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Core Standards for Community Mental Health Services

Fifth Edition

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FOREWORD

I am very pleased to introduce the fifth edition of the Royal College of Psychiatrists' Core Standards for Community Mental Health Services. These standards set out the College's view of what constitutes high quality community care and underpin all specialty standards used in the College Centre for Quality Improvement's (CCQI) quality network and accreditation schemes.

Since the launch of the first quality network in 2001, the CCQI has grown to support more than 1,500 services across 29 networks in the UK and internationally. Its methodology continues to help services evaluate and improve the quality of care they provide.

This fifth edition builds on over two decades of work and comes at a time of challenge and change in mental health services. The standards have been revised through extensive engagement with patients, carers, clinicians, commissioners, academics and representatives from all four UK nations. We are grateful to everyone who contributed through workshops, consultations and the standards revision group.

The updated standards seek to reflect the realities of pressures in community care while continuing to drive improvements in access, experience and outcomes. They are shaped by a commitment to patient-centred and inclusive practice, with an emphasis on continuity of care and evidence-based treatment.

Key updates include strengthening relevance across all UK nations by removing England-centric language and integrating feedback from Scotland, Northern Ireland and Wales; a focus on improving access and treatment pathways with clearer expectations around referral and waiting-list oversight, safe caseload management and proactive support for people while they wait; increased attention to the quality of treatment, including therapeutic activity, access to multidisciplinary expertise, physical-health care and safe prescribing; and improving clarity and usability by refining language and streamlining standards to support practical implementation.

This edition introduces 12 new standards, retires those no longer central to good care, and iterates many others to reflect learning from practice and the evolution of community care. The changes aim to improve clarity, relevance and usability while aligning with advances in evidence and understanding of what supports safe and effective community mental health care.

Updates focus on continuity of care, including the role of effective MDT working and multi-agency collaboration, personalised care planning and meaningful patient involvement. The standards place greater emphasis on effective, visible leadership and on building psychologically safe teams that learn from incidents and value openness, feedback and reflective practice. They also strengthen expectations around effectiveness and productivity, ensuring teams have the infrastructure, administrative support and operational processes needed to release clinical time to care and deliver treatment safely and efficiently.

As in previous editions, patient and carer representatives were fully involved, ensuring the standards remain grounded in lived experience.

Together, these updates are designed to support services in delivering safe, effective, inclusive and patient-centred care. These standards will be in use as the College's quality and accreditation networks celebrate their 25th anniversary in 2026. Over the past 25 years, they have become one of the key ways the College engages with people working in mental health services and supports improvement in care.

Our thanks go to all who contributed from clinical teams and College experts to patients and carers, whose insights are at the heart of these standards. We hope this edition serves both as a practical tool and as a shared statement of what matters most for quality, safety and experience in community mental health care.

Dr Lade Smith CBE
President, Royal College of Psychiatrists

INTRODUCTION

Description and scope of the standards

The fifth 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 which was representative of a range of specialisms to ensure inclusivity and applicability across our different networks.

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 and accreditation networks 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 community 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/
- Centre for Sustainable Healthcare https://sustainablehealthcare.org.uk/
- Psych Susnet https://networks.sustainablehealthcare.org.uk/network/psych-susnet

The NHS has committed to be net zero by 2040 for directly controlled emissions, and by 2045 for emissions that the NHS influences. Net zero is achieved when greenhouse gas emissions are equal to their removal from the atmosphere, resulting in no overall emissions. The Royal College of Psychiatrists, in collaboration with NHS England, produced a report entitled 'Delivering greener, more sustainable and net zero mental health care' which includes evidence-based guidance on how to deliver net zero mental health care. Recommendations from this report have been incorporated into these standards. Pursuit of net zero is part of the broader effort to develop mental health services that are climate-resilient and environmentally sustainable.

Number	Type	Standard	Reference
1		**Access, referral and waiting times**	
1.1	1	The team reviews demographic 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, 71
1.2	1	The team provides information about how to make a referral and the waiting times for assessment and treatment. This is available in the public domain for patients, carers and referrers.	2, 5, 6, 7
1.3	1	The team has a system to manage and respond to referrals in a safe and timely way. This includes: • A clinical member of staff being available to discuss urgent referrals during working hours; • Where referrals are made through a single point of access, these are passed on to the community team within one working day. Emergency referrals are passed across immediately.	2, 10, 11
1.4	1	The team assess people who are referred to the service within an agreed timeframe.	2, 10, 11
1.5	1	Outcomes of referrals are fed back to the referrer, patient and carer (with the patient's consent). If a referral is not accepted, the team advises the referrer, patient and carer on why it was not accepted and signposts to alternative options. *Guidance: The service manages and responds to referrals in a way that prevents repeated rejected referrals at both patient and referrer level, e.g. through direct liaison with the referrer.*	2, 82, 88
1.6	2	People who are waiting for assessment and/or treatment are given information and signposted to resources on support available whilst they are waiting. They are made aware of who to contact if their needs change and how and when to access crisis services. *Guidance: Information given could include crisis lines, guided self-help techniques, resources relevant to the patient's treatment pathway, and voluntary organisations.*	2, 83, 88
1.7	2	The team offers appointments both in person and virtually. How appointments are delivered (e.g. in person, phone, online) is determined by clinical need and patient preference rather than clinical space and staffing pressures. Conducting first assessments in-person is standard practice. *Guidance: The service has clinical guidance and/or a policy regarding the use of different modalities to deliver patient appointments. Data are collected on the use of different appointment modalities and reviewed in team governance meetings in the context of service safety and quality.*	2, 84

Number	Type	Standard	Reference
2		**Initial assessment**	
2.1	1	For non-urgent assessments, the team makes written communication in advance to patients that includes: • A description of the service; • How to get there and building accessibility; • The name and title of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them and how this can help; • How to contact the team if they have any queries or require reasonable adjustments to use the service.	2, 12, 13, 88
2.2	1	Patients have a comprehensive mental health assessment. The process involves the patient, their carer(s), and other health/care providers as relevant and includes consideration of the patient's: • Strengths, goals and areas for development; • Mental health and medication; • Psychosocial and psychological needs; • Religious traditions and spiritual beliefs; • Advance choices; • Reasonable adjustments. *Guidance: Where appropriate, the assessment should draw on information from a range of sources, including the patient, carers, other involved services and agencies and past assessments or relevant information held by services.* **Sustainability Principle: Improving Value**	2, 3, 13, 19, 88
2.3	1	A physical health review takes place as part of the initial assessment, or as soon as possible. *Guidance: This includes gathering information about recent health checks and treatment already undertaken and offering or facilitating access to further health checks or treatment if necessary.* **Sustainability Principle: Prioritise Prevention**	2, 4, 21
2.4	1	Patients have a safety assessment, formulation and plan which is co-produced (where the patient is able to participate), draws on the patient's strengths, involves carers and significant others, is updated regularly and is shared, where appropriate, with relevant agencies. *Guidance: The assessment and plan considers risk to self, risk to others, risk from others, the types of harm that could occur, when they are likely to occur and how they may be mitgated. Online safety is considered as part of the assessment.* **Sustainability Principle: Prioritise Prevention**	2, 3, 22, 23, 88
2.5	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 is devised. *Guidance: Clinical formulations are coproduced where possible.*	2, 24
2.6	1	The team sends correspondence detailing the outcomes of the assessment to the patient, referrer, the GP and other relevant services.	25

Number	Type	Standard	Reference
2.7	1	Patients are given accessible information about the service, their rights as patients and the supports available to them to use the service. *Guidance: The information includes, where relevant:* • *Their rights in relation to relevant mental health, human rights and mental capacity legal frameworks, including confidentiality and consent to treatment;* • *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.* *This may be on a website but also available in other formats that can be discussed together with a staff member.*	2, 13, 14

3 Following up patients who do not attend appointments

3.1	1	The team follows up and proactively engages patients who have not attended an appointment or during periods when engagement is challenging. *Guidance: Different engagement techniques are in place to match the patient's needs. Carers, primary care and other services or agencies are involved as appropriate.*	2, 85, 88
3.2	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 themselves or others, the team contacts the referrer immediately to discuss a risk action plan.*	2, 3, 84, 85
3.3	1	If patients are unable to be engaged, a decision is made by the team in collaboration with relevant parties, based on patient need and risk, as to how long to continue to follow up and try to engage the patient. *Guidance: DNA (did not attend) should not be a reason for discharge. If/when discharge from the team occurs, a clear record of the decision-making process, who was involved in it and the safety management plan is included within the patient's electronic record. This is shared with relevant parties.*	2, 85, 88

Number	Type	Standard	Reference
4		**Reviews and care planning**	
4.1	1	Patients know who the key people are in their team, who is co-ordinating their care and how to contact them.	27, 88
4.2	1	Every patient has a written care and treatment plan, reflecting their individual needs and goals. Staff members collaborate with patient and their carer(s) to develop the care plan, and they are offered a copy. *Guidance: Care planning and outcome measurement tools may be used to support this process, e.g. DIALOG+.*	2, 13, 29, 30, 88, 90
4.3	2	Care plans are routinely reviewed as part of an onging process to support assesment of response to treatment/ interventions and changes in goals and needs. *Guidance: Additional reviews may be initiated when requested by the patient, carer or other involved agency, when there is a significant change in circumstances impacting the patient's mental health and/or a change in their presenting problems or needs.*	84, 86, 88, 90
5		**Therapies and activities**	
5.1	1	Following the assesment, an individualised care pathway is put in place for the patient with a clear plan and timeline to commence therapeutic interventions appropriate to their biopsychosocial needs. *Guidance: Where there are waiting lists for treatment or any lack of availability of indicated NICE guidance treatments, the patient is informed about these, how long the wait will be and/or any alternative way to access these treatments.*	2, 10, 31, 32, 88
5.2		The multi-disciplinary team consists of staff from a number of different professional backgrounds that enables them to deliver a full range of treatments and therapies appropriate to the population they serve. The team includes dedicated sessional input from:	
5.2.1	1	Consultant Psychiatrist(s).	2, 89, 90, 91
5.2.2	1	Registered Mental Health Nurse(s).	2, 89, 90, 91
5.2.3	1	Psychologist(s).	2, 33, 34, 89, 90, 91
5.2.4	1	Occupational Therapist(s).	2, 89, 90, 91
5.3		The team has dedicated sessional input or can evidence timely access to the following professionals as part of their local mental health system offer:	
5.3.1	2	Psychological therapists who are trained in a range of evidence-based psychological therapies. *Guidance: This includes NICE-recommended interventions.*	2, 88, 90, 91, 79
5.3.2	2	Social Worker(s).	2, 90, 91, 93
5.3.3	2	Primary Care Practitioner(s).	2, 89, 90, 91, 79
5.3.4	2	Specialist Mental Health Pharmacist(s).	2, 89, 90, 91, 92
5.3.5	2	Peer Support Worker(s).	2, 89, 90, 79

Number	Type	Standard	Reference
5.4	3	The team has access to Allied Health Professionals to meet a range of patient needs that may be identified as part of care and treatment planning. There is sufficient sessional time and/or a pathway/shared care arrangements in place to draw on these staff on an as needed basis. *Guidance: As a minimum, this includes dietetics, physiotherapy and speech and language therapy with appropriate experience in mental health.*	2, 88, 90
5.5	1	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, 90
5.6	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.* **Sustainability Principle: Consider Carbon**	53
5.7	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 psychoeducation group. Written information could include leaflets or websites.* **Sustainability Principle: Empowering Individuals**	2, 7, 30, 35

6 Medication

6.1	1	When medication is prescribed, the risks and benefits are discussed with the patient and carer. The following are discussed and recorded: • The intended outcome of the intervention; • Timescale for response; • Monitoring requirements; • Patient consent and capacity to consent.	2, 7, 21, 66
6.2	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, adherence, safety and management of side effects, including during medication changes and when medications are being stopped/withdrawn. *Guidance: Side effect monitoring tools can be used to support reviews.* **Sustainability Principle: Consider Carbon**	2, 25, 66
6.3	2	Patients, carers and prescribers are able to discuss medications with a specialist pharmacist.	2, 25
6.4	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. Ongoing monitoring and prescribing plans are developed collaboratively with primary care in order to best meet the patient's needs.	7

Number	Type	Standard	Reference
7		**Physical healthcare**	
7.1	1	Staff members arrange for patients to access screening (including national screening programmes), monitoring and treatment for physical health problems through primary/secondary care services. *Guidance: Where there are potential barriers to engagement, reasonable adjustments (e.g. support to attend an appointment or home visits) are put in place to support patients to engage with this care.*	41, 4
7.2	1	Staff proactively promote the importance of physical health and healthy behaviours. Patients are offered evidence-based, personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. **Sustainability Principle: Prioritise Prevention**	7, 39
7.3	2	There are systems in place to ensure that patients with serious mental illness (SMI) receive annual physical health checks. *Guidance: This could be done within the team or through another community service and reasonable adjustments to support attendance are put in place.*	4, 7, 21
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
8.2	2	The team has embedded standard operating processes and clinical governance to: • Hold oversight of and manage size and clinical need of case loads; • Hold oversight of and manage size and safety of waiting lists.	2

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 parties within one week of discharge. The letter includes the plan for: • On-going care in the community/aftercare arrangements; • Crisis and contingency arrangements including relapse indicators, what actions are needed when they occur and details of who to contact; • Medication, including monitoring arrangements and longer term plans for specific medication, e.g. stop or review dates and recommendations for duration of use; • Details of when, where and with whom the patient's follow-up will take place; • Details of how to re-access the service and/or how to get rapid advice from the team.	2, 46
9.2	1	The team makes sure that patients who are discharged from mental health inpatient care are followed up within 72 hours.	2, 47, 48
9.3	1	When patients are transferred between community services, there is a handover process prior to discharge which ensures seamless transfer of care to a new named person and transfer of information including: • Patient preferences for engagement; • Relapse indicators and actions needed in event of them; • Current medication, indication, monitoring arrangements; • An up-to-date care plan, risk assessment and safety plan.	50, 88
9.4	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. *Guidance: Transfer processes are delivered in line with NICE Quality Standards with a planned, coordinated transition to a named worker, at least one meeting in advance of transition and handover of working diagnosis, formulation, safety and care plan.*	49, 88
9.5	1	The team follows a protocol to manage patients who discharge themselves against medical advice. This includes: • Recording the patient's capacity to understand the risks of self-discharge; • Exploring the reasons why a patient may want to discharge themselves and actively try and address these issues, where possible; • Contacting relevant parties (e.g. other agencies, primary care) to notify them of the discharge.	2, 88
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

Number	Type	Standard	Reference
10.2	1	The team supports patients to access: • Housing support; • Support with finances, benefits and debt management; • Social services.	2, 27, 90
10.3	3	The service supports patients with co-occurring mental health problems and alcohol or substance use disorder by: • Screening for co-occurring alcohol or substance use disorders; • Liaising and jointly working with community addiction/substance misuse services to facilitate care/treatment options; • Facilitating access to evidence-based treatments including brief interventions, harm reduction advice and signposting to take-home naloxone suppliers. *Guidance: The service may have a policy for the care of patients with comorbid/co-occurring mental health problems and alcohol or substance use disorder that is embedded in practice. Screening may be conducted using the ASSIST-lite tool.*	77, 85
10.4	1	The service/organisation has a care pathway for the care of women and pregnant people 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 unless there is a specific reason not to do so.	2, 5
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
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 make improvements. **Sustainability Principle: Empowering Individuals**	52
12.2	1	Feedback received from patients and carers is analysed to identify any differences of experiences by protected characteristics. *Guidance: Complaints, compliments and other feedback sources include the option to share demographic information.*	2, 71
12.3	2	Services are developed in partnership with patients and carers who have relevant lived experience, and who take an active role in informing decision-making.	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 	1	Carers are offered individual time with staff members to discuss concerns, family history and their own needs. **Sustainability Principle: Empowering Individuals**	2, 55
13.4	1	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). It includes:* • *The names and contact details of key staff members in the team and who to contact in an emergency;* • *Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*	3, 4, 7, 55
13.5	2	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
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, 88
14.3	1	Patients feel welcomed by staff members when attending their appointments. *Staff members introduce themselves to patients, and address patients using their preferred name and pronouns.*	2, 18
14.4 	1	Reasonable adjustments are made to how care is delivered, if required, for patients with disability, including those with autism and/or learning disability. Any reasonable adjustments are recorded in the patient's notes and in line with any relevant legal or regultory recording requirements. **Sustainability Principle: Empowering Individuals**	70

Number	Type	Standard	Reference
15		**Providing information to patients and carers**	
15.1	1	Information for patients and carers is available in accessible formats for neurodiverse people and people with sight/hearing/cognitive difficulties or learning disabilities. It can be provided in languages other than English (ensuring cultural relevance, if necessary). Guidance: *In Wales, services and communication (written and spoken) comply with the relevant Welsh Language legislation.*	96
15.2	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment. Guidance: *Digital as well as written modes of communication may be offered.*	18
15.3	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. Guidance: *If the patient's first language is not English, an assessment is made as to whether they can accurately describe their symptoms, difficulties and needs. If not, an interpreter is booked for subsequent reviews.*	2, 84, 65
16		**Patient confidentiality**	
16.1	1	Confidentiality and its limits are explained to the patient and carer, 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	Patient information is kept and managed in line with relevant information governance guidance and legislation.	57
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 disabled access. *Guidance: Relevant assistive technology equipment, such handrails, are provided to meet individual needs and to maximise independence.*	4, 55, 58
17.4	2	There is sufficient space to deliver clinical care and hold meetings in person.	2

Number	Type	Standard	Reference
17.5	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
17.6	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	2	There is regular reflective practice available of sufficient frequency to ensure that all staff can access this at least every six weeks. *Guidance: Reflective practice is facilitated by someone with experience in managing a group process.* **Sustainability Principle: Empowering Staff**	2, 15
18.2	2	Those in service and team leadership roles are visible and present at the team base and actively role model and promote an open learning culture. They are confident and competent in both listening up and following up in line with Freedom to Speak Up principles. *Guidance: Staff know that incident reporting, learning from incidents and responsivness to feedback are leadership priorities. If staff raise concerns, they are confident their leadership will address them.*	2,81
18.3	3	The team has a system for reviewing culture in the team and takes action on findings. *Guidance: This may include reviewing incident data, patient and carer feedback, staffing and employee relations data and/or use of a validated staff survey, culture of care or safety culture tool/survey.*	2, 81
18.4	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.	2, 57, 62 63
18.5	2	The team reviews 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. Progress against the plan is reviewed at regular time points throughout the year and the plan is refreshed annually. *Guidance: Good practice includes adopting practices in line with recommendations in RCPsych Net Zero Guidance. This may include, for example, assigning a Sustainability Champion role, staff undertaking training in sustainable practice, developing a green transport plan for the team, reviewing practices to improve continuity of care.* **Sustainability Principle: Consider Carbon**	64, 80

Number	Type	Standard	Reference
19		**Staffing levels**	
19.1	1	The service has a mechanism for responding to low/unsafe staffing levels, for example, when they fall below minimum agreed levels and/or waiting times or caseload size rises above agreed thresholds. The mechanism includes: • 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: Empowering Staff**	2
19.2	1	When a staff member is on leave, the MDT provides adequate cover for the patients who are allocated to that staff member to support continuity of care. *Guidance: Services may use systems such as buddy or associate systems to operationalise how caseload cover is provided during leave.*	2, 88
19.3	1	There is an identified senior clinician available at all times who is available on the phone or at the team base within an hour. Video consultation may be used in exceptional circumstances. *Guidance: Some services may have an agreement with primary care to provide this cover.*	2
19.4	3	The team has appropriate administrative support and infrastructure in place to release clinical time to care. *Guidance: The team has a dedicated administrator.*	2
20		**Staff recruitment, induction and supervision**	
20.1	2	Patient or carer representatives are involved in the interview process for recruiting staff members. *Guidance: These representatives 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. This includes arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, being observed and receiving enhanced supervision until core competencies have been assessed as met.	37
20.3	1	All clinical staff members receive formal individual 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. Clinical supervision should be in addition to managerial supervision. If the two are provided together, there is a clear differentiation between them.*	2, 38
20.4	2	All staff members receive individual line management supervision at least monthly. *Guidance: Managerial supervision should be in addition to clinical supervision. If the two are provided together, there is a clear differentiation between them.*	2

Number	Type	Standard	Reference
21		**Staff wellbeing**	
21.1	1	The service actively supports staff health and wellbeing. *Guidance: For example, by 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: Empowering Staff**	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 the emotional wellbeing of the people involved and post-incident reflection.* **Sustainability Principle: Empowering Staff**	15, 26, 78, 81
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:	
22.1.1	1	The use of relevant mental health, human rights and capacity legal frameworks.	14, 47, 51
22.1.2	1	Physical health assessment. *Guidance: This includes basic life support, understanding physical health problems including common long term conditions, physical observations and when to refer the patient for specialist input.*	2, 4, 7, 21, 41, 43
22.1.3	1	Safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect and includes identifying and responding to domestic violence.* **Sustainability Principle: Prioritise Prevention**	2, 22, 23, 28, 44, 52, 56, 63
22.1.4	1	Risk assessment and management. *Guidance: This includes assessing, formulating and managing risk to self, from self-neglect, from others, to others, and from unintended consequences of healthcare and treatment. The training updates staff members on evidence regarding changing patterns and trends in the populations they work with.*	2, 19, 22, 23, 28, 48, 73, 75, 87, 88
22.1.5	1	Cognitive impairment, learning disability and autism. This includes awareness of neurodiversity, how to interact appropriately with autistic people and people who have a learning disability and clinical differences in these populations, e.g. how symptoms or risk may present differently.	57, 63, 72, 86

Number	Type	Standard	Reference
22.1.6	2	Trauma-informed care.	2, 71
22.1.7	2	Identification and management of co-occurring substance use with specific focus on alcohol and commonly used drugs. This may include updates on substance misuse trends, delivering of evidence-based brief interventions and harm reduction advice.	50, 77, 85
22.1.8	2	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 including cultural competence and awareness of the importance of faith/spirituality. *Guidance: Training should address all nine protected characteristics and their relevance to delivering equitable mental health care.*	2, 8, 71
22.1.9	1	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	54
22.2	1	The team, including bank and agency staff, is able to identify and manage an acute physical health emergency. **Sustainability Principle: Empowering Staff**	2
22.3	2	Patient and carer representatives are involved in delivering and developing staff training.	2

23	Clinical outcome measurement		
23.1	1	Clinical outcome measurement is used collaboratively with the patient to inform care planning and monitor progress. *Guidance: This includes patient-reported outcome measurements where possible. How often they are used is determined by the patient's care plan, but they should be collected at minimum at two time points (at assessment and discharge).*	2, 76, 88, 90
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, 76, 88
23.3	1	The service's clinical outcome data are collated, analysed and reported at least bi-annually. Access, experience and outcomes data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.	2, 76, 88

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. Managers encourage staff members to do this.	2, 26, 40, 81
24.2	1	When serious mistakes are made in care, this is discussed with the patient and their carer, an apology given and actions taken as appropriate to mitigate the outcome of the mistake and/or prevent its recurrence. Any safeguarding concerns that have arisen through the incident are raised and processed in line with policy.	45, 81
24.3	1	Lessons learned from 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.	81
24.4 	2	The team is actively involved in QI activity. **Sustainability Principle: Improving Value**	2
24.5	2	The team actively encourages patients and carers to be involved in QI initiatives.	2

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