RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

NEURO
QUALITY NETWORK FOR NEUROPSYCHIATRY SERVICES

AGGREGATED REPORT
YEAR 1 FINDINGS 2025

Author:
Jemini Jethwa

Contents

Artwork titled 'Landscape' was produced by a patient named 'MW' at the Forensic Brain Injury Service, Guild Lodge.

Foreword

The QN-Neuro initiative was developed to strengthen quality, consistency, and collaboration across neuropsychiatry and neurobehavioural rehabilitation services nationally. This first-year report brings together the learning and insights of participating teams and partner organisations, representing a shared commitment to improving outcomes and experiences for people living with complex neurological and neuropsychiatric conditions in inpatient settings.

The report provides notable examples of good practice across the network, including integrated multidisciplinary care, compassionate clinical leadership, and innovative use of digital and community-based approaches. It also identifies areas where sustained collective focus is required — notably in ensuring equitable access, developing robust outcome measures, and supporting workforce development and retention across specialist pathways.

The standards provide a structured framework to guide local service improvement and inform national planning. They enable teams to benchmark performance, share expertise, and embed continuous quality improvement, all aligned with the principles of co-production and transparency.

We would like to acknowledge the contribution of all clinical teams, patients, carers, and partner organisations who have engaged with this work. Their openness and commitment have been central to establishing QN-Neuro as a collaborative network focused on delivering high-quality, person- and recovery-centred care.

This has been a very productive and exciting first year for the network and we look forward to continuing to work with existing members and collaborators, as well as welcoming new members, and developing our community and outpatient standards.

Dr Michael Dilley FRCPsych

Neuropsychiatrist & Chair, QN-Neuro Advisory Group

Dr Dan Silva, DClinPsych

Neuropsychologist & Vice-Chair, QN-Neuro Advisory Group
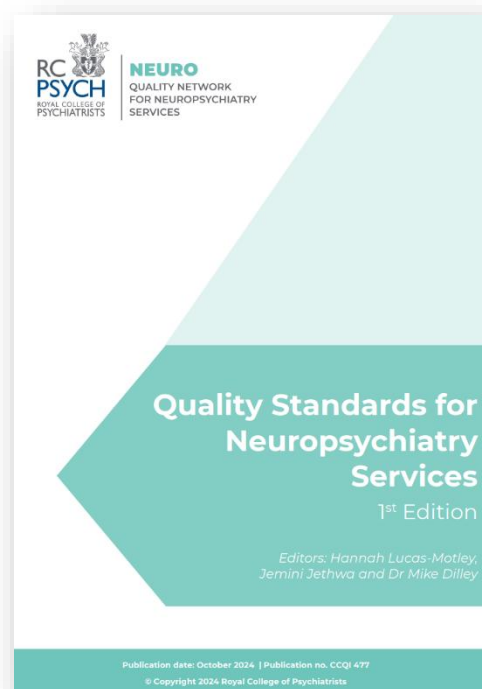
Who we are and what we do

The Quality Network for Neuro Services (QN-Neuro) was established in 2024 to promote quality improvement within and between neuro services. It is one of 29 quality and accreditation networks hosted by the Royal College of Psychiatrists' Centre for Quality Improvement.
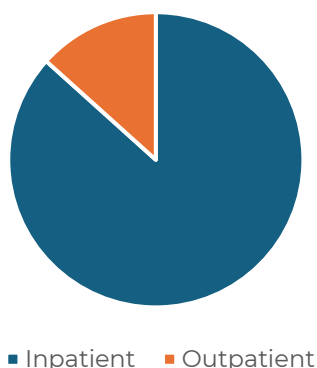
How we support services

We adopt a multi-disciplinary approach to improving quality in neuro services, using a set of specialism-specific quality standards for inpatient services. These evidence-based standards were developed using the CCQI Core Standards for Inpatient Services and other national guidance and best practice frameworks.

Our comprehensive peer review process allows for a two-fold outcome. Firstly, through a culture of openness and enquiry we serve to identify areas for improvement. Secondly, through discussions led by staff members, patients and their carers, we highlight areas of achievement and identify improvements.

Overall, the model is one of mutual support and learning rather than inspection. Another key component of the quality network is the facilitation and sharing of ideas and best practice across different members.

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NEURO
QUALITY NETWORK
FOR NEUROPSYCHIATRY
SERVICES

Quality Standards for Neuropsychiatry Services
1st Edition

Editors: Hannah Lucas-Motley, Jemini Jethwa and Dr Mike Dilley

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Access the QN-Neuro Standards

Membership

- Inpatient
- Outpatient

Membership is open to inpatient and outpatient neuro services in the UK working with people experiencing neurological disorders and associated psychiatric symptoms and/or acquired or traumatic brain injury with psychiatric complications. In our pilot year, we had 15 members, and we reviewed inpatient services only and outpatient services engaged as affiliate members. Membership types are outlined in more detail on our website.

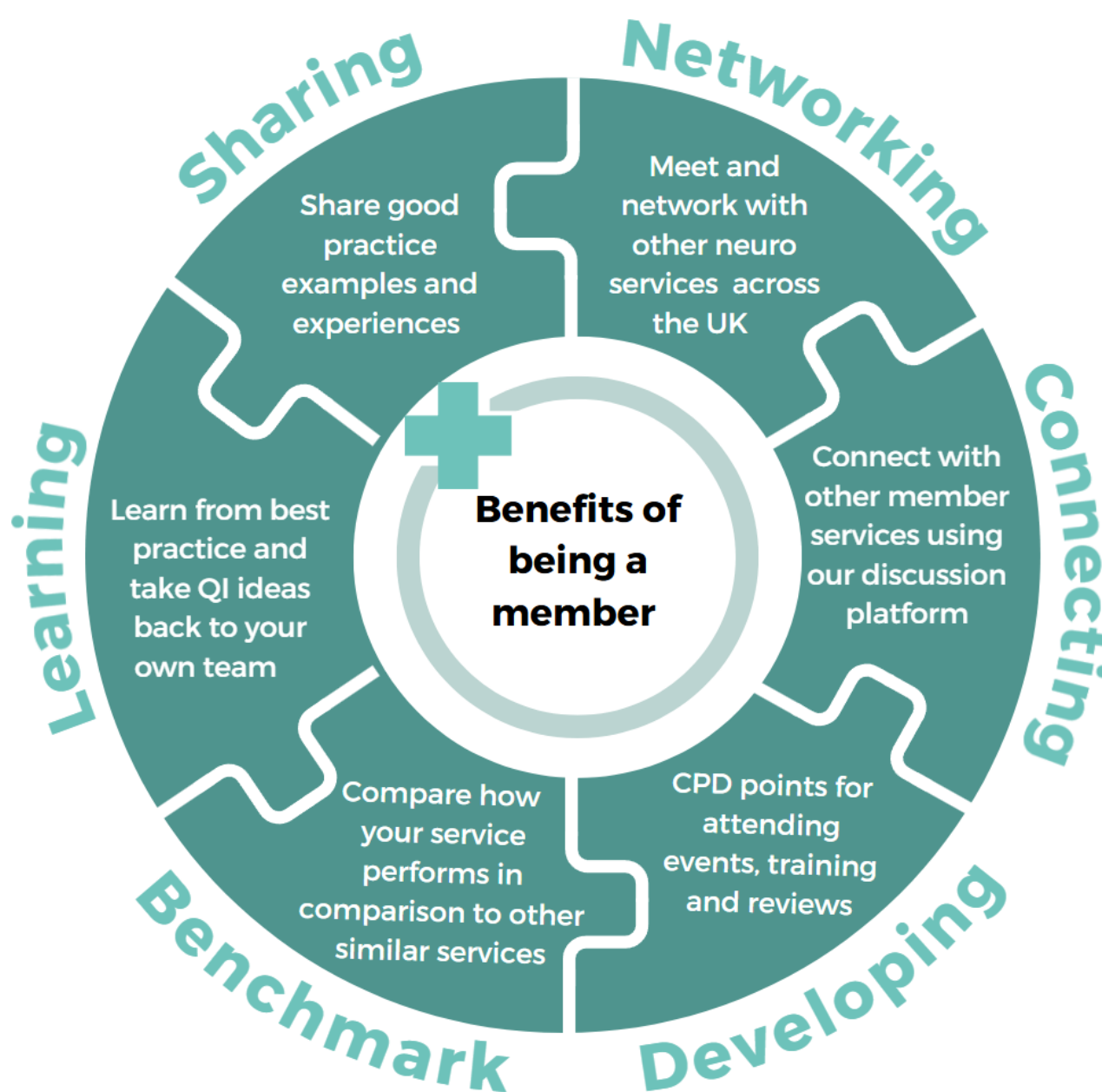A list of participating members can be found in Appendix 1.

Membership benefits

QN-Neuro offers a wide range of benefits designed to support continuous improvement and collaboration across neuro services. Members gain access to a structured peer review process, followed by a comprehensive local report and feedback to guide service development.

The network provides targeted support from the QN-Neuro team, peer reviewer training, and opportunities to visit other services, fostering shared learning and professional development. Altogether, the network aims to be a supportive community of peers that can share learning and good practice.
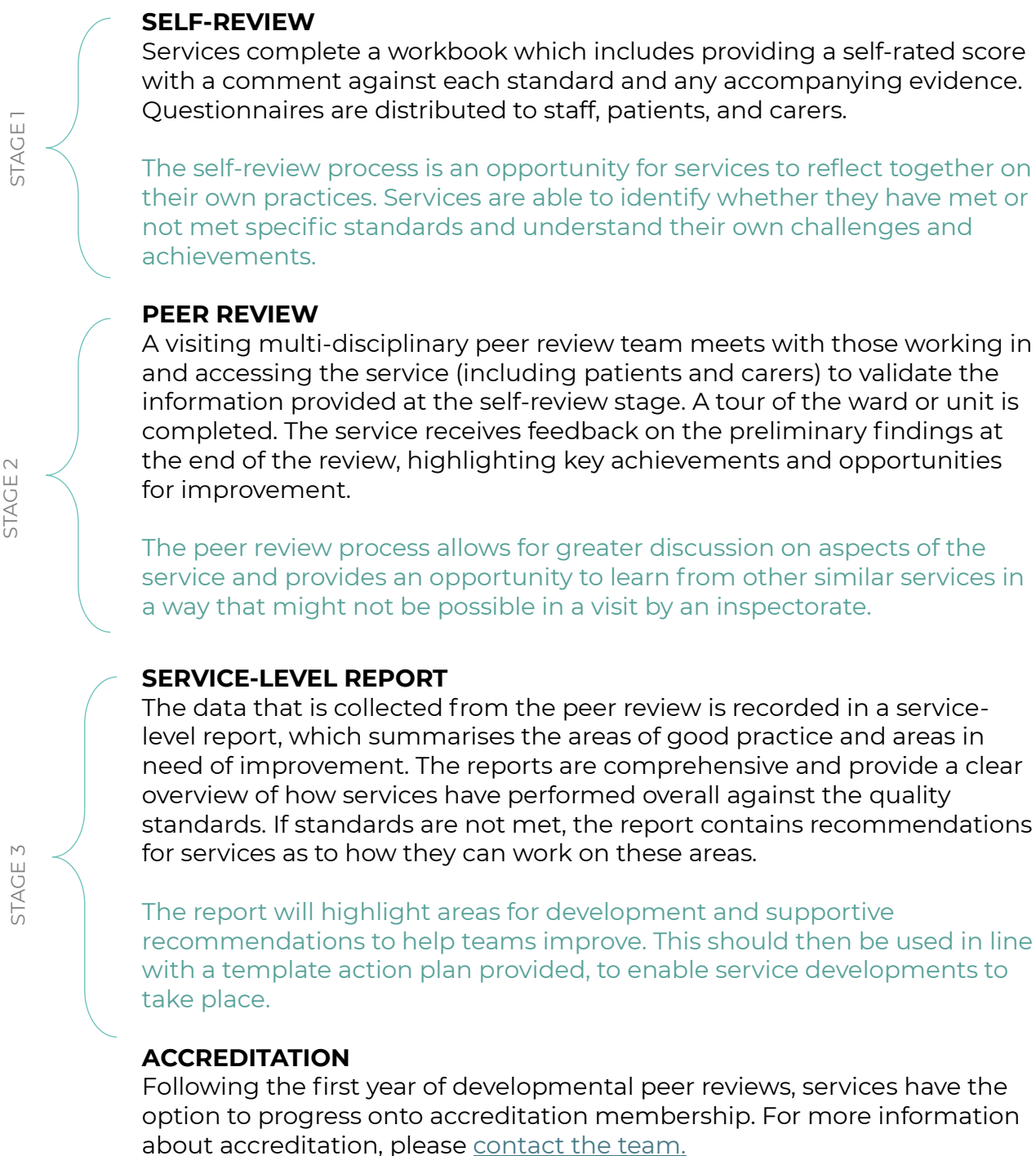
All services that are signed up to the network will have access to the membership benefits stated below.

The review process

The peer review process consists of three key phases:

1. The completion of a self-review assessment
2. The peer review visit
3. Reviewing the report and action planning

SELF-REVIEW

Services complete a workbook which includes providing a self-rated score with a comment against each standard and any accompanying evidence. Questionnaires are distributed to staff, patients, and carers.

The self-review process is an opportunity for services to reflect together on their own practices. Services are able to identify whether they have met or not met specific standards and understand their own challenges and achievements.

PEER REVIEW

A visiting multi-disciplinary peer review team meets with those working in and accessing the service (including patients and carers) to validate the information provided at the self-review stage. A tour of the ward or unit is completed. The service receives feedback on the preliminary findings at the end of the review, highlighting key achievements and opportunities for improvement.

The peer review process allows for greater discussion on aspects of the service and provides an opportunity to learn from other similar services in a way that might not be possible in a visit by an inspectorate.

SERVICE-LEVEL REPORT

The data that is collected from the peer review is recorded in a service-level report, which summarises the areas of good practice and areas in need of improvement. The reports are comprehensive and provide a clear overview of how services have performed overall against the quality standards. If standards are not met, the report contains recommendations for services as to how they can work on these areas.

The report will highlight areas for development and supportive recommendations to help teams improve. This should then be used in line with a template action plan provided, to enable service developments to take place.

ACCREDITATION

Following the first year of developmental peer reviews, services have the option to progress onto accreditation membership. For more information about accreditation, please contact the team.

Contextual information

Contextual information was reviewed for all 11 neuro services that were peer-reviewed during the data collection period of December 2024 to July 2025. A full breakdown of services can be found in Appendix 1.

The aim was to understand how services are operating and build a general picture of neuro service delivery. Specialisms included forensic neuropsychiatric care, rehabilitation for ABI/TBI, Huntington's disease, dementia, and complex behavioural needs.

Services were predominantly male, with one female unit. The age range was over 18 years.

The average number of beds across all 11 neuro services was 22, ranging from 10 to 51.

The average length of stay across all 11 neuro services is 609 days, ranging from 104 to 1368.

REFERRALS AND ADMISSIONS

There were also variances noted in the average number of referrals and admissions into services across a 12-month period.

29
REFERRALS ON AVERAGE
ranging from 9 to 55

12
ADMISSIONS ON AVERAGE
ranging from 0 to 37

37%
of referrals result in admission

OCCUPANCY

The average occupancy across 11 services was 74% ranging from 26% to 106%.

Occupancy levels can perhaps vary across services due to the differences in specialism, patient complexity, and length of stay. Services offering short-term assessment or stabilisation were found to have higher occupancy which may be due to faster turnover and broader referral acceptance. Contrastingly, services supporting long-term rehabilitation or highly specialised care often show lower occupancy, as these patients could perhaps require extended stays and meet stricter inclusion criteria.

Compliance against standards

The following graph demonstrates how neuro services scored against the Quality Network for Neuropsychiatry Services quality standards following completion of their review visit. The data covers peer reviews of 11 services.
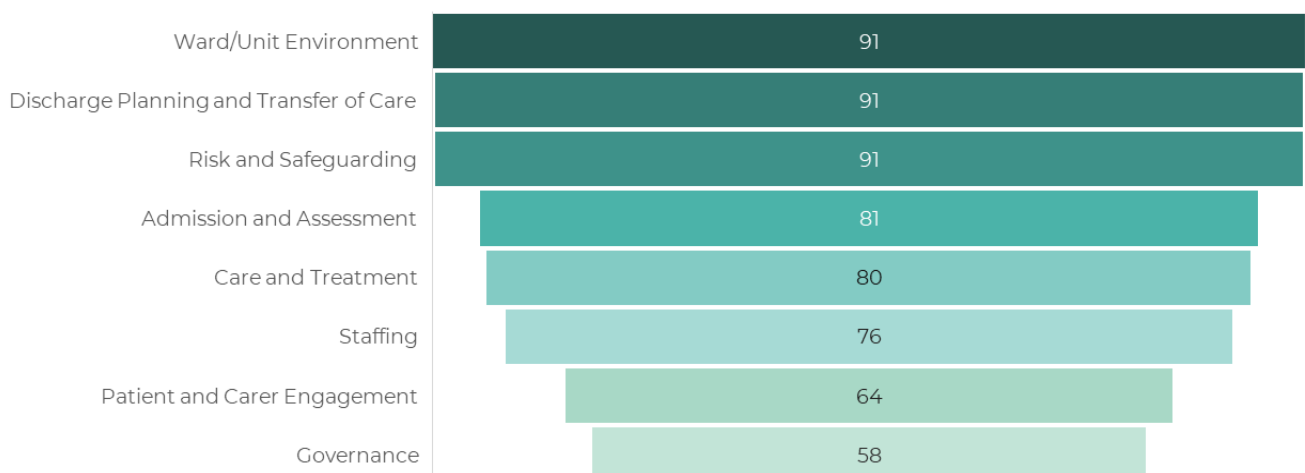
Services scored an average of **77%** of our standards.

Legend: ■ % Partly Met   ■ % Not Met   ■ % N/A
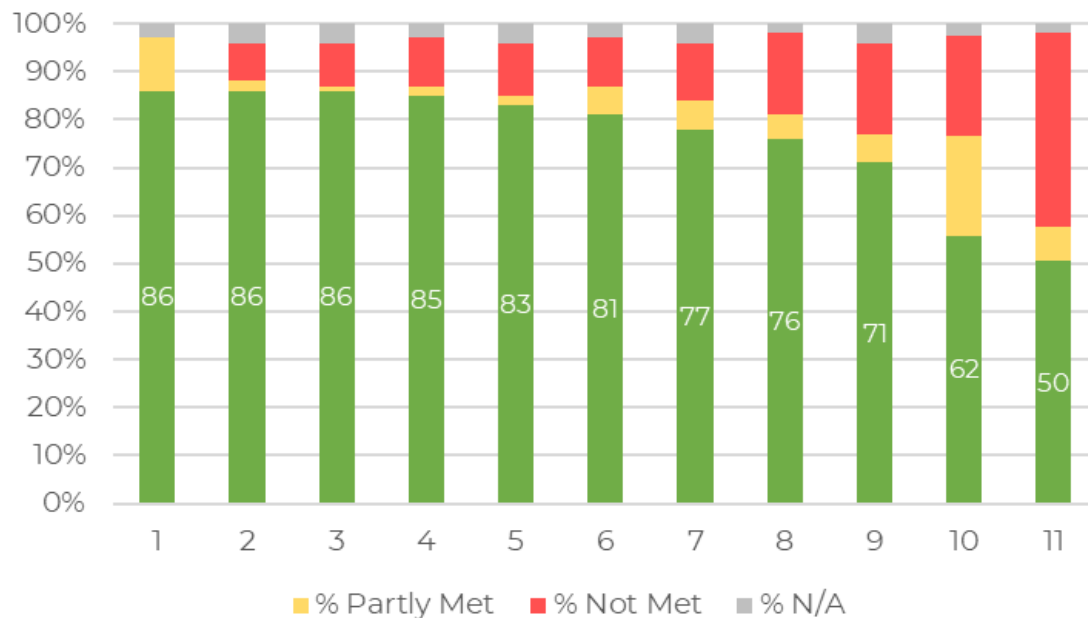
Compliance per standard category

The following graph provides a visual breakdown of how services performed against different categories within the QN-Neuro standards.

Average Compliance by Standard Category

Category	Score
Ward/Unit Environment	91
Discharge Planning and Transfer of Care	91
Risk and Safeguarding	91
Admission and Assessment	81
Care and Treatment	80
Staffing	76
Patient and Carer Engagement	64
Governance	58

Admission and assessment

This section of standards looks at the patient admission process into neuro services. It includes multidisciplinary pre-admission assessments, timely physical and mental health reviews, clear communication with patients and carers, and the provision of appropriate equipment and information.

Services met an average of

81% of standards

within this domain

STANDARDS WITH HIGH COMPLIANCE

Prior to admission, all services were developing multi-disciplinary care plans for patients. In addition, all services were found to conduct comprehensive physical health reviews which started four hours within admission. Services would also make strong efforts to review placements if a patient was admitted outside of the area in which they live.

AREAS FOR DEVELOPMENT

Although physical health reviews were completed, not all services had access to a neurologist or appropriate specialist to assess comorbid neurological health conditions and other medical issues. Furthermore, services were not always providing patients and carers with the opportunity to visit the service prior to admission or sharing an information pack.

Staff have turned my life around. I was a mess before I came here.

PATIENT FROM THE FORENSIC BRAIN INJURY SERVICE

My introduction was thorough, and I got an idea of the place.

PATIENT FROM CYGNET HOSPITAL BRUNEL

GOOD PRACTICE EXAMPLES

A thorough pre-admission meeting is held with the referring service and attended by the MDT. Ongoing contact is maintained between the current placement, commissioners and care coordinators prior to admission. Specialist care plans (e.g., around feeding, seating or mobility equipment) are requested prior to admission with individual verbal/email handover sought where appropriate.
St Peter's Hospital

After showing the patient around, the nurse in charge will contact the carer to update them on their family member and their current presentation. Staff will offer them a carers' welfare pack with information regarding the unit and contact details for the MDT. They will be invited to the admission meeting to meet the MDT members; this can be offered face-to-face or virtually.
Cygnet Hospital St William's

Patients and their carers (with consent) are given the option to physically visit the site before the admission takes place.
Cygnet Pindar House

Care and treatment

These standards outline a holistic, patient-centred approach to care, emphasising collaboration between patients, carers, and multidisciplinary teams. The section includes personalised care planning, clinical reviews, medication management, and access to therapeutic and community-based activities.

Services met an average of

80% of standards

within this domain

STANDARDS WITH HIGH COMPLIANCE

Services demonstrated good practice in developing multidisciplinary formulations that address patients' neurological, physical, neurobehavioural, neurocognitive, and psychosocial needs. Teams actively supported patients in adopting healthy lifestyle habits. Robust community leave plans were also in place, underpinned by thorough risk assessments.

AREAS FOR DEVELOPMENT

Areas of weaker compliance included standards around patients being given written and formulation-based care plans, largely due to patients being unaware of having a care plan or what was included within this. Not all patients were being offered information about their formulation or treatment and didn't always have protected time at least weekly with a nominated member of the care team to discuss their progress.

"This service has saved my life; I can't be more grateful of that."

PATIENT FROM THE CYGNET HOSPITAL HEATHERS

"When I visit the service, I like that I am able to participate in activities with my loved one."

CARER FROM ST PETER'S HOSPITAL

GOOD PRACTICE EXAMPLES

There is good access to specialised physical healthcare to support patients' physical health needs. For example, a dentist regularly visits the ward to provide oral healthcare support to patients, and the service has access to optician services and geriatricians which is a valuable service for individuals who face barriers accessing routine care.
Tallis ward

The service has minimal blanket restrictions for their patients as the service tries to support patient autonomy. This provides a therapeutic environment for patients, allowing them to make choices about their daily living, and to participate in rehabilitative activities such as real work opportunities and therapeutic earnings programmes.
Cygnet Lodge and Cygnet Grange

There is strong collaboration between the different disciplines, particularly the occupational therapy and physiotherapy teams. This enables a wide range of activities to be run on a daily basis for patients, evidenced in a detailed activity timetable on all of the wards. There are opportunities for patients to feed back about what activities they would like to participate in and these would be arranged accordingly.
St Peter's Hospital

Discharge planning and transfer of care

This section of standards outlines best practices for safe and coordinated discharge from neuro services. It includes thorough assessments of personal and practical needs, timely sharing of care plans and discharge summaries, and ensuring follow-up takes place within 72 hours. The standards also cover support during transitions and careful consideration when patients choose to self-discharge.

Services met an average of
91% of standards
within this domain

STANDARDS WITH HIGH COMPLIANCE

All services were sending discharge summaries within a week to the patient's GP and other relevant agencies with the patient's consent. This would include important details around why the patient was admitted and how their condition had changed, as well as an updated formulation. All teams were found to provide support to patients when their care was being transferred to another service, or back to the care of their GP.

AREAS FOR DEVELOPMENT

One area that required further improvement for services was ensuring patients who are discharged have arrangements in place to be followed up within 72 hours of discharge, which was not consistent across services.

GOOD PRACTICE EXAMPLES

The service has merged with a community team which means that, when patients are discharged, there is a good level of continuity of care as patients can be seen by community staff within the wider service who are familiar with the patients' care on the ward.
Ward 5

Visual discharge plans (VDPs) are created from the clinical care and treatment plans and patients' goals. The format is designed to meet the specific needs of the patient to ensure the information included is accessible. Where possible, the patient is actively involved in the creation of the care plans, including setting individual goals. The VDPs are altered to reflect the changing needs and progress of each patient and copies are provided to the patient and their carers (where appropriate).
Cygnet services

Comprehensive information is provided at the point of discharge, including to GPs. In addition, bespoke transitional arrangements can be made, such as future carers attending the ward. Ward round access by external agencies also supports this process.
Tallis ward

Discharge summaries are sent within 24 hours and then a more detailed report is sent within 10 days of discharge. These are sent to all external stakeholders including the patient's GP, carer (with consent), commissioners and onward referral organisations/professionals. Care plans are sent out ahead of any discharge and as part of the transitional planning for each individual patient.
Cygnet Lodge & Grange

Risk and safeguarding

These standards focus on ensuring patient safety, dignity, and collaborative decision-making around management of risk. The standards also cover staff training to minimise harm such as preventing and responding to abuse, using restraint techniques and legal frameworks.

Services met an average of

91% of standards

within this domain

STANDARDS WITH HIGH COMPLIANCE

All services were making efforts to involve patients when making decisions about their levels of therapeutic observation. Patients were also supported to understand how the level could be reduced. Additionally, it was found that services would only use seclusion as a last resort and for brief periods only, with many services not using seclusion at all.

AREAS FOR DEVELOPMENT

Patients on constant observation were not consistently receiving at least one hour per day of observation from a member of staff that was familiar to them. It was also found that services were not always collecting data on patients' behaviour frequency, triggers or consequences of behaviour. This information would be useful in order to inform positive behaviour support plans.

"I feel safe here. The staff are good."

PATIENT FROM ST PETER'S HOSPITAL

"Staff know their patients well and know what to look out for in terms of early warning signs."

STAFF FROM FORENSIC BRAIN INJURY SERVICE

GOOD PRACTICE EXAMPLES

The service is consciously working to reduce restrictive practice; having frequent restrictive practice meetings, reviewing and sharing lessons learnt and working to use as few blanket restrictions as possible.
Ward 5

The team demonstrates an individualised approach to risk, with very few blanket restrictions in place. Any limitations are reviewed regularly in collaboration with the patient, who is supported to understand why they are in place and what they can do to lessen them.
Cygnet Pindar House

Learning and reflection are strongly embedded in the service's approach to patient safety. This is evident in the way incidents are reviewed and used as learning opportunities. For example, following episodes of patient absence without leave (AWOL), the service has made tangible changes to the ward environment such as raising fences and moving furniture to reduce risk and improve patient safety. Additionally, the use of CCTV footage after incidents has informed meaningful improvements to PBS plans and individualised care planning.
Cygnet St Williams

Patient and carer engagement

These standards emphasise compassionate, inclusive care that actively involves both patients and carers. This includes shaping the service based on feedback, treating everyone with compassion, dignity and respect and making sure voices are heard. Support for carers is also covered, ensuring people are kept connected and involved throughout their loved one's journey.

Services met an average of
64% of standards
within this domain

STANDARDS WITH HIGH COMPLIANCE

Services performed well in relation to supporting patients with their accessibility needs. For instance, all services were providing patients with information in a variety of formats to ensure it was accessible for neuropsychiatric conditions. Most services also had arrangements in place to work with interpreters with sufficient knowledge and skills to provide accurate translations.

AREAS FOR DEVELOPMENT

Although services would ask patients and carers for their feedback, it was not always clear how this feedback was used to make improvements. Feedback is also not regularly being reviewed to explore variation in experience across people with different protected characteristics. Many patients felt that staff members didn't always respect their personal space such knocking before entering their bedroom. Finally, carers were not always aware of how to access a statutory carers' assessment or offered individual time with staff to discuss their own needs and concerns.

"[Staff] make changes I ask for in ward rounds."

PATIENT FROM CYGNET PINDAR HOUSE

"Some staff are incredibly caring and supportive. They go above and beyond."

CARER FROM TALLIS WARD

GOOD PRACTICE EXAMPLES

The team has demonstrated a strong commitment to actively listening to patients and tailoring activities based on their interests and preferences. For example, a patient's passion for gardening was supported by staff where they enabled meaningful contributions to the hospital community by investing in a polytunnel for growing a variety of fruits and vegetables
Cygnet Lodge & Grange

Carers reflected that they feel well communicated with overall and appreciate being kept informed of changes in their loved one's care or any updates. Carers feel that staff look after and treat their loved ones well.
Forensic Brain Injury Service

Patients reported feeling genuinely listened to, with staff responding to their individual interests and preferences. Examples included personalised activities such as providing a space and equipment for gardening as well as access to car magazines and bringing pets to the ward for certain patients. Furthermore, the service has created activities such as an escape room and treasure hunt to help those who can't engage in formal cognitive assessments.
Cygnet St Williams

Ward environment

This section outlines standards that ensure neuropsychiatric services provide safe, comfortable, and inclusive environments for patients. It includes requirements for services to be well-equipped to support the treatment goals of the patient group.

Services met an average of

91% of standards

within this domain

STANDARDS WITH HIGH COMPLIANCE

All services provided patients with separate bedrooms and washing facilities, and patients are encouraged to personalise their spaces where possible. This was evidenced by photos and posters on display. Culturally-specific entertainment resources were available, supporting diverse needs. Environments were adapted to accommodate patients with disabilities and rehabilitation requirements. Physical healthcare was well-supported, with appropriate spaces for examinations and easily accessible emergency equipment.

AREAS FOR DEVELOPMENT

Not all wards had ensuite bathrooms, and access to alarms for patients and visitors was inconsistent. Patients across some services reported that they were not always consulted about any changes made to the environment.

"The ward feels like home."

PATIENT FROM CYGNET PINDAR HOUSE

"It's a safe, calm environment where I am listened to."

PATIENT FROM WARD 5

GOOD PRACTICE EXAMPLES

The service shows a strong commitment to accessibility and inclusive communication for its diverse patient population. During the unit tour, tools like talking tiles and multilingual signage were observed, reflecting thoughtful adjustments that promote understanding and inclusion.
Cygnet Heathers

The ward features a range of pictures showing past events and displaying feedback from patients and carers. This created a warm and homely atmosphere on the ward. In addition, the use of colours to distinguish different areas of the ward was highlighted, with different colours being used for patient and staff areas, which helps patients to easily identify and navigate the space.
Kite ward

The service has access to a wide range of facilities to support patients with their therapeutic interventions. For instance, patients have access to lots of support on daily living skills such as a fully equipped ADL kitchen and an activity room. It is also positive to note that the service will encompass patient's interests and hobbies into the activities that are arranged on the ward.
Cygnet Newham House

Staffing

This section of standards focuses on ensuring safe, high-quality care through robust staffing, access to specialist input, and comprehensive staff training and supervision. They also emphasise patient and carer involvement, staff wellbeing, and a strong safety culture across neuropsychiatry services

Services met an average of
76% of standards
within this domain

STANDARDS WITH HIGH COMPLIANCE

As part of their team, all services had a consultant accredited in rehabilitation medicine or psychiatry, occupational therapists, trained therapy assistants and also had access to a neurologist for regular reviews. Additionally, almost all services had non-consultant input, nurses, physiotherapists, clinical psychologists and dieticians. All services also had a mechanism for responding to low or unsafe staffing levels.

AREAS FOR DEVELOPMENT

Only 4 services had a social worker or discharge co-ordinator as part of their team. There was also only dedicated sessional input from arts or creative therapists in 3 services. In addition, a gap in training and supervision support was noted across most services around inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Patient and carer involvement was also limited across services with regards to training and interviewing new staff.

"We are a small but compassionate and patient centred service. I feel the team have good relationships, for instance between the nursing staff and the wider MDT. I think our team do an exceptional job with the resources available."

STAFF FROM KITE WARD

"I absolutely love my work here at Newham, in comparison to services I have previously been I have never felt so supported and valued in my work."

STAFF FROM CYGNET NEWHAM HOUSE

GOOD PRACTICE EXAMPLES

Staff described the service as highly supportive, with students highlighting the valuable learning opportunities provided during their training. Team members view the environment as approachable and collaborative, regularly seeking guidance from one another. The service places strong emphasis on staff wellbeing, including resources such as a dedicated wellbeing folder that consolidates all available support options.
**Ward 5**

Morale within the staff team is high. Support workers spoke of feeling heard by management, with support worker clinics providing a welcome and safe forum to share their 'on the ground' perspectives that could otherwise be missed in multidisciplinary team (MDT) meetings. Support from both peers and managers was recognised and appreciated, and the staff wellbeing room is an asset that provides staff with a quiet haven when clinical pressures begin to mount.
Cygnet Pindar House

Governance

This section looks at quality improvement (QI) within services and regularly reviewing data to identify and address inequalities. It also covers robust systems for incident reporting, and transparent communication with patients and carers when mistakes occur. Additionally, services are encouraged to assess and improve their environmental and social sustainability in line with NHS green plans.
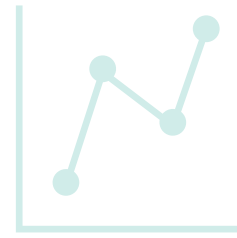
Services met an average of
58% of standards
within this domain

STANDARDS WITH HIGH COMPLIANCE

All services demonstrated a commitment to the Duty of Candour agreement and described various ways of meeting with patients and families when mistakes occur. In addition, all services had clear systems in place for sharing learning from safety incidents with the team and the wider organisation to make necessary changes as a result.

AREAS FOR DEVELOPMENT

An area for further work across all services is around reviewing data annually about the people who are admitted, specifically to compare data and take action where any inequalities in care planning and treatment are identified. Not all services were collecting and auditing data on the use of restrictive interventions particularly in relation to ethnicity of patients. Whilst it is an aspirational standard, many services were not reviewing the environmental and social value of their practices against the organisation's green plan. Finally, although many services demonstrated engagement with QI activity, not all services were actively involving patients and carers in these projects.

GOOD PRACTICE EXAMPLES

The team is currently establishing a new anti-racism QI project to manage increased racial incidents. The service wants to understand the reason behind this increase and support staff when this happens. Staff will be trained as mediators to intervene when a racial incident take place on the ward and want to know if this leads to a reduction in their occurrence.
Cygnet Brunel

There is a good Quality Improvement (QI) strategy in place at the service. The model involves having all preceptorship staff working on their own QI project which enables the service to have multiple streams of work taking place at all times. It is also positive to note that patients have been able to engage with some of the QI work.
Forensic Brain Injury Service

The service has cultivated a strong culture of continuous learning and collaboration, both internally and with the wider community. Notably, the team has established productive links with the local drug and alcohol services, providing reciprocal training and shared expertise. Additionally, Speech and Language Therapists (SaLT) have delivered targeted training sessions to ward staff, increasing communication support for patients with cognitive or language challenges. Carers have also been involved in sharing learning with the service, particularly in relation to supporting patients with Huntington's disease, which was found to be particularly helpful to frontline staff.
Cygnet Heathers

Commonly unmet standards

This section summarises the standards that were most commonly unmet throughout the pilot year.

No. [Type]	Standard	% Met
156 [1]	The multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through use of audit and or quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where possible.*	18%
70 [1]	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.	27%
77 [1]	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	27%
127 [3]	There is dedicated sessional input from arts or creative therapists.	27%
154 [1]	The unit has mechanisms to review data at least annually about the people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment. *Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.*	27%
161 [2]	The team actively encourages patients and carers to be involved in QI initiatives.	27%
7 [2]	Patients and their carers (where appropriate) are offered the opportunity to visit the service prior to admission.	30%
8 [2]	Prior to admission, patients and their carers are given an information pack, in an appropriate format, that contains the following: • A description of the service; • The therapeutic programme; • Information about the staff team; • The unit code of conduct; • Key service policies (e.g. permitted items, smoking policy); • Resources to meet spiritual, cultural or gender needs.	36%
121 [1]	*(The team includes)* Social worker(s)/discharge coordinator(s).	36%
135 [2]	All staff members receive individual line management supervision at least monthly.	36%
136 [1]	*(Staff receive training on)* The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	36%
142 [1]	*(Staff receive training on)* 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.	36%
146 [2]	Patient and/or carer representatives are involved in delivering and developing staff training.	36%
159 [3]	The ward 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). Progress against this improvement plan is reviewed at least quarterly with the team.	36%
78 [2]	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns and their own needs.	45%

Summary of recommendations

The list of standards in the previous section highlight the need for improvements in certain areas. These have been broken down into 6 key areas, listed below.

1. **Improving data collection on equity of access and restrictive practices**

   Services could establish routine audit cycles to monitor the use of restrictive interventions, particularly in relation to protected characteristics, and identifying gaps. This could be used to set targets for reduction and implementing QI projects. Services could link in with their QI leads to support with this.

   There are a range of College resources on addressing inequalities in mental health which can be used to support with this work.

2. **Embedding patient and carer feedback into service developments**

   Services could introduce regular feedback mechanisms i.e. surveys or focus groups, or having patient or carer representatives sitting on service steering groups. A feedback-loop could be implemented where responses are reviewed quarterly and inform service changes.

3. **Enhancing carer support and engagement**

   Many services struggled with carer engagement, teams could therefore ensure support around things like carer's assessments and having individual time with staff is clearly communicated. A carer liaison role within the team could help support with this.

4. **Improvements to pre-admission information and support**

   Services could look at options for arranging pre-admission visits either in-person or virtually. This could also include providing comprehensive information packs which are tailored to patient needs, and co-produced where possible. Some helpful tools on how to effectively coproduce work with patients and carers can be found here.

5. **Enhancing staff support and supervision**

   Services should ensure that there is regular access to line management supervision, which is at least monthly. Furthermore, staff teams could benefit from having access to a social worker or discharge co-ordinator to further support with patient needs.

6. **Promoting environmental sustainability**

   Not all services were reviewing their practices against a local green plan. Therefore, some suggestions would be for services to assign a sustainability lead and integrate quarterly reviews within team meetings to track progress and celebrate achievements. A range of net zero guidance, webinars and free e-learning can be found here.

Staff, patient and carer feedback

When services undergo the peer review assessment, they are asked to send anonymous feedback surveys out to staff members working in the service, patients within the service as well as their loved ones (carers). This feedback is a vital component of the peer review process.

DATA COLLECTED

182 staff
completed surveys

30 patients
completed surveys
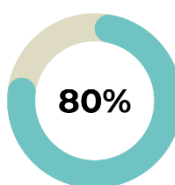
18 carers
completed surveys

SURVEY RESULTS

Staff Feedback

96% Of staff reported developing value-based goals with patients at the start of treatment.

80% Of staff reported receiving individual line management supervision monthly.

82% Of staff feel that their health and wellbeing is actively supported by their service.

97% Of staff feel confident in identifying and managing an acute physical health emergency.

Patient Feedback

83% Of patients felt welcomed by staff when arriving at their service.

73% Of patients were aware of having a care plan in place.

47% Of patients were involved in developing their own care plan.
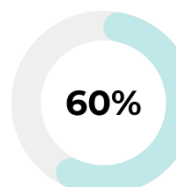
60% Of patients were involved in developing their own positive behaviour plan.

Carer Feedback

89% Of carers were contacted about their loved one's admission to the service.

28% Of carers were offered the opportunity to visit the service prior to admission.

**50%** Of carers were offered individual time with staff.
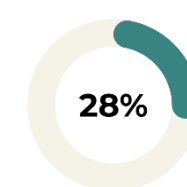
**28%** Of carers were advised on how to access a carer's assessment.

Member feedback

Following each peer review visit, we are very keen to hear what our members have to say about the peer review process and the network in general. We are committed to providing an excellent service to our members and are always happy to hear feedback on what we've done well and where we can make improvements.
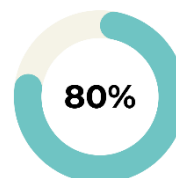
Responses from our peer review feedback survey have been largely positive:
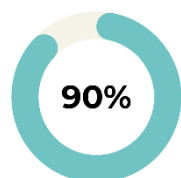
90% of respondents consistently rated the support from the network, clarity of the expectations for the day, and the approach of lead reviewers as very good.
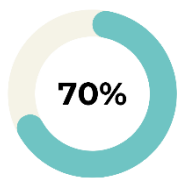
70% of respondents rated the facilitation as 'Very good', while the remaining 30% rated it as 'good'.

80% of respondents rated the overall day as 'very good'.

I stepped in the day before so was a bit unprepared myself, but felt supported by [the project team] and had all the necessary information to feel confident and enjoy the experience.

It was very enlightening for me to see how other services work.

It was a great experience and sharing ideas was really good and you also take ideas from others to improve the quality of the service

However, we did receive some comments suggesting improvements that we could make as a network to our peer review process. These are summarised below with comments to explain how we plan to address these.

YOU SAID	WE DID
"The network should host more events to provide additional networking opportunities beyond peer reviews."	We are looking forward to hosting our first event which will take place in June 2026, it will be taking place in-person offering lots of networking opportunities.
"For some sections of the day there needed to be more clarity in the pre-review meetings such as the host team introduction and patient meeting structure."	We will provide further detail and guidance to host and peer review teams during pre-review meetings to ensure there is a clear understanding of each of the review day meetings.
"Some of the questions in the meeting scripts could be made simpler or clearer to ease the discussions."	The next round of peer reviews will be using the revised QN-Neuro standards, therefore we will aim to develop clearer meeting scripts to help facilitate meetings for peer reviewers.
"It would be good to get more clarity on what will be required for accreditation and the timescales for this."	As we roll out our revised standards, we will be getting in touch with members of our pilot year to begin the accreditation process. Timelines and details can be found on our website.

Appendix 1: Summary of services

The following table provides an outline of the contextual information on services that engaged in the pilot year of the QN-Neuro and are referenced within this report.

Service outline	Number of beds	Avg length of stay (days)	Avg occupancy (last 6 months)	Referrals in last 12 months	Admissions in last 12 months	% of referrals being admitted
Secure forensic neuropsychiatric care for adults with acquired brain injury (ABI) and associated forensic needs. Services include medium and low secure wards, supporting individuals detained under the Mental Health Act (MHA) who present with behavioural and emotional changes.	33	1280	67%	30	9	30%
Specialist neuropsychiatric rehabilitation for men with acquired or traumatic brain injury (ABI/TBI), focusing on Level 1 and 2a pathways and complex behavioural challenges. Supports individuals with behavioural impairments and physical health needs such as PEG/RIG or catheter. Excludes forensic low/medium secure units and seclusion.	32	357	90%	28	10	36%
Neuropsychiatric and neurodegenerative rehabilitation for men with ABI and cognitive or behavioural impairments. Accepts individuals with progressive neurological disease, either informal or detained under the Mental Health Act (MHA). Excludes forensic low/medium secure units and seclusion.	20	802	26%	27	9	33%
Long-term neuropsychiatric rehabilitation for men with ABI or neurodegenerative conditions presenting with challenging behaviour. May include individuals with a forensic history but excludes forensic low/medium secure units and seclusion.	16	779	87%	17	4	24%
Neuropsychiatric rehabilitation for women with ABI or progressive neurological conditions, offering transitional care. May include	20	547	65%	19	6	32%

individuals with a forensic history but excludes forensic low/medium secure units and seclusion.					
Neuropsychiatric rehabilitation for men with ABI, Huntington's disease, or specialist dementia care needs. May include individuals with a forensic history but excludes forensic low/medium secure units and seclusion.	22	624	84%	55	7	13%
Neuropsychiatric rehabilitation for men with ABI, Huntington's disease, or substance-related brain injury. May include individuals with a forensic history but excludes forensic low/medium secure units and seclusion.	12	357	59%	9	0	0%
Community hospital-based neuropsychiatric care for adults with complex needs, assessed on a case-by-case basis. Excludes patients requiring NG tube feeding, daily SALT input, high ligature risk, seclusion, or significant physical rehabilitation unless staffing allows.	10	300	79%	25	13	52%
Neuropsychiatric care for adults with ABI or neurodegenerative conditions, including dementia, Huntington's, Parkinson's, and Korsakoff's syndrome. Accepts informal or MHA-detained patients and those with forensic backgrounds, but excludes patients requiring seclusion.	51	1368	59%	23	7	30%
Specialist admission and stabilisation unit for adult men with ABI or neurological diagnoses resulting in cognitive or behavioural changes. Accepts informal, DoLS, and MHA-detained patients, with national referrals supported.	13	180	92%	53	30	57%
Inpatient neuropsychiatric service for working-age adults requiring assessment and treatment of neuropsychiatric needs. Excludes dementia patients over 60 years.	15	104	106.50%	37	37	100%

Appendix 2: List of members

The following list details the neuro services that were signed up as members of the network during its pilot year (2024 – 2025). Those that participated in the peer review process and are referred to throughout the report are marked with (*).

QN-Neuro Membership

Blackheath Brain Injury Rehabilitation Centre, Active Care Group

Cygnet Brunel, Cygnet Health Care*

Cygnet Heathers, Cygnet Health Care*

Cygnet Lodge & Cygnet Grange, Cygnet Health Care*

Cygnet Newham House, Cygnet Health Care*

Cygnet Pindar House, Cygnet Health Care*

Cygnet St William's, Cygnet Health Care*

Forensic Brain Injury Service, Lancashire and South Cumbria NHS Foundation Trust*

Saint Peter's Hospital, Iris Care Group*

Tallis Ward, St Andrew's Healthcare*

Ward 5, North Staffordshire Combined Healthcare NHS Trust*

Kite Ward, Hampshire and Isle of Wight Healthcare NHS Foundation Trust*

Derbyshire Neuropsychiatry Service, Derbyshire Healthcare NHS Foundation Trust

West Kent and Medway Neuropsychiatry Service Darent House, Kent and Medway NHS and Social Care Partnership Trust

Appendix 3: Advisory Group Members

The Quality Network is supported by a group of professionals who represent key interests and areas of expertise in the field of neuro services. Members of the group can be found below.

QN-Neuro Advisory Group Members

Dr Mike Dilley (Chair), Consultant Neuropsychiatrist, King's College Hospital

Dr Dan Silva (Deputy Chair), Consultant Clinical Neuropsychologist, St Peter's Hospital

Chloe Hayward, Executive Director, UK Acquired Brain Injury Forum

Concetta Ventura, Approved Provider and Training Manager, Headway

Dr Ana Miorelli, Consultant Neuropsychiatrist, St George's Hospital

Dr Andrew Leigh, Clinical Neuropsychologist, Forensic Brain Injury Service

Dr Anu Sharma, Consultant Psychiatrist, Colne House

Dr Dane Rayment, Consultant Neuropsychiatrist, Rosa Burden Centre for Neuropsychiatry

Dr Gayathri Burrah, Consultant Psychiatrist, St Andrew's Healthcare

Dr Grzegorz Grzegorzak, Consultant Neuropsychiatrist, Saint Peter's Hospital

Dr Venkata Yelamanchili, Consultant Neuropsychiatrist, Cygnet Healthcare

Dr Yousuf Iqbal, ST6 Trainee, St George's Hospital

Muhammad Waqas Mughal, Physiotherapist, Cygnet Healthcare

Sam Mountney, Policy & External Affairs Manager, The Neurological Alliance

Jemini Jethwa, Programme Manager, The Royal College of Psychiatrists

Joshua Coelho, Project Officer, The Royal College of Psychiatrists

Alexandra Eneli, Project Officer, The Royal College of Psychiatrists

Appendix 4: Contact us

Contact the team

Jemini Jethwa, Programme Manager

✉ Jemini.Jethwa@rcpsych.ac.uk

📞 0208 618 4061

Alex Eneli, Project Officer

✉ Alexandra.Eneli@rcpsych.ac.uk

📞 0208 618 4264

Josh Coelho, Project Officer

✉ Joshua.Coelho@rcpsych.ac.uk

📞 0208 618 4138

Address

Quality Network for Neuropsychiatry Services

Royal College of Psychiatrists

21 Prescot Street

London

E1 8BB

Website

Quality Network for Neuropsychiatry services (QN-Neuro)

Mailing list

NEURO@rcpsych.ac.uk

QN-Neuro

Royal College of Psychiatrists

21 Prescot Street

London

E1 8BB