CCQI

Standards for Community Mental Health Services

Fourth Edition

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FOREWORD

I am very pleased to introduce the Royal College of Psychiatrists' fourth edition of core standards for community mental health services. These standards are intended for use across all mental health services to improve the quality of care provided. They will be implemented across the College Centre for Quality Improvement's quality and accreditation networks, supplemented by specialist standards specific to service type.

The College's first quality network, working with child and adolescent inpatient mental health services, was established in 2001 and there are now 28 networks working with over 1600 across the UK and beyond. These networks apply a similar methodology to a wide range of mental health services.

Over the past 20 years, the quality and accreditation networks have made a huge contribution to improving the quality of mental health services and patient experience. My own service, a mother and baby unit and linked community perinatal teams, has participated in the CCQI's perinatal network for many years and I have seen first-hand the positive impact these standards can have.

As part of this revision, the standards have been reviewed to ensure that they promote equality, diversity and inclusion and sustainability in mental health services – two of the College's priority areas.

The CCQI networks work with over 80 patient and carer representatives who contribute to every stage of the network's review cycle. I'm delighted that some of the representatives have been part of the standards revision group to ensure that the standards remain closely aligned to patient experience.

I would like to thank the patients, carers, healthcare professionals and CCQI staff who have worked to develop this new edition of core standards.

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INTRODUCTION

Description and scope of the standards

The fourth edition of the core standards for Community mental health services has been revised by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). It is based on the first edition which was created by the CCQI and the British Standards Institution (BSI) in 2015. The Community standards cover access to the service and what good care looks like (which includes assessment, care, treatment and discharge planning).

How the standards were developed

A literature review was undertaken to identify any evidence published since publication of the third edition which could be used to update standards and create new standards. The standards then underwent a consultation process. This was done by a working group of multi-disciplinary mental health professionals, patient and carer representatives and CCQI staff that was led by Dr Rob Chaplin (Clinical Lead for Accreditation, CCQI).

The group reviewed all standards considering how critical they were to quality and their proximity to patient experience. Other factors considered included their measurability, if there was any repetition and whether the content was appropriate for core standards and could be applied across a range of mental health services. The final standards, we believe, will enable participating services and reviewers to focus on the issues that are key to quality.

The following principles were used to guide the development of these standards:

- **Access**: Patients have access to the care and treatment that they need, when and where they need it.
- **Compassion:** All services are committed to the compassionate care of patients, carers and staff.
- **Valuing relationships:** The value of relationships between people is of primary importance.
- **Patient and carer involvement:** Patients and carers are involved in all aspects of care.
- **Learning environment:** The environment fosters a continuous learning culture.
- **Leadership, management, effective and efficient care:** Services are well led and effectively managed and resourced.
- **Safety:** Services are safe for patients, carers and staff.

In addition, for this revision, the standards development group focused on ensuring that the standards promote equitable access, experience and outcomes for patients and carers and sustainability in mental health care.

How the core standards will be used

The core standards will be used by the quality networks and accreditation programmes within the CCQI. Each project will adopt the relevant core standards which will be used alongside their own specialist standards that relate to the service type being reviewed.

Use of terminology

The core inpatient standards use the terms 'patient' and 'carer'. The decision was made to use these terms during the consultation process for the first edition of the core standards. When projects come to take on these standards, they may change these terms where patient or carer might not be appropriate depending on the specialty.

Criteria

All criteria are rated as Type 1, 2 or 3.

- **Type 1:** Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.
- **Type 2:** Expected standards that most services should meet.
- **Type 3:** Desirable

SUSTAINABILITY PRINCIPLES

This edition of the CCQI core standards been mapped against sustainability principles developed by the Royal College of Psychiatrists' Sustainability and Planetary Health Committee.

www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS Constitution for England (Department of Health, 2013). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.'

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. Prioritise prevention – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

2. Empower individuals and communities – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. Improve value – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

4. Consider carbon – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, video or telephone appointments instead of face-to-face contacts). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.

5. Staff sustainability – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

The green leaf symbol is used throughout this document to indicate core standards that are linked to one of the sustainability principles.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services

  https://www.jcpmh.info/good-services/sustainable-services/

- Choosing Wisely – shared decision making

  http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx

- Centre for Sustainable Healthcare

  https://sustainablehealthcare.org.uk/

- Psych Susnet

  https://networks.sustainablehealthcare.org.uk/network/psych-susnet

Number	Type	Standard	Reference
1		**Access, referral and waiting times**	
1.1	1	The team reviews data at least annually about the people who use the service. Data are compared with local population statistics and action is taken to address any inequalities of access that are identified.	1, 2, 8, 9
1.2	3	Everyone is able to access the service using public transport or transport provided by the service.	2
1.3	1	The team provides information about how to make a referral, and waiting times for assessment and treatment.	2, 5, 6, 7
1.4	1	A clinical member of staff is available to discuss emergency referrals during working hours.	2
1.5	2	Where referrals are made through a single point of access, these are passed on to the community team within one working day unless it is an emergency referral which should be passed across immediately.	2, 10, 11
1.6	1	The team assesses patients, who are referred to the service, within an agreed timeframe.	2, 10, 11
1.7	2	The team offers appointments both in person and virtually and patient preference is taken into account.	2

Number	Type	Standard	Reference
2		**Preparing for the assessment**	
2.1		For non-emergency assessments, the team makes written communication in advance to patients that includes: • The name and title of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there.	2, 12, 13
2.2	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • Their rights regarding admission and consent to treatment; • Rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments.	2, 13, 14

Number	Type	Standard	Reference
3		**The initial assessment**	
3.1	1	Patients feel welcomed by staff members when attending their appointments. *Guidance: Staff members introduce themselves to patients and address them using their preferred name and correct pronouns.*	2, 18
3.2	1	Patients have a comprehensive evidence-based assessment which includes their: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development.	2, 3, 13, 19
3.3	1	A physical health review takes place as part of the initial assessment, or as soon as possible. **Sustainability Principle: Prioritise Prevention**	2, 4, 21
3.4	1	Patients have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). *Guidance: The assessment considers risk to self, risk to others and risk from others.* **Sustainability Principle: Prioritise Prevention**	2, 3, 22, 23
3.5	1	All patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation are devised.	2, 24
3.6	2	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. The patient receives a copy.	25

Number	Type	Standard	Reference
4		**Following up patients who do not attend appointments**	
4.1	1	The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient. *Guidance: Where patients consent, the carer is contacted.*	2
4.2	1	If a patient does not attend for an assessment/appointment, the assessor contacts the referrer. *Guidance: If the patient is likely to be considered a risk to themself or others, the team contacts the referrer immediately to discuss a risk action plan.*	2,3

Number	Type	Standard	Reference
5		## Reviews and care planning	
5.1	1	Patients know who is co-ordinating their care and how to contact them if they have any questions.	27
5.2	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. _Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting._	2
5.3	1	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan, and they are offered a copy. _Guidance: Where possible, the patient writes the care plan themselves or with the support of staff._	2, 13, 29, 30

Number	Type	Standard	Reference
6.1		## Care and treatment: therapies and activities	
6.1.1	1	Following assessment, patients promptly begin evidence-based therapeutic interventions which are appropriate for their bio-psychosocial needs.	2, 10, 15, 31, 32
6.1.2	1	There is dedicated sessional time from psychologists in order to: • Provide assessment and formulation of patients' psychological needs; • Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.	33, 34
6.1.3	2	There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.	33, 34
6.1.4	1	There is dedicated sessional input from occupational therapists in order to: • Provide an occupational assessment for those patients who require it; • Ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs.	2
6.1.5	3	There is dedicated sessional input from arts or creative therapists.	2
6.1.6	2	The team supports patients to undertake structured activities such as work, education and volunteering. _Guidance: For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes. This includes referral to the Individual Placement and Support service where appropriate._	2, 31, 36
6.1.7	3	The team supports patients to access local green space on a regular basis. _Guidance: This could include signposting to local walking groups or arranging regular group activities to visit green spaces. Consideration should be given to how all patients are able to access these sessions including, for example, access to appropriate foot- or rainwear._	53

Number	Type	Standard	Reference
6.1.8	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.* **Sustainability Principle: Staff Empowerment**	2, 7, 30, 35
6.1.9	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	25, 31, 34, 35

6.2	**Care and treatment: medication**		
6.2.1	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.	2
6.2.2	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side-effect monitoring tools can be used to support reviews.* **Sustainability Principle: Consider Carbon**	2, 25
6.2.3	3	Patients and carers are able to discuss medications with a specialist pharmacist.	2, 25
6.2.4	1	For patients who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the patient's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	7

7	**Physical healthcare**		
7.1	1	Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.	41, 4
7.2	1	Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan. **Sustainability Principle: Consider Carbon**	7, 39
7.3	1	The team, including bank and agency staff, is able to identify and manage an acute physical health emergency. **Sustainability Principle: Prioritise Prevention**	2
7.4	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually (or six-monthly for young people). If a physical health abnormality is identified, this is acted upon.	2, 7, 41, 43

Number	Type	Standard	Reference
8		**Risk and safeguarding**	
8.1	1	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.	44, 45

Number	Type	Standard	Reference
9		**Discharge planning and transfer of care**	
9.1	2	A discharge letter is sent to the patient and all relevant professionals involved (with the patient's consent) within 10 days of discharge. The letter includes the plan for: • On-going care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication, including monitoring arrangements; • Details of when, where and who will follow up with the patient as appropriate.	2, 46
9.2	1	The team makes sure that patients who are discharged from hospital are followed up within 72 hours.	2, 47, 48,
9.3	1	When patients are transferred between community services, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.	50
9.4	2	Teams provide support to patients when their care is being transferred to another community team, or back to the care of their GP.	2,46
9.5	1	There is active collaboration between children and young people's mental health services and working age adult services for patients who are approaching the age for transfer between services. This starts at least six months before the date of transfer.	49

Number	Type	Standard	Reference
10		**Interface with other services**	
10.1	1	Patients can access help from mental health services 24 hours a day, seven days a week. *Guidance: Out of hours, this may involve crisis lines/crisis resolution and home treatment teams, psychiatric liaison teams.*	2, 11
10.2	1	The team supports patients to access: • Housing support; • Support with finances, benefits and debt management; • Social services.	2, 27
10.3	1	The service has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes: • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.	2, 5

Number	Type	Standard	Reference
11		**Capacity and consent**	
11.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment are performed in accordance with current legislation.	2, 14, 51

Number	Type	Standard	Reference
12		**Patient involvement**	
12.1	1	The team asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. **Sustainability Principle: Empowering Individuals**	52
12.2	2	Feedback received from patients and carers is analysed and explored to identify any differences of experiences according to protected characteristics.	2
12.3	2	The service is developed in partnership with appropriately experienced patients and carers who have an active role in decision making.	36, 52
12.4	1	Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning, and supported in self-management.	7, 36, 52

Number	Type	Standard	Reference
13		**Carer engagement and support**	
13.1	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. This includes attendance at review meetings where the patient consents.	55
13.2	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency. *Guidance: This advice is offered at the time of the patient's initial assessment, or at the first opportunity.*	55
13.3	2	Carers are offered individual time with staff members to discuss concerns and their own needs. **Sustainability Principle: Empowering Individuals**	2, 55
13.4	2	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members in the team and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities..*	3, 4, 7, 55
13.5	3	The team actively encourages carers to attend carer support networks or groups. There is a designated staff member to promote carer involvement.	3, 54, 55

Number	Type	Standard	Reference
14		**Treating patients with compassion, dignity and respect**	
14.1	1	Staff members treat patients and carers with compassion, dignity and respect.	52, 64
14.2	1	Patients feel listened to and understood by staff members.	27

Number	Type	Standard	Reference
15		**Providing information to patients and carers**	
15.1	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.	18
15.2	2	The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	2

Number	Type	Standard	Reference
16		**Patient confidentiality**	
16.1	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.	2, 57
16.2	1	The team knows how to respond to carers when the patient does not consent to their involvement. *Guidance: The team may receive information from the carer in confidence.*	2, 18
16.3	1	All patient information is kept in accordance with current legislation. *Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access*	57

Number	Type	Standard	Reference
17		**Service environment**	
17.1	2	The environment is clean, comfortable and welcoming.	2, 57, 61
17.2	1	Clinical rooms are private and conversations cannot be overheard.	2
17.3	1	The environment complies with current legislation on accessible environments. *Guidance: Relevant assistive technology equipment, such handrails, are provided to meet individual needs and to maximise independence.*	4, 55, 58

Number	Type	Standard	Reference
17.4	1	There are measures in place to ensure staff are as safe as possible when conducting home visits. These include: • Having a lone working policy in place; • Conducting a risk assessment; • Identifying control measures that prevent or reduce any risks identified.	2, 59
17.5	1	There is a system by which staff are able to raise an alarm if needed.	2

18		**Leadership, team-working and culture**	
18.1	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice. **Sustainability Principle: Staff Empowerment**	2
18.2	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing. **Sustainability Principle: Staff Empowerment**	3, 57, 62, 63
18.3	3	The service reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/ minimising waste and low carbon interventions). *Guidance: Progress against this improvement plan is reviewed at least quarterly with the team.*	64

19		**Staffing levels**	
19.1	1	The service has a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. **Sustainability Principle: Prioritise Prevention**	2
19.2	1	When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member.	2
19.3	1	There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances. *Guidance: Some services may have an agreement with a local GP to provide this medical cover.*	2

Number	Type	Standard	Reference
20		**Staff recruitment, induction and supervision**	
20.1	2	Patient or carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: These representatives should have experience of the relevant service.* **Sustainability Principle: Empowering Individuals**	13
20.2	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. *Guidance: This should include arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met.*	15, 37,
20.3	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.*	2, 38
20.4	2	All staff members receive individual line management supervision at least monthly.	2

Number	Type	Standard	Reference
21		**Staff wellbeing**	
21.1	1	The service actively supports staff health and wellbeing. *Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.* **Sustainability Principle: Staff Empowerment**	16, 17, 20, 37
21.2	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	2, 60
21.3	1	Staff members, patients and carers who are affected by a serious incident are offered post-incident support. *Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.* **Sustainability Principle: Empowering Individuals**	16, 26

Number	Type	Standard	Reference
22		**Staff training and development**	
22.1		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	
22.1a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	5, 51
22.1b	1	Physical health assessment. *Guidance: This could include training in understanding physical health problems, undertaking physical observations, basic life support and when to refer the patient for specialist input.*	2, 7
22.1c	1	Safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.* **Sustainability Principle: Prioritise Prevention**	2, 22, 23, 28
22.1d	1	Risk assessment and management. *Guidance: This includes assessing and managing suicide risk and self-harm.*	2, 23, 24, 28
22.1e	1	Recognising and communicating with patients with cognitive impairment and learning disabilities.	2
22.1f	1	Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.	2
22.1g	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	54
22.2	2	Patient and carer representatives are involved in delivering and developing staff training.	13

Number	Type	Standard	Reference
23		**Clinical outcome measurement**	
23.1	1	Clinical outcome measurement is collected at two time points (at assessment and discharge). *Guidance: This includes patient-reported outcome measurements where possible.*	2
23.2	2	Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.	2, 38
23.3	2	The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.	2, 38

Number	Type	Standard	Reference
24		**The service learns from feedback, complaints and incidents**	
24.1	1	Systems are in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this.	2, 26, 40
24.2	1	When serious mistakes are made in care, this is discussed with the patient themself and their carer, in line with the Duty of Candour agreement.	45
24.3	1	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	40
24.4	2	The team is actively involved in quality improvement activity.	2
24.5	2	The team actively encourages patients and carers to be involved in quality improvement initiatives.	2

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