Quality Network for Prison Mental Health Services

ANNUAL REPORT
CYCLE 2 2016-17

PRISON
QUALITY NETWORK FOR PRISON
MENTAL HEALTH SERVICES

CCQI

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Contents

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Preface

The subject of the state of our prison service seems hardly to have been out of the press at any time in the past 12 months. The picture painted has been one of a deterioration of the prison estate. The Ministry of Justice's own report (2017) shows that the levels of self-harm and suicide are at their highest level on record, with serious assaults also increasing year on year. It appears that the level of staffing has had an impact on prisoners' access to healthcare. The state of the service has even led the Prison Governors' Association to write an open letter describing the "complete decline" of the prison service (2017). In the recent annual report from HM Inspectorate of Prisons, the Chief Inspector branded the lack of improvement as "hardly surprising" and commented that reform is impossible until prisons become safer (2017). Similarly, the Prisons and Probation Ombudsman suggested that the inability to learn lessons or sustain improvement is a result of an overly pressured system (2017).

Against such a bleak picture, there have, however, been some positive developments. This includes, the publication of NICE guidance for individuals within the criminal justice system experiencing issues with their physical and mental health, seeking to improve assessment, treatment and prevention (2016; 2017). Within the Quality Network we have developed, following a period of consultation, additional standards for 24 hour mental healthcare in prisons, which will offer a more standardised approach to inpatient care within prisons (2017). Furthermore, the current development of a new service specification for prison mental health services by NHS England has been keenly anticipated and we look forward to its publication later in 2017.

This second annual report from the Quality Network for Prison Mental Health Services details the aggregated findings across 38 mental health services that participated in the first full year of the Network following the pilot phase.

The report summarises the key themes and trends, presenting the data by standard area. Within each category, participating services can identify how they are preforming against other member services and the average scores across the Network using the benchmarking graphs. Each section also includes examples of good practice, in order to share learning and to support services to develop. To find out more about a particular practice, services can find the contact details for each service in the appendix.

We would like to thank each of the teams that participated in this cycle and we hope that you will find this report useful as a tool to further develop your services. The Network has been very impressed by the dedication and passion of staff in prison mental health services to enhance the services they provide, and we look forward to continuing to work with you as we move into the third cycle.

Dr Huw Stone,
Consultant Forensic Psychiatrist,
Surrey and Borders Partnership NHS Foundation Trust Community Forensic Team
and Co-chair Quality Network for Prison Mental Health Services

Who We Are and What We Do

The Quality Network for Prison Mental Health Services (QNPMHS) was established in 2015 to promote quality improvement in the field of prison mental health. It is one of over 20 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

Member services are reviewed against published specialist standards for prison mental health services (RCPsych, 2016). Core standards for community services (RCPsych, 2015) appear alongside the specialist standards.

Our purpose is to support and engage individuals and services in a process of quality improvement as part of an annual review cycle. We report on the quality of mental health care provided in prison settings and allow services to benchmark their practices against other similar services. We promote the sharing and learning of best practice and support services in planning improvements for the future.

Participation in the Network is voluntary and services pay a fee to become a member.

The Network is governed by a group of professionals who represent key interests and areas of expertise in the field of mental health, and individuals who have experience of using these services. The group is co-chaired by Dr Huw Stone and Dr Steffan Davies.

The Review Process

Using nationally agreed standards, each service engages in an annual review cycle. Their first step is to reflect on their own practices during a period of self-review, providing

evidence against each of the standards. As part of this stage, each service is expected to distribute surveys to their staff, prison staff and their patients in order to gain feedback about the quality of their service. This is followed by a peer-review visit whereby colleagues from other similar services review their practices using the evidence provided.

The information collected during the self-review and peer-review stages are collated into a detailed review summary. This reports on the service's compliance with each standard and identifies the key areas of achievement and challenge, whilst also making recommendations for the future. Services are required to produce an action plan to outline what steps they are taking to plan improvements for the next cycle.

The preliminary data from the year's reviews is presented at the Network's annual forum and published in this report.

Benefits of Membership

- Involvement in the development of nationally agreed standards;
- The opportunity to visit other services to learn and share good practice;
- A detailed service report and a national aggregated annual report;
- The ability to benchmark practices with other similar services;
- Free attendance at Network events, workshops and training to enable learning and information sharing;
- Access to a dedicated annual forum;
- Opportunities to present at events and workshops;
- Access to a dedicated email discussion group for those working in prison mental health;
- A regular newsletter and the opportunity to contribute articles;
- Valuable networking opportunities.

Membership

38 mental health services across 40 prisons in the UK and Ireland participated in the first full year of the Network following the pilot phase (appendix 1). They included establishments providing for male, female, and young offender populations, those of varying security category, and prisons in both the public and private sector. One immigration removal centre also participated.

Participation

As part of the self-review process, services were asked to distribute surveys in order to gain feedback about the quality of the service provided. In total, the survey was completed by 204 mental health team staff, 734 prison staff and 511 patients.

On the review visits, 149 staff working in prison mental health services participated as peer-reviewers. The majority of these individuals received training from the Network about how to participate in and lead a peer-review visit. A representative from the Network attended all visits for guidance and consistency in the review process.

Network Initiatives

We organised a number of initiatives for our member services during the year:

- Managing Dual Diagnosis and New Psychoactive Substances (NPS) in Prisons, 28 November 2016 (appendix 3)
- Through the Gate Mental Healthcare: Continuity between Prison and the Community, 14 March 2017 (appendix 4)
- QNPMHS 2nd Annual Forum, 6 July 2017 (appendix 5)
- Publication of standards for 24 hour mental healthcare in prisons (July 2017)
- Bi-annual Newsletter, available online at: www.qnpmhs.co.uk
- Email Discussion Group: prisonnetwork@rcpsych.ac.uk

This Report

This is the second annual report published by the Quality Network for Prison Mental Health Services. Building on the findings from the pilot year of the Network (2015-2016), this document summarises the findings from the 38 review visits that were conducted over the past year. It will outline the current climate within prison mental health nationally, identifying best practice as well as the key areas of challenge experienced by participating services.

All member services are reviewed against published standards for prison mental health services. This report is structured around the following nine domains:

- Admission and Assessment
- Case Management and Treatment
- Referral, Discharge and Transfer
- Patient Experience
- Patient Safety
- Environment
- Workforce Capacity and Capability
- Workforce Training, CPD and Support
- Governance

Each section will report on the key findings by theme and examples of best practice are provided as suggestions of how to improve in a particular area.

For anonymity purposes, each member service has been assigned a unique data label. Using the graphs throughout the report, services can use their code to identify how they compare to the other services that participated. Graphs are ordered by compliance with a standard area, highest to lowest, and the average score has also been highlighted.

Executive Summary

This section provides an overview of the findings from the second year review period. It will explore the key findings identified in terms of how services are performing, reporting on the main areas of challenge and achievement across the Network.

Overview

On average, member services fully complied with 70% of standards.

Figure 1 offers a breakdown of how each member service performed against the standards, in order of strongest compliance. It illustrates the percentage of met, partly met and not met criteria per service. The range of met criteria achieved spans from 90% to 39%. The average compliance across the 38 services is 70%, as indicated by the final bar marked 'TNS' (total number of services) on the graph.

Figure 1: Percentage of Met Criteria by Service

Figure 2 displays the average percentage of met criteria per section. Member services scored most highly in the areas of Referral, Discharge and Transfer, Patient Experience and Patient Safety. The areas in most need of improvement are Case Management and Treatment and Environment.

Figure 2: Average Percentage of Met Criteria per Section

Admission and Assessment

On average, services fully met 70% of standards in this area.

- A health screening incorporating a mental health assessment is received by all prisoners residing within member services, however it is not always carried out by a mental health practitioner. This role is frequently carried out by an alternative provider.
- Just under half of member services are not able to meet the recommended response times of 48 hours for urgent assessments and 5 days for routine assessments. This is due to many teams not offering a seven day service and/or a lack of resources to be able to conduct assessments within the desired timeframes.
- Patients have poor access to information about the mental health service and information relevant to their own mental health.
- Fewer than half of services provide information in a format that is accessible to their patients' needs, for instance easy-read information or information that is available in languages other than English.

Case Management and Treatment

On average, services fully met 65% of standards in this area.

- Services actively participate in the Assessment, Care in Custody and Teamwork (ACCT) process in managing the risk of self-harm and suicide. Individual teams vary in terms of how they participate in this process and a nationally agreed model for services to adhere to is desirable.
- Access to psychological interventions is variable across the Network. Some services are not commissioned to provide this form of intervention and will seek to transfer patients to another establishment for those that require it. The prison regime and the population type, for instance busy remand prisons, can greatly impact service

delivery. Access to occupational therapy and social work input are also absent or limited in many establishments.

- Patients in only 45% of services could confirm that they have a written care plan in place and patients in only a third of services reported being able to develop their care plan collaboratively with a practitioner.
- The Care Programme Approach (CPA) for individuals with severe mental illness is not well-established in the prison estate. Feedback from patients subject to CPA indicated that their involvement in the process is minimal.
- The majority of services follow up with patients who have missed an appointment, however this data is not routinely collected and audited by all teams.
- A dedicated care pathway for women in the perinatal period is largely absent, however one service has conducted significant work in this area that would benefit from replication across other female establishments.

Referral, Discharge and Transfer

On average, services fully met 79% of standards in this area.

- Around one quarter of services do not have a policy that identifies their role in initiating, facilitating and managing referrals to outside hospitals.
- On discharge, almost all services provide accurate and up-to-date patient information to the receiving primary care or mental healthcare service. Similarly, most services provide a handover to the receiving service before a transfer takes place.
- On the whole, services attempt to invite and involve other agencies when planning for a patient's discharge.
- Only 13% of services conduct a follow-up interview with the patient and/or new care coordinator within 14 days of the patient being released or transferred from prison.

Patient Experience

On average, services fully met 74% of standards in this area.

- Patients in the majority of services agreed that they are treated with compassion, dignity and respect. We received a wealth of positive feedback from patients across the UK and Ireland in the form of survey responses and focus groups. Furthermore, patients in 89% of services reported feeling listened to and understood by staff members.
- In over half of services, patients were not aware of opportunities to feedback about their experiences of using the service.
- Around 40% of patients do not feel involved in decisions about their care, treatment and discharge/release planning.
- Some services are introducing new initiatives and hosting events to increase awareness and understanding of mental health among the patient group and wider prison population.

Patient Safety

On average, services fully met 74% of standards in this area.

- Over half of mental health teams are not involved in the construction or delivery of mental health awareness training within their establishment.

- A large proportion of patients reported that they are not offered information on the interventions being offered to them.
- Information sharing between the mental health teams, relevant agencies and the prison is in need of improvement. Services would benefit from embedding communication and joint working practices into daily processes to maximise patient safety and reduce risk.
- An annual audit of high risk medication is not conducted in over 40% of services.

Environment

On average, services fully met 59% of standards in this area.

- Almost half of services do not have access to dedicated rooms to run clinics and one-to-one sessions and 47% of rooms were not deemed suitable in terms of patient privacy and confidentiality.
- Staff and patient safety is a serious concern with almost 70% of services using interview rooms that are not fit for purpose, including spaces that are not situated close to staffed areas or do not have an emergency call system installed.
- In over half of services, patients are not able to attend appointments at the scheduled time due to the prison regime and a competition for rooms.

Workforce Capacity and Capability

On average, services fully met 69% of standards in this area.

- A large percentage of services do not have written arrangements and processes in place to ensure that the prison healthcare team can access specialist mental health advice out of hours.
- Most services can access specialists relevant to the needs of the patient population from within their trust or organisation, however the level of access is variable depending on the service.
- Almost a third of teams are not able to deliver a full range of treatments and therapies appropriate to the patient population. Furthermore, only 18% of services have completed a review of the staff members and skill mix of the team within the past 12 months. This exercise would help to identify shortfalls in the service provision against the needs of the patient group. The range of good practice examples on offer within this section demonstrates the variance between services and the interventions on offer.

Workforce Training, CPD and Support

On average, services fully met 70% of standards in this area.

- Generally, the uptake of training is high among staff, however only 37% of services fully train their staff in the use of SystmOne.
- Staff in the majority of services reported receiving Continuing Professional Development (CPD) in line with their respective professional body.
- Provision/uptake of clinical and managerial supervision on a monthly basis is poor; reflective practice groups are available in under half of services.

Governance

On average, services fully met 71% of standards in this area.

- At a strategic level, patient involvement is minimal and is in significant need of improvement to enable service development. Only 3% of services involve patients in governance processes and only 8% have patient representatives that attend and contribute to local and service level meetings.
- A small number of teams proactively engage in research and academic activity. The good practice examples within this section showcase some of the excellent work being conducted, however more services should encourage and support their staff to undertake this form of work.
- The sharing of key clinical/service measures and lessons learned occurs in a high proportion of services, however there is room for improvement to increase awareness among all levels of staff.

Key Recommendations

Recommendation 1: Review prison mental health service contracting

- A review of how prison mental health services are commissioned should be undertaken to establish a more consistent approach to service provision and improved links with local services.
- A national model of care should be introduced which prescribes minimum staffing levels and specialist input required for each service.
- Services should be supported to tailor their provision according to specific needs of the population. Each establishment should conduct a thorough assessment, including a review of their proposed/current staff and skill mix, to establish the appropriate level of resource required to enable productive service delivery.

Recommendation 2: Revise processes to better identify mental ill-health

- All prisoners should receive a mental health assessment by a mental health practitioner on reception to the prison establishment.
- Patients' notes should be obtained at the earliest opportunity to support the screening process and determine whether an individual has a history of mental illness.
- The mental health team, relevant agencies and the prison should embed information sharing practices to enhance prisoner safety.
- The training of all staff in mental health awareness should be a mandatory requirement. Services would benefit from the introduction of a national training tool that could be adapted to address the needs of the particular population. All prisons should involve the mental health team in developing and delivering the training.

Recommendation 3: Address the increase of suicide and self-harm

- Prison and mental health staffing should be increased to reduce risk and develop support systems.
- All staff should receive mental health awareness training that is supported by the mental health team in either the input of training materials or the direct delivery of training sessions.

- A nationally agreed process for implementing the Assessment, Care in Custody, and Teamwork (ACCT) assessment should be established to ensure it is approached consistently.
- Peer-support services, counselling, and wellbeing groups should be increased.

Recommendation 4: Enhance patient experience

- Information about the mental health service should be made more freely available to people in prison and in a variety of formats.
- Patients should be more informed about their mental health, including the reasons of why interventions are being offered to them.
- The Care Programme Approach should be reviewed to ensure an effective framework is in place to better coordinate the care of patients within a prison setting.
- Patients should be involved in writing their own care plan and consulted about any decisions relating to their care.
- Feedback systems should be made more readily available to the patient group and feedback should be reviewed on a regular basis.
- Patients should be invited to be involved and contribute to local and service level processes that consider the governance and development of the team.

Recommendation 5: Review the service environment

- Rooms used by mental health staff should be audited to govern whether they are appropriate for use and that they meet the required safety standards.
- Rooms used by mental health staff should be audited to determine that they are private and that conversations cannot easily be overheard.

Recommendation 6: Improve support for patients following release from prison

- Services should consider introducing dedicated transfer coordinator roles to expedite the process.
- Services should embed systems to ensure patients and/or their new care coordinator are followed up within 14 days of release or transfer from prison.
- Through-the-gate support services should be available in all prison establishments to provide patients with support as they transition from prison into the community.

Quality Network for Prison Mental Health Services

Key Findings

Cycle 2 2016-17

On average, services fully met 70% of standards in this area, ranging from 29% to 93% compliance.

Figure 3: Service Compliance for Admission and Assessment

Screening

Prisoners from in services undergo a health screening that incorporates a mental health assessment.

In 92% of services, the role of the team in the screening process is clearly defined and in agreement with the prison establishment.

> ### Good Practice Examples
>
> The team designed their own screening tool which incorporates both the first and secondary screening upon reception. The larger screening tool allows for additional information to be gathered upon arrival to the prison and is inclusive of physical and additional mental health screening items.
> **Lewes**

> The team see every young person who enters the establishment for a comprehensive assessment. As a smaller establishment, this allows for staff to assess every individual.
> **Werrington**

Referral, Assessments and Response Times

A clinical member of staff is available to discuss emergency referrals during working hours in all services.

In only 55% of services, recommended response times of 48 hours for urgent assessments and 5 days for routine assessments are met.

> **Good Practice Examples**
>
> The team run a seven-day service with a duty worker role to action urgent referrals during working hours. Patients complimented the team for their willingness to visit the wings to see them and their efficiency in reacting to their needs.
> **Ranby**
>
> A duty worker is allocated each shift to perform a crisis management role by responding to urgent referrals during working hours and attending ACCT reviews. Urgent assessments are usually responded to within four hours during working hours.
> **Lincoln**
>
> An open referral system to the mental health service has increased patient access. Excellent feedback was received from prison colleagues throughout the establishment on their open and inclusive way of working, and it was reported that the team has a very good presence.
> **Brixton**

Access to Information

In under half of services information is provided to patients in a format that is accessible to their needs, whether culturally, in response to a learning disability or in languages other than English.

Patients in 32% of services agreed that they are provided information about the service and its purpose.

Patients in less than 11% of services reported being given information regarding their rights as a patient; how to access advocacy services, a second opinion, interpreting services or their own health records; or how to raise a complaint, concern or compliment.

Good Practice Examples

Available information includes details of how to be referred to the team and the interventions available. The names of mental health team staff are displayed and team members are allocated as key points of contact per wing. The team's psychological wellbeing practitioners (PWPs) take a lead on regularly updating information and that the prison's television channel advertises the service.
Lincoln

A comprehensive service-user agreement has been produced in order to ensure that all new patients are fully informed of their care and treatment under the mental health team. Patients are asked to sign the agreement to acknowledge their understanding.
Low Newton

The team display a vast amount of mental health literature throughout the prison. This was seen on the wings, inpatient area, healthcare, gym and library. The library has a designated area where easy-read mental health self-help guides are available for the patients.
Holme House

A dedicated healthcare newsletter keeps patients and staff up-to-date with news and important information. Sections are written in a number of languages in order to reach a wider audience.
IRC Morton Hall

Patients have access to literature regarding their medication and treatment, book prescriptions and CDs accessible to them via the library enabling them to take ownership of their treatment. They reported feeling supported and very involved in their treatment. They thought very positively about the variety of courses available such as EMDR and mindfulness.
Isle of Wight

The team offers a group induction for all new prisoners on the service available, on a weekly basis.
Drake Hall

On average, services fully met 65% of standards in this area, ranging from 28% to 100% compliance.

Figure 4: Service Compliance for Case Management and Treatment

Pharmacological and Psychological Interventions

For patients prescribed medication, specific treatment targets are set, the risks and benefits are reviewed and a timescale for response is set in 79% of services.

Three quarters of member services ensure that patients prescribed mood stabilisers or antipsychotics have their physical health reviewed regularly.

In 37% of services, patients are not offered a structured programme of evidence based pharmacological and/or psychological interventions.

Good Practice Examples

Patients on mood stabilisers were fully aware and extremely knowledgeable of physical observations conducted. They were able to recall having an ECG, their bloods taken, and their lipid profile reviewed.
Stoke Heath

Care Programme Approach and Patient Involvement

In only 33% of services patients are encouraged and supported to be involved in their CPA meeting.

31% of services facilitate an agreement between the patient and the team for who can be invited to the patient's CPA meeting.

Only 25% of services show a copy of the final draft report to patients after the CPA meeting.

Patients in over half of services reported that they did not have a written care plan in place. Additionally, in 34% of services patients stated that they are not given the opportunity to develop their care plan collaboratively with a practitioner.

> **Good Practice Examples**
>
> Patients feel fully involved in the CPA process and reported it being useful. They understood the purpose of the meeting and felt it was a collaborative approach to care. They have been able to invite individuals to their meeting and felt involved in decision making with the opportunity to provide their own views into the report.
> **Moorland**

Appointments

The majority of teams proactively follow up with a patient who has missed an appointment or assessment.

63% of services review data on missed appointments at least annually.

> **Good Practice Examples**
>
> The team are extremely proactive in following up with patients that have missed appointments. They will make every effort to locate a patient on their unit within ten minutes of the individual not turning up. They also have the option to call the patient on their issued mobile phones.
> **IRC Morton Hall**
>
> The patient will not automatically be released from caseload by the team; a signed disclaimer form is required and the patient is able to be referred back to the team should a problem arise.
> **Featherstone**
>
> In-cell phones and interactive kiosks on wings enable patients to book to see the team or directly call them to discuss an issue.
> **Doncaster**
>
> An open-door policy enables patients to visit the team without a scheduled appointment time.
> **North Sea Camp**

Perinatal Pathway

67% of services do not have a dedicated care pathway for the care of women in the perinatal period.

Good Practice Examples

A considerable amount of work has gone into reviewing the current care provided to pregnant women at HMP Low Newton and in developing a perinatal pathway. The pathway ensures those individuals that should be accessing this type of service are identified more quickly and that their needs are better met as part of a structured pathway. The service is hoping to expand this work so patients are supported as they transition into the community.
Low Newton

Joint Working and Communication

The majority of services evidenced that they actively participate in the Assessment, Care in Custody and Teamwork (ACCT) process in managing the risk of self-harm and suicide.

61% of services have a policy on inter-agency working across criminal justice, social care, physical healthcare and the third sector.

Over half of member services have contracted agreements for joint working with primary care to ensure high standards of physical healthcare and mental healthcare for patients with co-morbid physical and mental health problems.

Good Practice Examples

The team works closely with the local courts through the Spark project. The project attempts to identify individuals with mental health issues coming into court and ensure any risks are passed onto the team should they be located to HMP Lincoln.
Lincoln

The physical health team are integrated with the mental health team and the monitoring of physical healthcare needs of mental health patients is maintained. There is cross-communication with daily handover meetings and the mental health team are able to educate others on their purpose and remit. With this, joint working and pathways for patients are maintained and carefully discussed.
Lowdham Grange

The team has developed a dual diagnosis pathway to better support those with co-morbidity issues. Substance misuse practitioners attend daily referral meetings and provide joint assessments and interventions.
Dovegate

Care UK is the healthcare provider and a positive working relationship was observed with them. A number of opportunities are available for joint working as three meetings occur weekly which healthcare attend, including a 'complex persons meeting' where patients presenting with complex needs and risk are discussed and a multiagency plan is formulated.
Hewell

A duty worker receives information daily on individuals subject to ACCT and they will attend all scheduled reviews for that day. The team is working with prison colleagues to improve consistency, ensuring the same member of staff attends all the reviews for one individual.
Nottingham

A 'Tea and Talk' initiative which was introduced to improve communications between the team and prison staff following incidents. Frequent visits to the wings also ensure that the team are known across the establishment and increase the feeling of support in relation to mental health.
Ranby

The team has strong links with the local criminal justice liaison and diversion teams to ensure that information is shared for those that require mental health support before arriving at HMP Dovegate. This enables the team to know the patient's history and ensure they are fully supported from arrival and those leaving prison are supported in accessing support from mental health community services post release.
Dovegate

The team effectively gathers information and reports on a number of service critical elements. For instance, incident reports are completed regularly to highlight environmental issues and statistics are reported on appointments missed by patient.
Bristol

A daily meeting occurs at midday where external partners are invited. Daily 'huddles' also take place within the mental health team. Communication is further aided by visual boards placed in the offices that displays patient information.
Holme House

On average, services fully met 79% of standards in this area, ranging from 50% to 100% compliance.

% Fully Met Standards   **% Partly Met Standards**   **% Unmet Standards**

Figure 5: Service Compliance for Referral, Discharge and Transfer

Referral, Transfer and Information Sharing

89% of services follow the Good Practice Procedure Guide when referring and transferring patients to other services.

There is a policy that identifies the role of the team in initiating, facilitating and managing referrals to outside hospitals in over 74% of services.

Upon discharge of a patient, almost all services provide the receiving primary care or mental healthcare service with accurate and up to date patient information.

Discharge Planning

In 92% of services, the care co-ordinator, or equivalent, is invited and involved in discharge and transfer planning meetings.

Furthermore, 78% of services invite an identified key worker from the receiving service to attend the discharge planning CPA meeting.

Good Practice Examples

When a patient is transferred to another prison, comprehensive notes are written onto SystmOne. As standard, a verbal handover is completed to the receiving service. When discharged into the community, care coordinators are invited to all discharge/transfer meetings. When they cannot attend, phone conferences are set up to ensure they are still fully involved and kept updated with the progress.
Parc

Through the Gate, Handovers and Follow Up

100% of services make referrals to community mental health services for patients who require continuied care after release.

89% of services provide a handover to the receiving service before a transfer takes place to ensure continuity of care.

A follow up interview is conducted with the patient and/or new care co-ordinator within 14 days of the patient being released or transferred from the team in only 13% of services.

Good Practice Examples

Staff follow up patients that have been released or transferred from prison by contacting the receiving service provider or probation officer.
Brixton

A through the gate service is provided by a dedicated social worker, supporting up to 16 patients as they transition from custody and into the community.
Nottingham

Working with offender management, the occupational therapist accompanies people on release on temporary license (ROTL) to support them in developing independent living skills and managing their mental health in the community.
Brixton

In order to fully support patients as they prepare for release, the team invites members from the resettlement department to monthly meetings.
Drake Hall

An experienced Critical Time Intervention (CTI) worker leads on the through-the-gate work. Good relationships exist between the team, probation services and homeless charities, enabling a smoother transition after release, with healthy relationships also being built with the patients prior to their release.
Wandsworth

A housing officer works with patients to ensure the continuity of care post-discharge.
Cloverhill

On average, services fully met 74% of standards in this area, ranging from 14% to 100% compliance.

■ % Fully Met Standards ■ % Partly Met Standards ■ % Unmet Standards

Figure 6: Service Compliance for Patient Experience

Patient Care

Patients in 61% of services reported feeling involved in decisions about their care, treatment and discharge/release planning.

Patients in 89% of services reported feeling listened to and understood by staff members.

Information

Patients in 74% of services reported giving their consent for clinical information to be shared outside the mental health team.

In just over half of services, confidentiality and its limits is explained to patients.

Only 47% of services provide patients with the opportunity to feedback about their experiences of using the service.

Good Practice Examples

The team hosts events such as 'Time to Talk' days to combat the stigma associated with mental health. Other campaigns include 'Be in your Mates Corner' which encourages peer support. In addition, a theatre production called 'Frame of Mind' came into the service and was led by actors with lived experience of mental health. They held workshops and talks with the patients to highlight issues surrounding the stigma of mental health.
Swinfen Hall

The team has introduced an initiative called 'mental awareness peer support' (MAPS) whereby patients are trained and supervised to provide 24-hour peer support to others who may be experiencing mental health problems or who are in crisis. Volunteers are known as 'navigators' and they receive training and monthly supervision. Navigators can refer to the mental health team and assist them in managing mental health crises on the wings.
Ranby

Respect

Patients in almost all services reported feeling that they are treated with compassion, dignity and respect. A number of direct quotes from patients are displayed below:

This is the best care I've received so far

They have helped me turn my life around

I've been brought out of my shell

In this prison there is less pressure, more therapy

It's overwhelming the support I've had here

My key worker showed and helped me understand my diagnosis

The best healthcare received in a prison

They are compassionate people, they are helpful and now I'm feeling much better

Staff here are the best

On average, services fully met 74% of standards in this area, ranging from 43% to 100% compliance.

Figure 7: Service Compliance for Patient Safety

Mental Health Awareness

Under half of mental health teams support the prison establishment in the provision of mental health awareness training.

Good Practice Examples

There is a prison system training cycle in place for new and existing staff to receive training and refresher courses. A mental health training pack is sent to all staff.
Rochester

Mental health awareness training is provided to prison staff on a monthly basis, and there are quarterly bespoke sessions in areas such as memory and LD. The team also provides mental health first aid training to prisoners to raise awareness of mental health issues and to enable them to support their peers.
Isle of Wight

A psychological wellbeing practitioner (PWP), as part of Rethink, provides an induction talk on the mental health service to new prisoners being admitted to the prison.
Frankland

The team offer a rolling programme of mental health awareness training. A number of prison staff are dedicated to the healthcare unit.
Birmingham

The team is in the process of rebranding to the 'Wellbeing Team'. This is in an attempt to reduce stigma, and ensure the team are more approachable and known to the patients/young people.
Feltham

The service targeted a number of areas within the prison to enhance mental health awareness, including reception, segregation and offender management staff.
Lindholme

Access to Information

Only 37% of patients reported being given information on the interventions being offered to them.

Safety Processes and Information Sharing

71% of services communicate findings from risk assessments across relevant agencies and care settings.

84% of services actively share information with prison staff that might affect a prisoner's safety.

74% of services understand and engage in Multi-Agency Public Protection Arrangements (MAPPA).

Staff in the majority of services follow inter-agency protocols for the safeguarding of vulnerable adults and young people.

In 58% of services, the safe use of high risk medication is annually audited at a service level.

Good Practice Examples

A 24-hour book is accessible by the team and the primary healthcare provider to record information about patients that require extra attention outside of the team's core working hours.
Deerbolt

Patients who are identified for a secure bed transfer are automatically registered as a safeguarding concern.
Nottingham

An emotional wellbeing peer-support system in place. A service-user is trained by the mental health team and will speak to prisoners throughout the establishment who do not want to engage with prison officers or staff. The peers are security cleared to walk around the prison to access as many people as possible and will refer people to the mental health team. Peer-support workers receive group supervision, and will be in contact with up to 30 people at a time.
Rochester

A mental health handbook is utilised on segregation to ensure good communication systems between the team and prison staff.
Lindholme

Environment

On average, services fully met 59% of standards in this area, ranging from 0% to 100% compliance.

Figure 8: Service Compliance for Environment

Environment

84% of mental health teams have dedicated spaces and meeting rooms for confidential working.

74% of teams have designated rooms to run group sessions, and 55% of teams have designated rooms to run clinics and one-to-one sessions.

53% of clinic rooms were found to be private, where conversations could not be overheard.

Only one third of services have access to interview rooms that are situated close to staffed areas, have an emergency call system, an internal inspection window and the exit is unimpeded.

Good Practice Examples

The healthcare waiting area is extremely welcoming. It is a large, spacious area with furniture and paintwork displayed to create a relaxed atmosphere for the patients. **Moorland**

The service hosts an impressive outpatient facility with a welcoming waiting area. The area was observed as being clean and tidy and had plenty of interview areas.
Nottingham

There is a healthcare hub on each wing which allows the team to have closer contact with patients and wing staff. The team also has access to a sensory room.
Oakwood

The mental health team are based in a building outside of the prison, providing a quiet and private working environment.
Isle of Wight

The team is placed in a porta cabin which offers dedicated spaces for administration and confidential working. The area was observed to be inviting with educational posters and a recovery tree on one of the walls. The prison's free-flow regime enhances the accessibility of the team and grants the women greater autonomy in managing their own health and wellbeing.
Drake Hall

Appointments

In over half of services, patients are not able to attend appointments at the scheduled time due to the prison regime and a competition for rooms.

Day Facilities and 24 Hour Mental Healthcare

Good Practice Examples

Posters are displayed on the walls in the day-care and inpatient areas on mental health related information, including available timetabled activities. A new garden has been built by prisoners and prison staff, enabling a peaceful recreational area.
Pentonville

There is 24 hour inpatient care available to patients, enabling high standards of care throughout the evening and weekends. There are displays on the treatment and interventions available throughout the unit, as well as a suggestion box located in the main communal area.
Birmingham

The dedicated mental health wing has been redecorated, and pictures and notice boards are displayed on the walls. At the patient's request, there is a gym in one of the rooms. There is also a pool table and music available for patients.
Cloverhill

The development of a 12 bed wing for mental health is a very encouraging initiative. This will be a dedicated area for those with complex cases to stay for a period of time until transfer to a hospital or improvement occurs.
Durham

Workforce Capacity and Capability

On average, services fully met 69% of standards in this area, ranging from 38% to 100% compliance.

Figure 9: Service Compliance for Workforce Capacity and Capability

Out of Hours

63% of services have written arrangements and processes in place to ensure that the prison healthcare team can access specialist mental health advice out of hours.

> **Good Practice Examples**
>
> Provisions have been made with the local forensic secure unit to provide out of hours support to the team. The primary care team are also able to contact the on-call psychiatrist for clinical input in an out of hours emergency.
> **Parc**
>
> Evening and weekend shifts ensure a full, seven day service is provided, with on-call access outside of working hours to nursing and medical staff.
> **Low Newton**

Staff Skill Mix and Therapies

All services have a clearly identifiable clinical lead.

Access to specialists relevant to the needs of the patient population are available in 95% of services.

In 71% of services, the multi-disciplinary team consists of or has access to staff from a number of different professional backgrounds. This enables teams to deliver a full range of treatments and therapies appropriate to the patient population.

Only 18% of services have completed a review of staff members and skill mix of the team within the past 12 months.

Good Practice Examples

A number of services are provided to better support the patient group, for instance a dedicated mental health nurse for patients in segregation, and a paramedic to provide an emergency response, where necessary. In addition, the service is developing a dual diagnosis role.
Nottingham

The team has recently integrated with the psychosocial team in an attempt to provide a stepped care model. This integration was successful and it is clear there is a unified approach to care and treatment. The psychosocial workers are collaboratively running group sessions with the team. It was commended how the team have been able to continue working efficiently despite having vacancies and being stretched for resources.
Swinfen Hall

A learning disabilities nurse leads on a dedicated specialist IDD pathway.
Lowdham Grange

The team's psychiatrists also work within the local forensic service and the community team, providing continuity of care for the patient.
The Mount

The service is well-resourced with experienced clinical leads who possess specialist knowledge in a range of areas, including dual diagnosis and trauma. Access to forensic psychiatry and addictions psychiatry is also available.
Low Newton

There is an intellectual and developmental disabilities (IDD) nurse, an IAPT worker, a psychologist and a veterans lead who are members of the team. The veterans lead is an ex-veteran and provides a unique resource to the team.
Ranby

A specialist neurodevelopmental psychiatrist comes in fortnightly to provide specialist care for patients with ADHD or learning difficulties.
Pentonville

Speech and language therapists train staff in how to communicate appropriately with the young people, ensuring all literature and posters can be easily understood. Work is being conducted on sexual behaviour which is addressing best interventions and pathways for young boys with sexually deviant behaviour.
Feltham

The service comprises of a complex care team, transfer coordinator and LD specialist. In conjunction with Nacro, a through the gate service also supports patients as they move into the community.
Belmarsh

There is an LD specialist who attends autism and sensory CPD groups at the local forensic unit.
Rochester

The team also has an established dual diagnosis pathway and offers specialist support to older persons.
Frankland

The service benefits from the expertise of an eating disorders consultant psychiatrist.
Drake Hall

Patients have access to an occupational therapist and a social worker who deliver therapy sessions based on the needs of the patient population.
Featherstone

The establishment was awarded an autism accreditation at the end of December 2015. The team continue to develop and train people in this area. Volunteers within the prison can be trained to become autism champions, and there have been shut down days to train all staff in autism awareness. This programme involved a transformation within the prison, and the establishment are due to re-audit for the accreditation this year.
Feltham

The service has designed an operating procedure for working with individuals with learning disabilities. Led by the LD practice development nurse and working alongside MENCAP, they have delivered bespoke training and have been able to offer prisoners training and promote awareness. They are currently working towards accreditation status from the National Autism Society.
Belmarsh

The service invested in training one of the team members to become a non-medical prescriber.
Lindholme

On average, services fully met 70% of standards in this area, ranging from 20% to 100% compliance.

Figure 10: Service Compliance for Workforce Training, CPD and Support

Training and Professional Development

87% of staff obtain training consistent with their role and Continuing Professional Development (CPD) is received by staff in 89% of services.

Staff in 63% of services are not fully trained in the use of SystmOne.

> **Good Practice Examples**
>
> Staff are supported to access a wide range of training and opportunities for increased learning. The psychologist is currently designing e-learning tools for the team and wider prison staff to access.
> **Lewes**
>
> There is a positive and consistent approach to the access and undertaking of staff training within the Trust. The team are encouraged to access training that responds to their interests and expertise to shape the team's working.
> **Northumberland**

The team recently arranged an outside professional to attend the service for half a day a month to deliver a training session which contributes to staff Continued Professional Development (CPD). Individuals with differing professional backgrounds are invited to deliver voluntary training to the team to enable further learning in mental health.

Bristol

Lunch learning sessions are led by the Band 6 nurse; recent topics have included sleep, self-harm, memory and mental health. Although these sessions are open to all, they are usually attended by staff from healthcare and the drug and alcohol recovery team (DART).

Frankland

Staff members have been fully trained in the use of SystmOne. Official training has been delivered by an external company who delivered the training in-house. There is also a super user for the system that is based within primary healthcare.

The Mount

Staff members engage in Continued Professional Development (CPD) and each hold a personalised training schedule and plan. This is developed with their line manager. Additionally, all staff receive a robust annual appraisal, where training needs are identified and followed through, as well as personal interests being recorded and revisited.

Northumberland

The induction process for staff is thorough and covers: SystmOne training, key and radio training, corruption prevention and safer custody, as well as multiple shadowing opportunities. The service explained that this has been introduced in order to tackle their biggest challenge; recruitment.

North Sea Camp

The service has facilitated voluntary social work placements in conjunction with a local university.

Brinsford

Staff Support

Staff members in the majority of services receive an annual appraisal and personal development planning or equivalent.

Staff in 55% of services reported receiving monthly clinical supervision. Staff in 61% of services also reported receiving monthly managerial supervision.

Reflective practice groups are available in only 42% of services.

Good Practice Examples

Internal and external counselling sessions, reflective practice sessions and regular supervision are on offer to the team.
Peterborough

A staff member has been appointed as a 'speaking up' champion in order to support colleagues in raising concerns around standards of care.
Morton Hall

Clinical supervision is conducted off-site to allow staff to reflect in a more relaxed and neutral environment.
Peterborough

Reflective practice groups take place, facilitated by an external psychotherapist.
Wandsworth

On average, services fully met 71% of standards in this area, ranging from 31% to 92% compliance.

Figure 11: Service Compliance for Governance

Patient Involvement

Patient representatives attend and contribute to local and service level meetings and committees in only 8% of services.

Only 3% of services involve patients in the governance and development of the team.

Good Practice Examples

There are patient representatives who are trained in the South London and Maudsley (SLAM) recruitment process, and partake in the patient-led interview panel when recruiting new staff members.
Wandsworth

Rethink secured two dogs which will be taken into all the Tees Esk and Wear Valley prisons for therapeutic purposes as a direct result of patient feedback about the service provision.
Deerbolt

Measuring the Quality of Prison Life (MQPL) representatives are involved in clinical governance and contribute to the governance meetings.
Isle of Wight

Research and Academic Activity

Over half of services engage in service relevant research and academic activity.

Good Practice Examples

The team is continually engaging in research and academic activities; recent projects include work on clinical activity and outcomes for combined prison in-reach and court liaison services, and homelessness.
Cloverhill

Various staff members have completed research on suicide reduction where the funding has been provided by the Ministry of Justice. Findings from this research has resulted in the service creating Big Orange Boxes (BOB) that contain a number of sensory materials such as rubix cubes and colouring packs. The items in the boxes were agreed upon with patient input and were used on the wings.
TEWV Prison Cluster

The team's psychiatrist chairs the London Prison Psychiatrist Network which meets to further research and training.
Brixton

The team participated in the 'Enable' project which aimed to improve access to employment opportunities for people with mental health needs leaving the criminal justice system. They also contributed to a study conducted by the University of Manchester on the aftercare of patients being discharged from hospital to prison following treatment under the Mental Health Act.
Dovegate

The team has published a good practice paper on mental health transfers in the Greenwich cluster with a particular focus on the transfer coordinator role within the Greenwich cluster. Another paper was regarding the Complex Care Team (CCT) which seeks to approach and address the violent and disruptive behaviour within the mainstream prison system.
Belmarsh

Lessons Learned

Lessons learned from incidents are shared with the team and disseminated to the wider organisation in 74% of services.

82% of services share key clinical/service measures and reports amongst the team and the organisation's board.

Good Practice Examples

To ensure the dissemination of information to all staff following incidents, the service holds a quarterly lessons learned forum. Key information is also circulated in the form of a monthly bulletin.
Nottinghamshire Prison Cluster

Local team plans and strategies are monitored at the Quality Innovation Productivity and Prevention (QIPP) forum meetings.
Nottinghamshire Prison Cluster

Looking Forward

Throughout the year, surveys were distributed to member services to assess our approach and the quality of the service that the Quality Network provides. The online surveys were sent to host services and peer-review team members. Key themes were identified from the collated feedback and are explored in detail below.

Standards

Revision

Following a consultation event in May 2017, the standards have been edited, added to and removed or condensed in areas. Based on feedback from the membership regarding a select few standards, efforts to clarify the wording of criteria have been made and a small number of aspirational standards remain. The third edition of the standards are due to be published in Autumn of 2017.

NICE Guidance

The National Institute of Health and Care Excellence published guidance on the mental and physical health of adults involved in the criminal justice system. This guidance was considered during the consultation event and elements were incorporated into the third edition.

Standards for 24 Hour Mental Healthcare

A sub set of standards directed at services with inpatient provisions have been developed. These standards were published in July 2017. There are 24 additional standards in this sub set. Members have been given the option to review against these standards during Cycle 3, with nine members choosing to do so. These standards will be incorporated into the workbooks at both self- and peer-review stage.

Developments

Membership Options

The Network offered member services the opportunity to engage in accreditation during Cycle 2, however there was no interest at that time. The project team intend to ascertain whether there might be future interest in the process of accreditation. With this, further support for services choosing this route will be established and wider consultation with the membership will be required.

Patient Involvement

The Network are hoping to facilitate visits with patient reviewers in attendance in the coming cycle. Patient reviewers currently engage with the Network in an advisory capacity and have previous experience of both prison and mental health services. This initiative is intended to increase the patient perspective of the services being reviewed.

Immigration Removal Centres

Arrangements are being made to adapt the standards to ensure they are applicable to immigration removal centres. Initial communications have taken place and we plan to complete this work over the coming year.

Appendix 1 – Member Services' Contact Details and Information

Service	Contact Details	Information
HMP Belmarsh *Oxleas NHS Foundation Trust*	Sunita Arjune Operational Manager s.arjune@nhs.net 0207 147 5010	**Prison Provider:** Public **Population Size:** 900 **Type:** Male **Category:** A **Patients on Caseload:** Unknown **Dedicated Beds:** 28 **Exclusion Criteria:** None
HMP Birmingham *Birmingham and Solihull Mental Health NHS Foundation Trust*	Tracey Fisher Mental Health Service Manager Tracey.Fisher@bsmhft.nhs.uk 0121 5988009	**Prison Provider:** G4S **Population Size:** 1,450 **Type:** Male **Category:** B **Patients on Caseload:** 91 **Dedicated Beds:** 15 **Exclusion Criteria:** None
HMYOI Brinsford *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Alexis Fairclough Clinical Lead Alexis.Fairclough@sssft.nhs.uk 01785 221 529	**Prison Provider:** Public **Population Size:** 426 **Type:** Young adults and adult male **Category:** C adult males; B young people aged 18 – 21 **Patients on Caseload:** 130 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Bristol *Avon and Wiltshire Mental Health Partnership NHS Trust*	Andrea Bowler Warren Team Manager andrea.bowler-warren@nhs.net 01275796297	**Prison Provider:** Public **Population Size:** 566 **Type:** Adult male **Category:** B, closed local remand **Patients on Caseload:** 55 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Brixton *Barnet Enfield and Haringey NHS Trust*	John Martins Team Manager John.martins01@hmps.gsi.gov.uk 0208 588 6016	**Prison Provider:** Public **Population Size:** Approximately 850 (capacity 798) **Type:** Adult male **Category:** C **Patients on Caseload:** 120 **Dedicated Beds:** None **Exclusion Criteria:** Those requiring or undergoing detoxification regimes

Service	Contact Details	Information
Cloverhill Remand Prison *Health Service Executive*	Conor O'Neill Consultant Forensic Psychiatrist cjoneill@irishprisons.ie 00353 1630 4624	**Prison Provider:** Public **Population Size:** 400 **Type:** Male, remand **Category:** N/A **Patients on Caseload:** 35 **Dedicated Beds:** 16 **Exclusion Criteria:** None
HMYOI Deerbolt *Tees, Esk and Wear Valleys NHS Foundation Trust*	Tracey Keaveney Mental Health Team Manager tkeaveney@nhs.net 01833 633200	**Prison Provider:** Public **Population Size:** 513 **Type:** Male youth, convicted **Category:** YOI **Patients on Caseload:** 111 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Doncaster *Nottinghamshire Healthcare NHS Foundation Trust*	Anthony Fitzhenry Clinical Matron Anthony.Fitzhenry@nottshc.nhs.uk 01302 764314	**Prison Provider:** SERCO **Population Size:** 1,145 **Type:** Male, young people **Category:** B and YOI **Patients on Caseload:** 235 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Dovegate *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Dharjinder Rooprai Consultant Forensic Psychiatrist d.rooprai@nhs.net 01785 221558	**Prison Provider:** SERCO **Population Size:** 1,100 **Type:** Male **Category:** B **Patients on Caseload:** 110 **Dedicated Beds:** 11 **Exclusion Criteria:** None
HMP Drake Hall *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Alexis Fairclough Clinical Lead Alexis.Fairclough@sssft.nhs.uk 01785 221529	**Prison Provider:** Public **Population Size:** 333 closed; 25 open **Type:** Female **Category:** Closed **Patients on Caseload:** Unknown **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Durham *Tees, Esk and Wear Valleys NHS Foundation Trust*	Kayleigh Parris Mental Health Team Manager kayleigh.parris@nhs.net 0191 332 3688	**Prison Provider:** Public **Population Size:** 931 **Type:** Male **Category:** B, reform prison **Patients on Caseload:** 150 **Dedicated Beds:** None **Exclusion Criteria:** None

Service	Contact Details	Information
HMP Featherstone *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Alexis Fairclough Clinical Lead Alexis.Fairclough@sssft.nhs.uk 01785 221 529	**Prison Provider:** Public **Population size:** 702 **Type:** Adult Male **Category:** C **Patients on Caseload:** 220 **Dedication Beds:** None **Exclusion Criteria:** None
HMYOI Feltham *Barnet Enfield and Haringey NHS Trust*	Brian Ashley Mental Health Service Manager brian.ashley@nhs.net 0208 844 5230	**Prison Provider:** Public **Population Size:** 700 **Type:** Young people, aged 15-21 **Category:** B and YOI **Additional specialisms:** Autism **Patients on Caseload:** 10-15 per person **Dedicated Beds:** 10 **Exclusion Criteria:** None
HMP Frankland *Tees, Esk and Wear Valleys NHS Foundation Trust*	Claire Hammal Team Manager chammal@nhs.net 0191 3765221	**Prison Provider:** Public **Population Size:** 845 **Type:** Male **Category:** A, B and C **Patients on Caseload:** 207 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Hewell *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Sharon Nheta Clinical Lead sharon.nheta@nhs.net 01785 221 558	**Prison Provider:** Public **Population Size:** 1,400 **Type:** Adult Males **Category:** B and remand centre **Patients on Caseload:** 200 (mental health caseload) 398 (psychosocial caseload) **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Holme House *Tees, Esk and Wear Valleys NHS Foundation Trust*	Gary Mendum Team Manager gary.mendum@nhs.net 01642 744134	**Prison Provider:** Public **Population Size:** 1,230 **Type:** Male **Category:** C **Patients on Caseload:** 160 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Isle of Wight *Care UK*	Rachel Lovely Service Manager rachel.lovely@nhs.net 01983 635360	**Prison Provider:** Public **Population Size:** 1,080 **Type:** Adult male, training prison **Category:** B **Patients on Caseload:** 200 **Dedicated Beds:** None **Exclusion Criteria:** None

Service	Contact Details	Information
HMP Lewes *Sussex Partnership NHS Foundation Trust*	Felicity Thomas Head of Healthcare felicity.thomas@sussexpartnership.nhs.uk 01273 785100	**Prison Provider:** Public **Population Size:** 692 **Type:** Male, local remand prison **Category:** B **Patients on Caseload:** 100 **Dedicated Beds:** 12 **Exclusion Criteria:** None
HMP Lincoln *Nottinghamshire Healthcare NHS Foundation Trust*	Suzan Lilley Acting Clinical Matron suzan.lilley@nottshc.nhs.uk 01522 663321	**Prison Provider:** Public **Population Size:** 652 **Type:** Male and YOI **Category:** B **Patients on Caseload:** 142 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Lindholme *Nottinghamshire Healthcare NHS Foundation Trust*	Des O'Neill Clinical Matron - Mental Health Desmond.Oneill@nottshc.nhs.uk 01302 524882	**Prison Provider:** Public **Population Size:** 1,003 **Type:** Male **Category:** C **Patients on Caseload:** 160 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Lowdham Grange *Nottinghamshire Healthcare NHS Foundation Trust*	Jennifer Parkes Assistant Practice Manager jennifer.parkes@nottshc.nhs.uk 0115 9669155	**Prison Provider:** Private SERCO **Population Size:** 920 **Type:** Male **Category:** B, training prison **Patients on Caseload:** 150 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP and YOI Low Newton *Tees, Esk and Wear Valleys NHS Foundation Trust*	Matty Caine Mental Health Team Manager m.caine@nhs.net 01913 764069	**Prison Provider:** Public **Population Size:** 350 **Type:** Female **Category:** Closed **Patients on Caseload:** 130 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP and YOI Moorland and Hatfield *Nottinghamshire Healthcare NHS Foundation Trust*	Graeme Hutchison Matron Graeme.Hutchison@nottshc.nhs.uk 01302 523152	**Prison Provider:** Public **Population Size:** 1,013 **Type:** Male **Category:** C, resettlement **Patients on Caseload:** 182 **Dedicated Beds:** None **Exclusion Criteria:** None

Service	Contact Details	Information
IRC Morton Hall *Nottinghamshire Healthcare NHS Foundation Trust*	Helen Daykin Head of Healthcare helen.daykin@nottshc.nhs.uk 01522 666793	**Prison Provider:** Public **Population Size:** 392 **Type:** Male **Category:** Immigration Removal Centre **Patients on Caseload:** 30 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP North Sea Camp *Nottinghamshire Healthcare NHS Foundation Trust*	Suzan Lilley Acting Clinical Matron Suzan.Lilley@nottshc.nhs.uk 01522 663105	**Prison Provider:** Public **Population Size:** 420 **Type:** Male **Category:** D **Patients on Caseload:** 30 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Northumberland *Tees, Esk and Wear Valleys NHS Foundation Trust*	Eunice Waddell Team Manager Eunice.waddell@nhs.net 01670 383561	**Prison Provider:** SODEXO **Population Size:** 1,348 **Type:** Male **Category:** C **Patients on Caseload:** 155 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Nottingham *Nottinghamshire Healthcare NHS Foundation Trust*	Adeline Hunt Clinical Matron Adeline.hunt@nottshc.nhs.uk 0115 872 4052	**Prison Provider:** Public **Population Size:** 1,060 **Type:** Male remand **Category:** B **Patients on Caseload:** 276 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Oakwood *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Alexis Fairclough Clinical Lead Alexis.Fairclough@sssft.nhs.uk 01785 221 558	**Prison Provider:** G4S **Population Size:** 2,061 **Type:** Male **Category:** C **Patients on Caseload:** 225 **Dedicated Beds:** None **Exclusion Criteria:** None

Service	Contact Details	Information
HMP Parc *Abertawe Bro Morgannwg University Health Board*	Tracy Carlson Clinical Psychologist Tracy.Carlson@wales.nhs.uk 01656 300219	**Prison Provider:** G4S **Population Size:** 1,800 **Type:** Adult/young people (male) **Category:** B **Patients on Caseload:** 41 **Dedicated Beds:** None **Exclusion Criteria:** primary diagnosis of substance misuse, personality disorder, psychopathy, ASD/ADHD, learning disability, confirmed dementia diagnosis without a co-morbid severe and enduring mental disorder.
HMP Pentonville *Barnet Enfield and Haringey NHS Trust*	Sue Bell Service Manager Sue.bell@beh-mht.nhs.uk 0207 703 3380	**Prison Provider:** Public **Population Size:** 1,310 **Type:** Adult male prison aged 18 and above **Category:** B, local remand and resettlement **Patients on Caseload:** 90 **Dedicated Beds:** 22 **Exclusion Criteria:** Detox
HMP Peterborough *Cambridgeshire and Peterborough NHS Foundation Trust*	Tony Katsukunya Team Manager antony.katsukunya@cpft.nhs.uk 01733 217544	**Prison Provider:** SODEXO **Population Size:** 1,312 (396 females, 916 male) **Type:** Male, female and young offender **Category:** B and C conditions for males, and closed conditions for women and young people **Patients on Caseload:** 149 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Ranby *Nottinghamshire Healthcare NHS Foundation Trust*	Lindsey Watson Clinical Matron for Mental Health Lindsey.Watson@nottshc.nhs.uk 01777 863015	**Prison Provider:** Public **Population Size:** 1,098 **Type:** Male **Category:** C **Patients on Caseload:** 217 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Rochester *Oxleas NHS Foundation Trust*	Fananidzai Hove Operational Manager fananidzai.hove@nhs.net 01634 803100	**Prison Provider:** Public **Population Size:** 743 **Type:** Male adults and young offenders **Category:** C, local remand prison **Patients on Caseload:** Unknown **Dedicated Beds:** None **Exclusion Criteria:** None

Service	Contact Details	Information
HMP Stoke Heath *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Sharon Nheta Clinical Lead sharon.nheta@nhs.net 01785 221 558	**Prison Provider:** Public **Population Size:** 788 **Type:** Adult Males and Young Adult Males (18 - 21) **Category:** C **Patients on Caseload:** 58 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Swinfen Hall *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Alexis Fairclough Clinical Lead Alexis.Fairclough@sssft.nhs.uk 01785 221 529	**Prison Provider:** Public **Population Size:** 654 **Type:** Young adults 18-25 **Category:** YOIs serving 4 years to life; young adults (21-25); C serving over 4 years **Patients on Caseload:** Unknown **Dedicated Beds:** None **Exclusion Criteria:** None
HMP The Mount *Hertfordshire Partnership NHS Foundation Trust*	Des Kerins Service Manager Des.Kerins@hpft.nhs.uk 01923633308	**Prison Provider:** Public **Population Size:** 1,025 **Type:** Male **Category:** C **Patients on Caseload:** 84 **Dedicated Beds:** None **Exclusion Criteria:** None
HMP Wandsworth *South London and Maudsley NHS Foundation Trust*	Adam Gibson Business Manager Adam.Gibson@slam.nhs.uk 020 3228 5373	**Prison Provider:** Public **Population Size:** 1,800 **Type:** Male **Category:** B **Patients on Caseload:** 182 **Dedicated Beds:** 12 **Exclusion Criteria:** None
HMYOI Werrington *South Staffordshire and Shropshire Healthcare NHS Foundation Trust*	Alexis Fairclough Clinical Lead Alexis.Fairclough@sssft.nhs.uk 01785 221529	**Prison Provider:** Public **Population Size:** 128 **Type:** Young male aged 15-18 years **Category:** YOI **Patients on Caseload:** 130 **Dedicated Beds:** None **Exclusion Criteria:** None

Appendix 2 – Aggregated Data by Standard

The following tables illustrate overall service compliance for each standard. The wording of the standards in this section has been condensed for the purposes of presentation. For a copy of the published standards (second edition), please visit our website www.qnpmhs.co.uk.

Admission and Assessment

Standard	Description	% Met	% Partly Met	% Not Met
14	Patients are given information on their rights and other relevant services.	11	74	16
13	Clear information is made available on the service and its purpose.	32	58	11
12	Information is provided to patients.	45	42	13
11	Health professionals communicate clearly, avoiding the use of jargon.	95	5	
10	All patients have a diagnosis and a clinical formulation.	76	24	
9	The team discusses the purpose and outcome of risk assessments with patients.	42	47	11
8	The assessing professional can easily access notes about the patient.	92	5	3
7	The mental health assessment uses a standardised format.	97		3
6	Urgent assessments within 48 hours and routine assessments within 5 working days.	55	45	
5	A clinical member of staff to discuss emergency referrals during working hours.	100		
4	There is a clear process for prison staff to refer to the mental health team.	66	34	
3	The role of the team in the screening process is clearly defined.	92	5	3
2	The secondary mental health assessment is carried out by a mental health professional.	82	11	8
1	All prisoners undergo health screening that incorporates a mental health assessment.	100		

Legend: ■ % Met ■ % Partly Met ■ % Not Met

Case Management and Treatment

Standard		% Met	% Partly Met	% Not Met
32	The service has a care pathway for the care of women in the perinatal period.	33		67
31	Data on missed appointments is reviewed at least annually.	63		37
30	The team follows up patients who have not attended an appointment/assessment.	92	8	
29	Patients prescribed mood stabilisers or antipsychotics are reviewed regularly.	74	18	8
28	Specific treatment targets are set for patients prescribed medication.	79	13	8
27	Patients are offered evidence based pharmacological and psychological interventions.	66	34	
26	The team actively participates with the ACCT process.	92	8	
25	The team works collaboratively to manage self harm and suicidal ideation.	87	13	
24	Joint working for patients with co-morbid physical and mental health problems.	58	3	39
23	Written policies for joint working in cases of co-morbidity.	82	3	16
22	A policy on inter-agency working is in place.	61	11	29
21	Patients will be shown a copy of the final draft report after the CPA meeting.	25	28	47
20	Patients agree who should be invited to their CPA meeting.	31	22	47
19	Patients are encouraged and supported to be fully involved in their CPA meeting.	33	36	31
18	The practitioner develops the care plan collaboratively with the patient.	34	53	13
17	Every patient has a written care plan, reflecting their individual needs.	45	47	8
16	The team has a meeting to discuss allocation of referrals, assessments and reviews.	95	5	
15	Patients are managed under the Stepped Care Model.	92	3	5

Percentage

■ % Met   ■ % Partly Met   ■ % Not Met

Referral, Discharge and Transfer

Standard		% Met	% Partly Met	% Not Met
40	A follow-up interview with the patient and/or the new care co-ordinator within 14...	13	21	66
39	On discharge, patient information is provided to the receiving primary care or mental...	97		3
38	Referrals to community mental health services are made for those patients who...	100		
37	An identified key worker from the receiving service is invited to discharge planning CPA...	78	11	11
36	The care co-ordinator or equivalent is involved in discharge/transfer planning.	92	8	
35	The team provides a handover to the receiving prison's mental team before a transfer...	89	11	
34	The process for referral and transfer of patients follows the Good Practice Procedure...	89	3	8
33	A policy that identifies the role of the team in initiating, facilitating and managing...	74	3	24

■ % Met   ■ % Partly Met   ■ % Not Met

Patient Experience

Standard		% Met	% Partly Met	% Not Met
61	The team supports the prison establishment in the provision of mental health…	47	34	18
60	The team shares with prison staff any information that might affect a prisoner's safety.	84	16	
59	The team understands and engages in Multi-agency Public Protection Arrangements…	74		26
58	Joint working policy on the control and management of substance misuse and…	79		21
57	The team understands and engages in prison service policies on reporting incidents.	89	11	
56	The team understands and engages in prison service policies on food refusal capacity…	71	21	8
55	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults…	89		11
54	Compliance with medication is recorded as part of the patient's care plan.	68	32	
53	A system is in place for recording non-compliance with medication.	79	3	18
52	The team proactively follows up with patients who fail to collect or take their medication.	92	8	
51	The safe use of high risk medication is audited at a service level, at least annually.	58	18	24
50	Capacity assessments are performed in accordance with current legislation and codes…	95	5	
49	The patient is given information on the intervention being offered.	37	55	8
48	The team communicates findings from risk assessments across relevant agencies and…	71	26	3

Percentage

■ % Met   ■ % Partly Met   ■ % Not Met

Patient Safety

Standard		% Met	% Partly Met	% Not Met
61	The team supports the prison establishment in the provision of mental health awareness training for prison staff.	47	34	18
60	The team shares with prison staff any information that might affect a prisoner's safety.	84	16	
59	The team understands and engages in Multi-agency Public Protection Arrangements (MAPPA).	74		26
58	Joint working policy on the control and management of substance misuse and substances.	79		21
57	The team understands and engages in prison service policies on reporting incidents.	89	11	
56	The team understands and engages in prison service policies on food refusal capacity assessments.	71	21	8
55	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people.	89		11
54	Compliance with medication is recorded as part of the patient's care plan.	68	32	
53	A system is in place for recording non-compliance with medication.	79	3	18
52	The team proactively follows up with patients who fail to collect or take their medication.	92	8	
51	The safe use of high risk medication is audited at a service level, at least annually.	58	18	24
50	Capacity assessments are performed in accordance with current legislation and codes of practice.	95	5	
49	The patient is given information on the intervention being offered.	37	55	8
48	The team communicates findings from risk assessments across relevant agencies and care settings.	71	26	3

Percentage

■ % Met   ■ % Partly Met   ■ % Not Met

Environment

	Percentage
68 There are sufficient IT resources.	71 / 26 / 3
67 The team has dedicated spaces and meeting rooms for confidential working.	84 / 16
66 Clinical rooms are private.	53 / 45 / 2
65 Safety of interview rooms.	32 / 63 / 5
64 There are designated rooms for the team to run group sessions.	74 / 24 / 2
63 There are designated rooms for the team to run clinics and one-to-one sessions.	55 / 45
62 The prison and healthcare regimes ensure that patients are able to attend...	47 / 47 / 5

■ % Met   ■ % Partly Met   ■ % Not Met

Workforce Capacity and Capability

Standard		% Met	% Partly Met	% Not Met
76	There is a minimum of monthly multi-disciplinary team clinical meetings.	97	3	
75	There are clear written protocols outlining prescribing responsibilities.	45	3	53
74	Capacity management plans are in place.	68		32
73	Prison healthcare team can access specialist mental health advice out of hours.	63		37
72	There has been a review of the staff members and skill mix within the past 12 months.	18	13	68
71	There is a clearly identified clinical lead for the team.	100		
70	The team has access to specialists relevant to the needs of the patient group.	95	3	3
69	The team consists of or has access to staff from a number of different professional backgrounds.	71	24	5

■ % Met   ■ % Partly Met   ■ % Not Met

Workforce Training, CPD and Support

Standard		% Met	% Partly Met	% Not Met
86	Staff members have access to reflective practice groups.	42	26	32
85	All staff members receive monthly line management supervision.	61	34	5
84	All clinical staff members receive clinical supervision at least monthly.	55	42	3
83	All staff receive Continuing Professional Development.	89	5	5
82	All staff members receive an annual appraisal and personal development planning.	97	3	
81	Staff receive training consistent with their role.	87	13	
80	The team receives training on risk assessment and risk management.	79		21
79	Staff members receive an induction programme specific to the service.	87	5	8
78	All staff who use SystmOne are fully trained in its use.	37	61	3
77	All permanent staff within the team receive a full local prison induction.	63	29	8

■ % Met ■ % Partly Met ■ % Not Met

Governance

Standard		% Met	% Partly Met	% Not Met
99	The team engages in service relevant research and academic activity.	63	16	21
98	Staff are able to raise any concerns about standards of care.	95	3	3
97	Key clinical/service measures and reports are shared between the team.	82	18	
96	Lessons learned from incidents are shared with the team.	74	26	
95	Team members and patients are offered a debrief and post incident support.	71	24	5
94	Systems are in place to enable staff members to quickly and effectively report incidents.	87	13	
93	There is an agreed approach to undertaking audits.	79	3	18
92	The team reviews its progress against its own plan/strategy.	79	16	5
91	The team attends business meetings that are held at least monthly.	95	5	
90	Policies are easily accessible.	89	11	
89	Patients are involved in the governance and development of the team.	3	21	76
88	Patient representatives attend service level meetings.	8	21	71
87	The team is part of the prison clinical governance and quality processes.	97	3	

Appendix 3 – Managing Dual Diagnosis and New Psychoactive Substances (NPS) in Prisons Programme, 28 November 2016.
Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and Refreshments

10:20 Welcome and Introduction
Seamus Watson, Mental Health Lead, Public Health England and QNPMHS Advisory Group Member

10:30 Forensic Addiction: Managing Comorbidity in Offenders
Dr Aideen O'Kane, Consultant Psychiatrist – Forensic and Addiction Services NTW NHS Foundation Trust

11:00 The Role of NPS in Deaths in Custody
Nigel Newcomen CBE, Prisons and Probation Ombudsman

11:30 The Bird Killer: A Study of the Outbreak of Spice (SCRA) Use on Men in English Prisons in 2016
Dr Russell Newcombe, Research and Evaluation Manager, User Voice

12:00 The Impact of Novel Psychoactive Substances on Acute Mental Health Services
Dr Neil Stewart, Consultant PICU and Dr Abu Shafi, Core Trainee, PICU, Highgate Mental Health Services, Camden and Islington NHS Trust

12:30 Lunch

13:30 NEPTUNE Clinical Guidance on the Management of the Acute and Chronic Harms of NPS
Dr Dima Abdulrahim, NEPTUNE Programme Manager and Lead Researcher, NEPTUNE (Novel Psychoactive Treatment UK Network), Central and North West London NHS Foundation Trust

13:55 Parallel Workshops: Session One
Identification or Management or Prevention or Collaboration

14:45 Afternoon Refreshments

15:00 Parallel Workshop: Session Two
Identification or Management or Prevention or Collaboration

15:50 Final Plenary
Seamus Watson, Mental Health Lead, Public Health England and QNPMHS Advisory Group Member

16:00 Close

Appendix 4 – Through the Gate Mental Healthcare: Continuity between Prison and the Community Programme, 14 March 2017.
Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and Refreshments

10:30 Welcome and Introduction
Dr Adrian Feeney, Consultant Forensic Psychiatrist, CNWL and QNPMHS Advisory Member

10:35 Through the gate
Liz Smith, HMI Probation and Keith McInnis, HMI Prisons

11:05 Prison: a place of safety?
Governor Tom Wheatley, HMP Nottingham

11:35 Refreshments

11:45 Transitional and post-release support for substance misusing offenders
Hattie Moyes and Katie Smithsbury, The Rehabilitation for Addicted Prisoners Trust

12:15 Q & A and Panel Discussion

12:45 Lunch

13:45 Workshops: Session One
A: Mental health services in a prison and their approachability
Martin, Patient Representative, CCQI

B: Greenwich prison mental health resettlement service
Radka Bailey, Project Manager, Centra Care and Support

C: Beyond the walls: an evaluation of Ireland's first pre-release planning programme for mentally ill sentenced prisoners
Dr Damian Smith, Aisling Flanagan and Susan Harnett, National Forensic Mental Health Service, Ireland

14:35 Afternoon Refreshments

14:50 Workshops: Session Two
A: A synergistic approach to improving outcomes for homeless mentally ill remand prisoners
Dr Damian Smith, Orla Reynolds and Philip Hickey, National Forensic Mental Health Service and Hail Housing, Ireland

B: The NE prison's mental health resettlement service
Jonathan Munro, Head of Prisons and Criminal Justice Services, Rethink Mental Illness

C: Flying under the radar- addressing the gaps in service provision
Dr Abu Shafi, Core Trainee, Camden and Islington NHS Trust

15:40 Final Plenary
Dr Adrian Feeney, Consultant Forensic Psychiatrist, CNWL and QNPMHS Advisory Member

16:00 Close

Appendix 5 – Quality Network for Prison Mental Health Services' 2nd Annual Forum Programme, 6 July 2017.
Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and refreshments

10:30 Welcome and introduction
Jan Fooks-Bale, Health and Justice Inspection Manager, CQC and QNPMHS Advisory Group Member

10:35 Preliminary findings from the second cycle
Megan Georgiou, Quality Network for Prison Mental Health Services

10:55 Findings from the National Audit Office report on mental health in prisons
Claire Hardy, Senior Analyst and Charlotte Knowles, Analyst, National Audit Office

11:20 Prison Safety Programme
Chris Barnett-Page, Her Majesty's Prisons and Probation Service

11:45 Refreshments and exhibition posters

11:55 Neuro-psychiatric and other effects of NPS
Dr George Ryan, Clinical Advisor, Criminal Justice Team, Alcohol, Drugs and Tobacco Division, Public Health England

12:20 Service user involvement; benefits and risks?
Paula Harriott, Head of Involvement, Revolving Doors Agency

12:45 Lunch and exhibition posters

13:30 STRESS-testing clinical activity and outcomes for a combined prison in-reach and court liaison service: a 3-year observational study of 6177 consecutive male remands
Dr Conor O'Neill, Consultant Forensic Psychiatrist, Prison In-reach and Court Liaison Service, Cloverhill Remand Prison, Dublin

14:00 Workshops: Session One

This house believes that prohibitive policy is poor for prisons, prisoners, patients and practice
Hattie Moyes, Research and Development Manager, RAPt (Rehabilitation for Addicted Prisoners Trust) and Dr Abu Shafi, Psychiatry Trainee, Camden and Islington Foundation NHS Trust

The meaning within meaningful occupation and the role of occupational therapists in prisons
Deborah Murphy, Day-care Manager/ Lead Occupational Therapist, HMP Pentonville, Barnet, Enfield and Haringey Mental Health NHS Trust

High risk, non-responsive to interventions and refusing to engage. A viable, effective, compassionate service for those who challenge prison and health services the most
George Koukidis, Complex Case Worker (Doctoral Psychology Student), HMP Belmarsh, Oxleas NHS Foundation Trust

Positive practice in police custody by Cleveland Liaison and Diversion
Philip Strange and Alex Major – Liaison and Diversion Team, Tees, Esk and Wear Valleys NHS Foundation Trust

14:50 Afternoon refreshments and exhibition posters

15:00 Workshops: Session Two

Prison self-harm and suicide project
Charlitta Strinati and Charlotte Randall, Higher Assistant Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust

Developing a perinatal mental health pathway within a female prison – a collaborative, cross-agency approach
Teresa Purvis and Joanne Pendleton, HMP Low Newton, Tees, Esk and Wear Valleys NHS Foundation Trust

Developing learning disability practice in prison
Antony Hawkins, Practice Development Nurse for Learning Disabilities, HMP Belmarsh, Oxleas NHS Foundation Trust

Service user led interview panel for mental health staff at HMP Wandsworth
Tracey Lewis, Forensic Offender Health Business and Service Manager, and Andrew Twinberrow, Supervising Officer, HMP Wandsworth, South London and Maudsley NHS Foundation Trust

The use of Listeners and Insiders in Her Majesty's Prison Service
Martin Saberi, Patient Representative, CCQI

15:50 Final plenary
Jan Fooks-Bale, Health and Justice Inspection Manager, CQC and QNPMHS Advisory Group Member

16:00 Close

Appendix 6 – Reference List

HMI Prisons (2017) *HM Chief Inspector of Prisons for England and Wales Annual Report 2016–17*, London: HMI Prisons.

Ministry of Justice (2017) *Safety in custody quarterly: update to March 2017*. Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/632625/safety-in-custody-quarterly-bulletin-mar-2017.pdf

National Institute for Health and Care Excellence (2016) *Physical health of people in prison [NG57]*, available at: https://www.nice.org.uk/guidance/ng57

National Institute for Health and Care Excellence (2017) *Mental health of adults in contact with the criminal justice system [NG66]*, available online at: https://www.nice.org.uk/guidance/ng66

Prisons and Probation Ombudsman (2017) *Annual Report 2016-17*. Available online at: https://www.ppo.gov.uk/document/annual-reports/

Prison Governors' Association (2017) *Bulletin 724, 1 August 2017*. Available online at: http://prison-governors-association.org.uk/wp-content/uploads/2017/08/Bulln724H.pdf

Royal College of Psychiatrists (2015) *Standards for Community-Based Mental Health Services*. Available online at: http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/corestandardsproject.aspx

Royal College of Psychiatrists (2016) *Standards for Prison Mental Health Services (2nd Edition)*. Available online at: www.qnpmhs.co.uk

Royal College of Psychiatrists (2017) *Standards for 24 Hour Mental Healthcare in Prisons*. Available online at: http://www.rcpsych.ac.uk/pdf/24_Hour_Mental_Healthcare_in_Prison_Standards.pdf

Appendix 7 – Project Contact Details and Information

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QUALITY IMPROVEMENT