenge to establish and maintain a working relationship with patient's local community mental health teams. This is a matter of concern given that interagency working is often identified as key contributing factor in serious incident inquiries.

14: Management

Key Findings

Number of standards in Management: 4

Average percentage of criteria fully met by the 16 units: 93%

Range: 0 – 100%

Achievements

- Management structures are generally an area of achievement. Two of the four standards in this area were found to be met by all units.

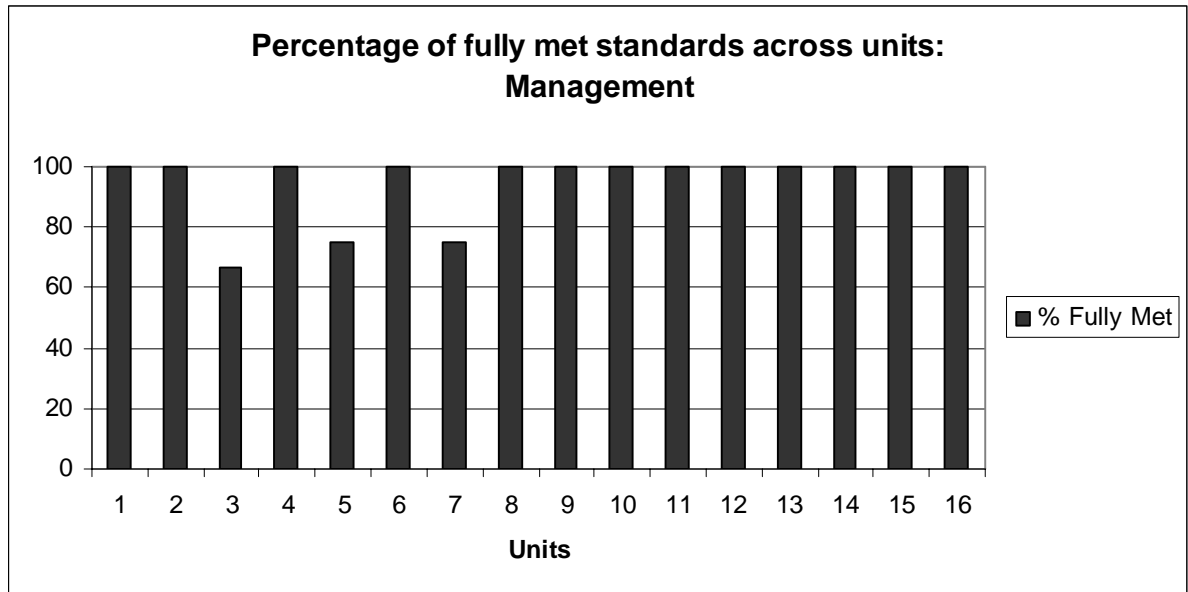
Areas for Improvement

- Three units were found to partially meet the standard stating that there are clear governance arrangements for secure services at board level.

Solutions

- To ensure that there are clear governance arrangements for secure services at board level.

Figure 17.



Achievements

Overall, unit management structures are generally an area of achievement. All units were noted to have finance management systems in place which ensure financial probity and all units reported the management of patient information to comply with Caldicott. It was noted that a number of units have made a successful transition to an electronic notes system.

Areas for Improvement

Three of the units reviewed were found to be partially compliant with the standard stating that there are clear governance arrangements for secure services at board level. In addition one unit was found to partially meet the standard relating to data collection that meets the requirement of the Mental Health Minimum Data Set (MHMDS).

APPENDIX A: AGGREGATED DATA

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
	1: Relational Security					
	Relational Security – Admission and Assessment					
1.1	Units have systems and processes in place that ensure good quality multi-disciplinary assessment prior to admission (Please use the comments section to provide brief details)	13	3	0	0	0
1.3	There is a clearly defined process for the admission of people to the unit	16	0	0	0	0
1.4	There are written referral criteria	13	2	1	0	0
1.5	Staff and patients provide written information about the unit that addresses the need of prospective patients, referrers and other relevant professionals	9	6	1	0	0
1.10	All patients have an initial treatment plan in place within 24 hours following admission	15	1	0	0	0
1.11	All patients on admission have an initial risk assessment	15	1	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
	Relational Security – Care and Treatment					
1.12	All patients are managed within the framework of the CPA process	16	0	0	0	0
1.15	There is a core day described in each patient's individualised care plan (A description of the core day may also be found elsewhere e.g. in ward programme or individual timetable)	11	5	0	0	0
1.16	There are regular case reviews in line with good practice ECC/CPA guidelines	16	0	0	0	0
	Relational Security – Care and Treatment					
1.17	There are processes in place which demonstrate an evaluated staffing profile to meet the needs of the patients (e.g. skills assessment and needs assessment)	10	6	0	0	0
1.18	There are clear and effective systems for communication and handover within staff teams	13	3	0	0	0
1.20	The ratio of Consultant Psychiatrists to medium secure beds is 1: 14	11	3	0	0	1
1.21	There are multi-disciplinary teams identified as part of the staffing establishment, with each team including psychiatrists, nurses, psychologists, occupational therapists, and social workers					
1.30	The unit has access to a range of practitioners offering psychotherapeutic sessions	13	3	0	0	0
1.31	The unit has access to a range of education professionals which include teachers, a special educational needs co-ordinator, an educational psychologist, and career guidance	6	10	0	0	0
1.32	All staff can demonstrate an understanding of their role in relation to meeting the complex needs of patients	12	4	0	0	0
1.33	The variance between staff in post and establishment is minimised	10	5	1	0	0
1.35	Extra nursing cover is available when needed, e.g. there is access to additional on-call staff in emergency	16	0	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
1.36	The unit is staffed by permanent staff and agency staff are used only in exceptional circumstances	13	2	1	0	0
1.37	There are published and monitored plans to deliver therapy and treatments in line with planned programmes	12	4	0	0	0
	Relational Security – Risk and Safety					
1.38	The unit provides an annual report on risks and incidents to enable the unit to learn from risks and provide a safer environment	13	3	0	0	0
1.39	The unit promotes an open, blame-free culture for reporting incidents	16	0	0	0	0
	Relational Security – Discharge and Transfer					
1.48	There is a frequent decision-making forum, e.g. weekly ward rounds rather than monthly reviews, to prevent unnecessary delays to discharge	16	0	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	2: Procedural Security					
2.1	There are relevant, accessible, authorised, up to date policies (no more than 3 years old) and procedures in place to address the areas of practice identified above.	12	4	0	0	0

	Procedural Security – Care and Treatment					
2.4	There is a procedure regarding obtaining consent from patients	16	0	0	0	0

	Procedural Security – Risk and Safety					
2.5	There is a policy in place on the management of aggression and violence which is compliant with NICE 25					
2.6	The unit has procedures for the management of bullies and for those who have been bullied					
2.7	There is a policy in place for the observation and monitoring of patients who are at risk of suicide					
2.10	There is a searching policy in relation to patients, visitors, bedrooms, and off ward areas					
2.11	There are contingency plans agreed with the police and emergency services (NICE 25) covering as a minimum: hostage taking, serious disorder, riot, escape					

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
2.12	There is a policy on the control of illicit substances covering (a) treatment of substance misuse; (b) education on the dangers of substance abuse; c) advice to visitors on the dangers of passing illicit/unauthorised substances; (d) a protocol with police for when drugs are discovered; (e) a policy on "searching with cause" for drugs					
2.13	There is a policy for administering drugs at dosages above BNF recommendations	16	0	0	0	0
2.14	There are clear contingency plans in place which meet NICE Clinical Guideline 25 Systems (including: systems to ensure the management of serious incident, systems for review (both internal and external to organisation), methods to ensure learning, audit process of actions with timescales following review, and clear lines of responsibility and accountability)	13	2	1	0	0
2.15	There is a policy for prompt response to staff alarms	15	1	0	0	0
2.17	There is a procedure in place to ensure that perimeter fence inspection processes are audited	15	1	0	0	0
2.18	There is a protocol in place for the risk assessment of patient access to telephones, the internet and cameras	12	4	0	0	0
	Procedural Security – Responsibilities and Rights					
2.20	There is a policy in place to ensure issues of equality and diversity are regularly monitored	14	2	0	0	0
2.21	The unit has a written complaints procedure	15	1	0	0	0
2.22	The unit holds data in compliance with legislation (including the Data Protection Act 1984, MAPP, Caldicott Principle) to ensure maintenance of confidentiality	16	0	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	3: Physical Security					
3.1	The physical security protects the privacy and dignity of patients, facilitates their care and treatment, prevents the passing in of contraband items and offers a protection to the public such as to make escape/abscond difficult. (A number of issues are covered in this statement. It may be helpful to provide a general response here and use the standards below to provide more detail).	10	6	0	0	0

	Physical Security – Perimeter					
3.2	There is a defined perimeter	14	2	0	0	0
3.3	There is EITHER (a) a 5.2m single weld mesh fence surrounding the whole unit (note: fences below 5.2m are not secure fences but anti-dash fences) OR (b) a combination of a 5.2m single weld mesh fence and buildings including reception creating a secure area OR (c) perimeter security designed into the unit consisting of connected buildings, including reception, creating a secure area	12	3	1	0	0
3.4	Where there are separate buildings they are connected and create a secure area	5	0	3	0	8
3.5	The perimeter is inspected	16	0	0	0	0
3.6	There is planned and recorded daily inspection of the perimeter to detect damage and/or contraband	15	1	0	0	0
3.7	There is planned and recorded weekly inspection of the perimeter to detect damage and/or contraband	6	0	0	0	10
3.8	There are longer planned periods between inspections of the perimeter	4	0	0	0	12

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	Physical Security – Access and Egress					
3.9	Access and egress is via reception	16	0	0	0	0
3.10	Access/egress to the secure unit is granted via an airlock controlled from reception	15	1	0	0	0
3.11	Access/egress to the secure unit is granted by a single door controlled from reception	10	0	0	0	6
3.12	Entry is controlled from reception	15	0	0	0	1

	Physical Security – Locking System and Keys					
3.13	There is a secure locking system in place	16	0	0	0	0
3.14	There is a secure locking system – either manual, electronic, magnetic or a combination of these, with backup replacement in the event of a compromise or failure AND a separate locking suite for doors/locks within the perimeter or providing access to it	13	3	0	0	0
3.15	There is a secure locking system – either manual, electronic, magnetic or a combination of these, with a separate locking suite for doors/locks within the perimeter or providing access to it, but with no backup replacement	7	1	0	0	8
3.16	Checking of secure keys takes place	16	0	0	0	0
3.17	Secure keys are accounted for and reconciled by reception twice daily, normally at end of main shift and at night (Note that reconciliation of keys means that all keys held in reception and issued are accounted for in a single check)	15	1	0	0	0
3.18	Secure keys are accounted for and reconciled by reception once daily	6	1	0	0	9
3.19	Secure keys are accounted for and reconciled by reception less than once a day	4	0	0	0	12

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
	Physical Security – Alarms					
3.20	All staff who work in the secure unit are issued with a personal alarm	11	3	2	0	0
3.21	There is written evidence that staff personal alarms are regularly tested	12	2	1	0	1
3.22	There is a way for patients to raise an alarm in an emergency	11	1	4	0	0
	Physical Security – Restraint and Seclusion					
3.25	If seclusion is used, there is a designated seclusion facility available, which is designed to minimise risk of injury and where the patient is continually monitored	14	1	0	0	1
	Physical Security- Environment and Facilities					
3.26	The unit is well designed and has the necessary facilities and resources for people requiring medium secure care	9	6	1	0	0
3.27	There are areas with clear lines of sight to enable staff to monitor patients who need closer observation	9	5	2	0	0
3.31	All confidential case materials, e.g. notes, are kept in locked cabinets or locked offices	15	0	1	0	0
3.32	There is a policy in place for child visiting/contact with children	16	0	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	4: Personal Dignity					
	Personal Dignity - Healthcare Access and Provision					
4.1	There is good access to primary healthcare services	6	3	6	0	0
4.2	There is access to good quality physical healthcare and screening	9	7	0	0	0
4.7	Substance and alcohol misuse services	10	6	0	0	0

	Personal Dignity - Responsibilities and Rights					
4.8	Staff demonstrate respect for patients	15	0	0	0	0
4.11	Staff ensure basic needs are met to ensure personal dignity (e.g. privacy, clothing etc)	16	0	0	0	0
4.12	Patients may sleep in privacy and in areas separate from patients of the opposite sex, within the limits of safety and risk assessment.	14	1	0	0	1
4.13	The food provided is of a good standard	4	11	1	0	0
4.15	Patients have access to a telephone in a private area, within the limits of safety and risk assessment	10	6	0	0	0
4.16	Patients have regular access to fresh air (usually daily)	16	0	0	0	0
4.18	There are clear guidelines on sexual issues	6	6	4	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
4.19	Patient's rights and what they can expect are explained, for example, they are given a copy of the Patient's Charter or similar document	12	4	0	0	0
	Personal Dignity - Environment and Facilities					
4.21	The environment is good quality and well maintained	9	7	0	0	0
4.22	There is a designated dining area	15	0	1	0	0
4.23	There are facilities appropriate to the patient group, e.g. a pool table and board/console games are provided	15	1	0	0	0
4.24	There are facilities for patients to make their own hot and cold drinks and snacks	10	4	2	0	0
4.25	Books and magazines are provided in recreation areas for patients	14	2	0	0	0
4.26	Access to media (e.g. TV, video, audio and internet) is monitored with safeguards in place	13	3	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	5: Core Interventions					
	Core Interventions - Care and Treatment					
5.1	There are clear care pathways identified which are reviewed regularly	14	2	0	0	0
5.2	There is a range of clinically effective treatments, therapies, recreational and life skills training and support available A number of issues are covered in this statement. It may be helpful to provide a general response here and use the standards below to provide more detail).	15	1	0	0	0
5.4	A comprehensive range of treatments is available at the unit. This will depend upon the nature of the group of patients, but is likely to include:	13	3	0	0	0
5.5	Art therapy	9	4	3	0	0
5.7	Cognitive therapy (e.g. CBT, brief solution focused therapy, anger management)	13	3	0	0	0
5.8	Drama therapy	5	2	9	0	0
5.9	Drug therapy	15	1	0	0	0
5.10	Family therapy and family work	5	10	1	0	0
5.11	Group therapy	10	6	0	0	0
5.12	Music therapy	5	8	2	0	0
5.13	Occupational therapy	13	2	0	0	0
5.14	Offender related treatments (where these are not part of the core programme units have access to specialist offender programme such as SOTP)	8	8	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
5.15	Social skills training	15	1	0	0	0
5.16	Wherever possible the treatment provided is evidence-based	13	3	0	0	0
5.20	Patients have regular opportunities to work	9	7	0	0	0
	Core Interventions - Environment and Facilities					
5.17	The unit contains an adequate number of large and small rooms, adequately designed for individual and group work	9	5	2	0	0
	Core Interventions - Research and Audit					
5.22	The service is involved in relevant research and development	9	6	1	0	0
5.23	There are clearly written research and development policies and procedures which form part of a clinical and social care governance process	12	3	1	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	6: Workforce Development and Training					
6.1	There is a workforce training and development strategy in place	12	3	1	0	0
6.2	All staff have an individual personal development plan which is updated annually	8	8	0	0	0
6.3	Training has been provided in the following:	9	1	0	0	6
6.5	Culturally sensitive practice, disability awareness, and other equality issues	13	3	0	0	0
6.7	Management of imminent and actual violence, breakaway techniques and restraint measures	14	1	0	0	0
6.8	Resuscitation	16	0	0	0	0
6.9	The issue of touching in general and the problem of sexual attraction between staff and patients	10	4	2	0	0
6.10	Unit managers who are nursing staff have had further training in management and team leadership	14	2	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	7: Equality and Diversity					
7.1	Issues of equality and diversity are addressed (e.g. issues surrounding gender, sexuality, race, religion and age)	12	4	0	0	0

	8: Workforce, Recruitment, Retention					
8.1	There is a recruitment policy statement.	15	1	0	0	0
8.2	All staff receive an induction course prior to any keys being issued	15	1	0	0	0
8.3	All staff receive annual security awareness training	5	6	4	0	0
8.4	All staff have enhanced CRB clearance	12	4	0	0	0
8.5	Reasons for staff leaving are established, particularly where there is a high staff turnover, e.g. exit questionnaires or interviews are used	11	5	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	9: Supervision and Support					
9.1	There is a programme of clinical supervision and support to meet the needs of all staff	7	9	0	0	0
9.2	Adequate time is made available to enable staff supervision and support to be delivered	2	14	0	0	0
9.3	Staff take up of supervision and support is regularly monitored and audited	7	8	1	0	0
9.4	All staff receive regular supervision totaling at least one hour per month from a person with appropriate experience	0	16	0	0	0
9.5	Junior staff have regular supervision totaling at least one hour per week and are able to contact a senior colleague as necessary	3	13	0	0	0
9.7	There is a regular staff support group, ideally weekly	9	7	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
	10: Patient Involvement					
10.1	There is evidence of patient involvement in all aspects of the service (e.g. regarding care, patients attend review meetings, have access to copies of care plans and give informed consent. Regarding the service, patient views are sought as part of service development, for example via patient involvement groups) (A number of issues are covered in this statement. It may be helpful to provide a general response here and use the standards below to provide more detail).	14	1	0	0	1
10.2	Patients are actively involved in the development of their management or care plan	12	3	0	0	0
10.3	Patients are consulted about the unit environment and have choice when this is appropriate	15	1	0	0	0
10.4	Patients are encouraged to personalise their bedroom spaces. (Must be appropriate. Pictures of nude bodies may be offensive or pictures of children inappropriate i.e. paedophiles)	16	0	0	0	0
10.5	Feedback from patients and carers is used to improve the quality of the unit	14	2	0	0	0
10.6	The unit's policy and procedures are agreed through discussion with the whole unit	8	8	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	11: Advocacy					
11.1	An independent advocacy service is in place and is easily accessible	13	3	0	0	0

	12: Carer Involvement					
12.1	There is a policy on consultation and involvement of carers in the care provided	11	4	1	0	0

	13: Interagency Working					
13.1	There is inter-agency working (e.g. meeting regularly with other MSUs, drug action teams, the police, community mental health teams, external probation and local community services)	14	2	0	0	0

	Standard	Met	Partly Met	Unmet	Don't Know	N/A
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	14: Management					
14.1	There are clear governance arrangements for secure services at Board level	13	3	0	0	0
14.2	There are finance management systems in place which ensure financial probity	16	0	0	0	0
14.3	The management of patient information complies with Caldicott.	16	0	0	0	0
14.4	There is accurate information which meets the requirements of the MHMDS	14	1	0	0	1

APPENDIX B: MEMBER UNITS 2007-2008

Unit Name	Service	No. of Completed Cycles	No. of wards reviewed in Cycle 2
Ashen Hill	Sussex Partnership NHS Trust	1	1
Bracton Centre	Oxleas NHS Foundation Trust	1	3
Butler Clinic	Devon Partnership NHS Trust	1	2
Central Mental Hospital	Health Service Executive	2	7
Cygnnet Hospital Stevenage	Cygnnet Healthcare	1	2
Forensic Services Directorate	Northumberland Tyne & Wear NHS Trust	1	4
Fromeside Clinic	Avon and Wiltshire Mental Health Partnership NHS Trust	2	6
Humber Centre	Humber Mental Health Teaching NHS Trust	2	2
Hutton Centre	Tees Esk and Wear Valleys NHS Trust	1	5
North London Forensic Service	Barnet, Enfield & Haringey Mental Health NHS Trust	1	4
Ravenswood House	Hampshire Partnership NHS Trust	2	5
Shannon Clinic	South and East Belfast Trust	2	3
Sitwell and Geoffrey Hawkins Units	St Andrew's Healthcare	2	2
Trevor Gibbens Unit	Kent and Medway NHS and Social Care Partnership Trust	1	3
Three Bridges	West London Mental Health NHS Trust	2	4
Yorkshire Centre for Forensic Psychiatry: Newton Lodge	South West Yorkshire Mental Health NHS Trust	2	3

APPENDIX C: MEMBER UNIT INITIATIVES

Relational Security

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House	The development of a CPA Handbook to facilitate the implementation of the Care Programme Approach and to ensure work is consistent across teams.	Malcolm Campbell	01329 836000	malcolm.campbell@hantspt-sw.nhs.uk
Central Mental Hospital	The development of a comprehensive information folder for patients on admission.	Professor Harry Kennedy	00353 1298 9266	harry.kennedy@maild.hse.ie
Shannon Clinic	An algorithm has been developed which clearly defines the admission process. There is ongoing work in place to update the algorithm and admission criteria.	Dr. Fred Browne	028 90916819	fwabrowne@sebt.n-i.nhs.uk
Newton Lodge	The development of the role of Clinical Nurse Specialists to lead treatment teams. For example, a CNS drug and alcohol abuse specialist.	Catherine Eaves	01924 327352	catherine.eaves@swyt.nhs.uk

Hutton Centre	The recent implementation of the Short Term Assessment Risk Tool (START).	Andy Airey	01642 283218	andy.airey@tney.northy.nhs.uk
Humber Centre	The development and implementation of the Integrated Clinical Pathway as an overarching clinical strategy for the service, with clear outcome requirements.	Dr. Simon Wood	01482 336200	simon.wood@humber.nhs.uk
Bracton Centre	The OT department runs a specialist careers advice service.	Lisa Dakin	01322 294300	lisa.dakin@oxleas.nhs.uk
North London Forensic Service	There is a structured programme of therapies and activities, covering seven days a week, which is coordinated by OT and nursing staff.	Colman Pyne	0208 3752773	colman.pyne@beh-mht.nhs.uk
Cygnets Hospital Stevenage	The introduction of ward based activities coordinators. Wards have a well structured and varied timetable of activities that reflects the different needs of the male and female patients.	David Beattie	01438 342942	davidbeattie@cygnethealth.co.uk

Procedural Security

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House; Newton Lodge	The recent development of an Equality and Diversity group.	Malcolm Campbell; Catherine Eaves	01329 836000; 01924 327352	malcolm.campbell@hantspt-sw.nhs.uk ; catherine.eaves@swytnhs.uk
Three Bridges	There is a policy in place for administering drugs at dosages above BNF recommendations and the unit is currently taking part in the Prescribing Observatory for Mental Health.	Dr. Paul Gilluley	0208 354 8755	paul.gilluley@wlmht.nhs.uk
Hutton Centre	The development of a policy and procedures group to review current protocols and policies in use at the unit.	Andy Airey	01642 283218	andy.airey@tney.northy.nhs.uk
Ashen Hill	Contingency plans are formally signed off with the emergency services.	Duncan Barton	01323 440022	Duncan.barton@sussexpartnership.nhs.uk
Bracton Centre	There is an effective system for the internal review of security procedures with a security forum chaired by the Clinical Director, which incorporates all disciplines and ward based staff.	Lisa Dakin	01322 294300	lisa.dakin@oxleas.nhs.uk

Physical Security

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House	The Intensive Care Area attached to Malcolm Faulk ward was reported to be a valuable resource.	Malcolm Campbell	01329 836000	malcolm.campbell@hantspt-sw.nhs.uk
Three Bridges	There is a robust security procedure concerning the arrival of visitors at the unit. Visitors were informed of contraband items, provided with lockers, searched and issued with a photographic ID card.	Dr. Paul Gilluley	0208 354 8755	paul.gilluley@wlmht.nhs.uk
Trevor Gibbens Unit	There is a Head of Security in post who is a trained drug dog handler. The unit was noted to have their own dog.	Dr. Mike Kingham	01622 723100	mike.kingham@icc.wkentmht.nhs.uk
Fromeside Clinic; Shannon Clinic Sitwell Unit; Cygnet Hospital; Forensic Services Directorate	Recently developed medium secure care in commendable therapeutic physical environment.	Nikki Churchley; Dr. Fred Browne; Matt Afford; David Beattie; Paul Thornton	0117 3784119; 028 90916819; 01604 616000; 01438 342942; 01670 394064	nikki.churchley@awp.nhs.uk ; fwabrowne@sebt.n-i.nhs.uk ; mafford@standrew.co.uk ; davidbeattie@cygnethealth.co.uk ; paul.thornton@nap.nhs.uk
Hutton Centre	The development of a security audit tool in line with the Best Practice Guidance Specifications for Medium Secure Services and the introduction of the new role of a Senior Project Manger to benchmark, audit and implement the MSU Best Practice Guidance.	Andy Airey	01642 283218	andy.airey@tney.northy.nhs.uk

Fromeside	The development of a Security Coordinator role.	Nikki Churchley	0117 958 3678	nikki.churchley@awp.nhs.uk
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Personal Dignity

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House; St Andrew's; Fromeside; Forensic Services Directorate	The provision of good quality primary healthcare services.	Malcolm Campbell; Matt Afford and Lynn Baxter; Nikki Churchley; Paul Thorton	01329 836000; 01604 616000; 0117 9583678; 01670 394064	malcolm.campbell@hantspt-sw.nhs.uk ; mafford@standrew.co.uk ; lbaxter@standrew.co.uk ; nikki.churchley@awp.nhs.uk ; paul.thornton@nap.nhs.uk
Ravenswood House	There is a shared staff and patient restaurant/dining area. This area also includes a coffee shop for patients where they have access to sky TV in the evenings.	Malcolm Campbell	01329 836000	malcolm.campbell@hantspt-sw.nhs.uk
Central Mental Hospital; Three Bridges; Newton Lodge; Hutton Centre	There is good access to substance and alcohol misuse services.	Professor Harry Kennedy; Dr. Paul Gilluley; Catherine Eaves; Andy Airey	00353 12989266; 0208 3548755; 01924 327352; 01642 283218	harry.kennedy@maild.hse.ie ; paul.gilluley@wlmht.nhs.uk ; catherine.eaves@swyt.nhs.uk ; andy.airey@tney.northy.nhs.uk

Core Interventions

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House; Three Bridges; Butler Clinic	There is a good range of opportunities for patients to engage in paid employment, both within and external to the unit. Work opportunities include the clothes shop, library and the role of ward rep. Patients also have the opportunity to engage in voluntary or paid work outside of the unit	Malcolm Campbell; Paul Gilluley; Dr. Jason Fee	01329 836000; 0208 3548755; 01626 884521	malcolm.campbell@hant-spt-sw.nhs.uk ; paul.gilluley@wlmht.nhs.uk ; jason.fee@devonptnrs.nhs.uk
Central Mental Hospital; Bracton Centre; Forensic Services Directorate	There is a high level of engagement in relevant research and development activities.	Professor Harry Kennedy; Lisa Dakin; Paul Thornton	00353 1298 9266; 01322 294300; 01670 394064	harry.kennedy@maild.hse.ie ; lisa.dakin@oxleas.nhs.uk ; ; paul.thornton@nap.nhs.uk
Trevor Gibbens Unit	The therapeutic programmes are reviewed quarterly at the Therapeutic Activities Quality Review meeting.	Dr. Mike Kingham	01622 723100	mike.kingham@icc.wkentmht.nhs.uk
Newton Lodge	The provision of art therapy and the designated facilities available.	Catherine Eaves	01924 327352	catherine.eaves@swyt.nhs.uk
Hutton Centre	The development of a Psychological Therapies Network that will span medium and low secure services as well as community services.	Andy Airey	01642 283218	andy.airey@tney.northy.nhs.uk
St Andrew's Healthcare	The implementation of a 12 week rolling psychosocial multi-disciplinary treatment programme.	Matt Afford Lynn Baxter	01604 616000	mafford@standrew.co.uk lbaxter@standrew.co.uk

Humber Centre	The introduction of Support Time and Recovery worker roles to facilitate unit and ward based activities.	Dr. Simon Wood	01482 336200	simon.wood@humber.nhs.uk
Fromeside	The introduction of a central therapy/activities area called the Malago Centre.	Nikki Churchley	0117 958 3678	nikki.churchley@awp.nhs.uk
North London Forensic Service	A work experience project has been successful established for 3 years. The project offers work experience within the secure setting of the unit, in the general hospital grounds and in the community. Each patient receives a 3 monthly appraisal using a standardised assessment tool.	Colman Pyne	0208 3752773	colman.pyne@beh-mht.nhs.uk
Forensic Service Directorate	The provision of formal art and music therapy for learning disability patients at the Kenneth Day Unit.	Paul Thornton	01670 394064	paul.thornton@nap.nhs.uk

Workforce Development and Training

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House	There is a Practice Development Coordinator in post that takes a lead on training and development at the unit.	Malcolm Campbell	01329 836000	malcolm.campbell@hant-spt-sw.nhs.uk
Trevor Gibbens Unit	A database of staff training needs is currently being developed.	Dr. Mike Kingham	01622 723100	mike.kingham@icc.wken-tmht.nhs.uk

Shannon Clinic	Workforce development and training activities are coordinated by a Learning and Development Manager.	Dr. Fred Browne	028 90916819	fwabrowne@sebt.n-i.nhs.uk
Hutton Centre	The service has a governance action team which specifically focuses on education and training issues.	Andy Airey	01642 283218	andy.airey@tney.northy.nhs.uk
Humber Centre	There is a rolling programme for mandatory training requirements which includes refresher courses.	Dr. Simon Wood	01482 336200	simon.wood@humber.nhs.uk

Equality and Diversity

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Three Bridges	Religious festivals from a variety of faiths are celebrated at the unit.	Dr. Paul Gilluley	0208 354 8755	paul.gilluley@wlmht.nhs.uk
Trevor Gibbens Unit	Each patient has an individualised equality and diversity care plan.	Dr. Mike Kingham	01622 723100	mike.kingham@icc.wke.ntmht.nhs.uk
Shannon Clinic	Patient bedrooms were designed to ensure they would be accessible to physically disabled patients. It was also noted that there were brail door signs.	Dr. Fred Browne	028 90916819	fwabrowne@sebt.n-i.nhs.uk

Butler Clinic	There is a chaplain that visits the unit regularly and is also available on an on-call basis.	Dr. Jason Fee	01626 884521	jason.fee@devonptnrs.nhs.uk
North London Forensic Service	Diversity is celebrated through the annual Festival of Culture which is a celebratory reflection of the culture and interests of service users.	Colman Pyne	0208 3752773	colman.pyne@beh-mht.nhs.uk
Forensic Service Directorate	The provision of a Sunday service facility for the patients at the Kenneth Day Unit.	Paul Thornton	01670 394064	paul.thornton@nap.nhs.uk

Workforce, Recruitment and Retention

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House	The recent introduction of a revised induction programme. The one day primary induction provides staff with an introduction to the service with a focus on physical security issues. The secondary induction then provides staff with more information about staff roles, security and clinical governance.	Malcolm Campbell	01329 836000	malcolm.campbell@hantspt-sw.nhs.uk
Trevor Gibbens Unit	Security awareness training is then updated annually by the Head of Security. Up-date training sessions are run on a monthly basis.	Dr. Mike Kingham	01622 723100	mike.kingham@icc.wkentmht.nhs.uk

Fromeside	There is a rolling programme of induction training to provide staff with ongoing support.	Nikki Churchley	0117 958 3678	nikki.churchley@awp.nhs.uk
Cygnet Hospital Stevenage	The development of a three week induction programme that is highly valued by staff.	David Beattie	01438 342942	davidbeattie@cygnethealth.co.uk

Supervision and Support

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House	The implementation of two systems of staff supervision. System 1 is Clinical Supervision which is voluntary. System 2 is Management Supervision and this was reported to be a mandatory requirement for all staff.	Malcolm Campbell	01329 836000	malcolm.campbell@hantspt-sw.nhs.uk
Three Bridges; Fromeside; Forensic Services Directorate	There is group supervision on a regular basis via a weekly reflective practice group.	Dr. Paul Gilluley; Nikki Churchley; Paul Thornton	0208 354 8755; 0117 9583678; 01670 394064	paul.gilluley@wlmht.nhs.uk ; nikki.churchley@awp.nhs.uk ; paul.thornton@nap.nhs.uk
Hutton Centre	A support network has been established within the nursing directorate.	Andy Airey	01642 283218	andy.airey@tney.northy.nhs.uk
Humber Centre	Clinical supervision is a mandatory requirement of the trust. Supervision needs to be evidenced to be taking place to enable staff to meet their targets and be able to progress through the banding system.	Dr. Simon Wood	01482 336200	simon.wood@humber.nhs.uk

Patient Involvement

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Ravenswood House	The maintenance of a Patient Reference Group where patients were reported to be consulted regarding the development of policies.	Malcolm Campbell	01329 836000	malcolm.campbell@hantsp-t-sw.nhs.uk
Central Mental Hospital	There are monthly ward based consultations between patients and senior management and a patient council.	Professor Harry Kennedy	00353 1298 9266	harry.kennedy@maild.hse.ie
Three Bridges	Patients are routinely consulted regarding service developments (including the development of units policies) via a patient representative scheme.	Dr. Paul Gilluley	0208 354 8755	paul.gilluley@wlmht.nhs.uk
Trevor Gibbens Unit	Patients are able to attend their CPA reviews and are asked to complete a "Have Your Say" form.	Dr. Mike Kingham	01622 723100	mike.kingham@icc.wkentmt.nhs.uk

Advocacy

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Central Mental Hospital	A well run Advocacy service that develops and supports patient involvement activities.	Professor Harry Kennedy	00353 1298 9266	harry.kennedy@maild.hse.ie
Shannon Clinic	There is a carer advocate employed in addition to the service user role.	Dr. Fred Browne	028 90916819	fwabrowne@sebt.n-i.nhs.uk

Carer Involvement

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Central Mental Hospital	The implantation of a well functioning carers' group that is supported by the social work department and senior managers at the unit.	Professor Harry Kennedy	00353 1298 9266	harry.kennedy@maild.hse.ie
Fromeside	The unit has recently been involved in audits and research in this area.	Nikki Churchley	0117 958 3678	nikki.churchley@awp.nhs.uk
North London Forensic Service	There is a family and carer forum which is led by a consultant psychiatrist and involves other multidisciplinary staff. This is a group which has been established within the last year and appears to have been particularly successful.	Colman Pyne	0208 3752773	colman.pyne@beh-mht.nhs.uk

Interagency Working

Team Name	Achievement	Contact Name	Contact Number	Contact Email
Central Mental Hospital; Trevor Gibbens Unit	These units provide (or are soon to provide) basic mental health training to the local police.	Professor Harry Kennedy; Dr. Mike Kingham	00353 1298 9266; 01622 723100	harry.kennedy@maild.hs.e.ie ; mike.kingham@icc.wken tmht.nhs.uk
Three Bridges	Three Bridges is currently taking a lead on the implementation of a London wide psychology group.	Dr. Paul Gilluley	0208 354 8755	paul.gilluley@wlmht.nhs.uk
Newton Lodge; St Andrew; Cygnet Hospital Stevenage	The unit was noted to have a good working relationship with Police Liaison Officers.	Catherine Eaves; Matt Afford and Lynn Baxter; David Beattie	01924 327352; 01604 616000; 01438 342942	catherine.eaves@swyt.nhs.uk ; mafford@standrew.co.uk ; lbaxter@standrew.co.uk ; davidbeattie@cygnethealth.co.uk

APPENDIX D: PROJECT TEAM

John O'Grady

Consultant Forensic Psychiatrist Ravenswood House, Chair of Forensic Faculty, Royal College of Psychiatrists

Paul Lelliott

Consultant Psychiatrist/Director, College Research & Training Unit

Kerry Painter

Quality Improvement Worker, Quality Network for Forensic Mental Health Services

Sarah Tucker

Programme Manager, Quality Network for Forensic Mental Health Services

Adrian Worrall

Head of Centre for Quality Improvement

APPENDIX E: ADVISORY GROUP

Alain Aldridge

Service User Expert, Ravenswood House

Kathryn Ayles

Head of Occupational Therapy, Trevor Gibbens Units

Malcolm Campbell

Director of Operations, Specialised Services, Ravenswood House

Lorna Duggan

Consultant Forensic Psychiatrist, St Andrews Health Care

Mike Gatsi

Clinical Manager, Cygnet Hospital Stevenage

John O'Grady (Chair)

Consultant Forensic Psychiatrist Ravenswood House, Chair of Forensic Faculty, Royal College of Psychiatrists

Karen Howell

Policy Lead for Medium Secure Services, Department of Health

Chris Ince

Consultant Forensic Psychiatrist, Northgate Hospital

Andrew Johns

Consultant Forensic Psychiatrist, Dennis Hill Unit

Harry Kennedy

Consultant Forensic Psychiatrist, The Central Mental Health Hospital

Paul Lelliott

Consultant Psychiatrist/Director, College Research & Training Unit

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