Quality Network for Prison Mental Health Services

ANNUAL REPORT

PILOT YEAR 2015-16

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PRISON
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES
CCQI

This publication is available at:
www.qnpmhs.co.uk

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prisonnetwork@rcpsych.ac.uk

Artwork displayed on the front cover of this report:

1314 – Towards Bannockburn from My Cell
HM Prison Glenochil
Babette Galberg Platinum Award for Watercolour and Gouache
2015

Image courtesy of the Koestler Trust

Contents

Acknowledgements

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- Dr Quazi Haque and the Quality Network for Forensic Mental Health Services' Advisory Group for their support in developing the Prison Network
- The staff in member services who organised and hosted a peer-review visit
- Those individuals who attended visits as part of a peer-review team
- The patients and prison staff that participated in the review process

Preface

Welcome to the first Annual Report from the Quality Network for Prison Mental Health Services. Established in 2015, 18 prison mental health services participated in the pilot year of the programme and it is encouraging to see such passion and motivation to provide high quality care within these services.

We are all aware of the pressures being faced within prisons with the challenges being reported in the news on an almost daily basis, particularly in terms of self-harm and suicide, violence and the increase of novel psychoactive substances. There have been some positive developments over the past year in highlighting and addressing these issues, for example the publication of a review into prisoner mental health by the Prisons and Probation Ombudsman and the ongoing work by the National Institute of Health and Care Excellence (NICE) on producing guidelines for physical health in prisons and mental health in the criminal justice system. I hope the work of the Network will encourage change in this area and support services with some of these challenges.

The shortages of frontline staff in prisons has been highlighted by many observers and has impacted on prison mental health services. The Government has outlined its intention to pursue a radical reform agenda for the English Criminal Justice System and a Prisons and Court Reform Bill is scheduled for this session of Parliament. Although details are sparse at the time of writing, there is a possibility of changes to the commissioning of prison mental health services with prison governors becoming much more involved.

The report summarises the key findings from the pilot year of the project, highlighting areas of achievement and challenge across the participating services. They are presented by standard area and services can use the graphs to identify how they are performing against the other participating services, and where they are in terms of the Network average.

There are examples of excellent practice presented throughout the report. The Network provides an opportunity for services to learn from each other and to discover ways of enhancing the care they provide. The contact details of each service is presented in the appendix of this report to allow for interested parties to find out more about a particular practice.

Our work programme is outlined within the introduction of this report and the benefits of being a member of a quality improvement initiative are presented throughout. The Network engages staff, managers, patients and partner agencies in the process to ensure a proactive and inclusive approach is taken to improving the quality of mental healthcare in prisons. In order to promote the sharing and learning of best practice, a number of events run through the year, a newsletter is produced and a dedicated email discussion group has been established.

For those of you that participated in the pilot year, I hope you will find this report useful and I hope you are proud of what your teams have achieved. It is inspiring to see so many individuals committed to and passionate about quality improvement. For those services that are joining the Network for Cycle 2 or plan to in the future, I hope this report provides some insight into the work being achieved and the benefits of being a part of a dedicated network for prison mental health services.

Dr Steffan Davies, Consultant Forensic Psychiatrist, Co-chair Community Diversion and Prison Psychiatry Network 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, 2015a). Core standards for community services (RCPsych, 2015b) 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.

We review prison mental health services in adult male and female prisons, and young offender institutions, in the UK and Ireland. 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 service-users 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 your 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.

Untitled 1, HMP Peterborough, Caro Millington Highly Commended Award for Mixed Media
Image courtesy of the Koestler Trust

Introduction

Membership

Eighteen prison mental health services from across the UK and Ireland participated in the pilot year of the Network (appendix 1). They included establishments catering for male, female and young offender populations, those of varying security category, and prisons in both the public and private sector.

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 136 mental health team staff, 179 prison staff and 144 patients.

On the review visits, 56 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 have organised a number of initiatives for our member services during the pilot year:

- QNPMHS Welcome Event, December 2015 (appendix 3)
- Optimising Patient Pathways in Secure Settings Event, March 2016 (appendix 4)
- QNPMHS Annual Forum, July 2016 (appendix 5)
- Newsletter, available online at: www.qnpmhs.co.uk
- Email Discussion Group: prisonnetwork@rcpsych.ac.uk

This Report

This is the first annual report published by the Quality Network for Prison Mental Health Services. As research suggests, prison mental health service delivery is far more complex than that in community settings and it is often restricted by organisational constraints, a lack of staffing and resources, and the overwhelming and varying needs of the prison population (Steel et al., 2007). In recent years, there have been many encouraging advances in this field with the development of new guidelines and the publication of standards for prison mental health services. The Quality Network has built on the existing knowledge of prison mental health services, identifying best practice as well as the key areas of challenge experienced by the 18 teams that took part in the pilot year. We believe this is an incredibly positive step forward in working towards the creation of a nationwide model of consistency and continuity in prison mental health.

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 in the pilot year of the Network. 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 pilot 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 71% of standards.

Figure 1 offers a breakdown of how each member service performed in the pilot year, in order of strongest compliance. It illustrates the percentage of met, partly met and unmet criteria per service. The range of met criteria achieved spans from 59 per cent to 81 per cent. The final bar on the graph (TNS – total number of services) provides the average compliance across the 18 services.

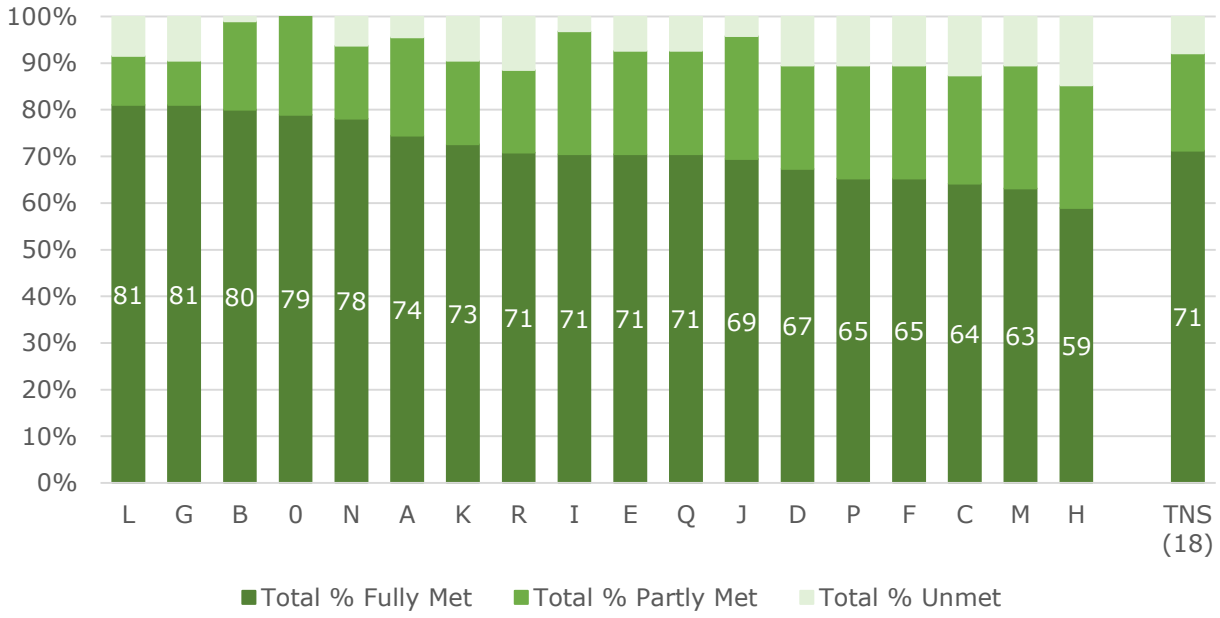


Figure 1: Percentage of Met Criteria by Service

Figure 2 displays the average percentage of met criteria per section. Member services scored most highly in the areas of Governance and Workforce Training, CPD and Support. The areas in most need of improvement are Case Management and Treatment, Environment, Patient Safety, and Workforce Capacity and Capability.

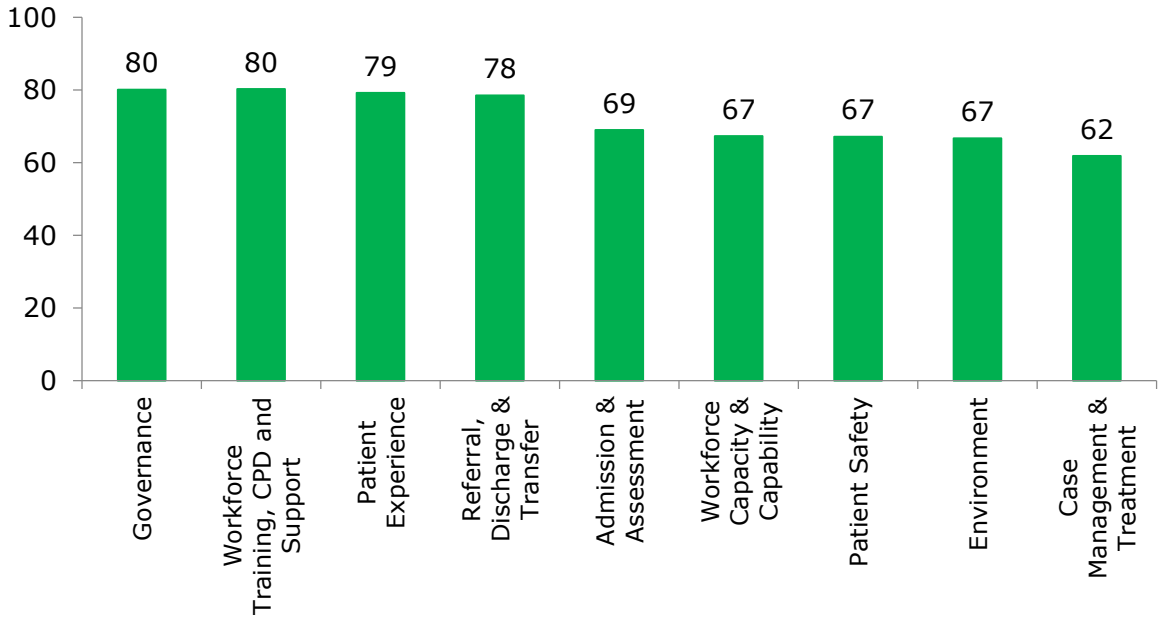


Figure 2: Average Percentage of Met Criteria per Section

Admission and Assessment

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

- All prisoners undergo health screening that incorporates a mental health assessment, although in many services the primary screening process would be carried out by an alternative provider.
- The screening mental health assessment is not always carried out by a practitioner trained in mental health.
- Routine assessments are not always carried out within the recommended five day response time.
- There is a lack of written information available for patients, or patients are not aware of information being available to them.

Case Management and Treatment

On average, services fully met 62% of standards in this area.

- All services participate in the Assessment, Care in Custody and Teamwork (ACCT) process and work with other agencies to manage self-harm and suicidal ideation.
- The majority of teams proactively follow-up patients who have not attended an appointment.
- Communication within the mental health teams was found to be excellent, with 94% of services having a timetabled meeting on a weekly basis to discuss the allocation of referrals, current assessments and reviews.
- Only 44% of services were identified as working collaboratively with their patients when planning care.
- Access to psychological interventions is variable across establishments and delivery could be hindered due to prison regime and population type, for instance remand populations.

Referral, Discharge and Transfer

On average, services fully met 78% of standards in this area.

- Services actively involve and communicate with external services when planning for referral, discharge and transfer.
- Some services have designated transfer coordinator roles in order to appropriately support the patient and manage the process in an effective and timely manner.
- Only 17% of services follow-up with their patient or their new service provider within 14 days of their release or transfer from prison.

Patient Experience

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

- All services demonstrated that they are respectful to their patients. We received excellent feedback from patients both verbally and from data collected as a part of an anonymous survey sent to patients.
- Patients fed back that they would like to be able to spend more time with members of the mental health team.
- The opportunity for patients to feedback about the quality of the mental health service provided was noted as being lacking in many establishments. Patients within 44% of services were not aware of any means to communicate either positive or negative feedback to the service.

Patient Safety

On average, services fully met 67% of standards in this area.

- All services have protocols in place to manage the safeguarding of adults and young people.
- Within the limits of confidentiality and patient consent, prison staff in 94% of services were aware of individuals receiving treatment from the team.
- Only 17% of services could confirm that mental health awareness training had been provided to all prison staff within their establishment. It was evident that many teams are liaising with prison governors in order to overcome this issue, for instance by providing training to new staff as part of the induction programme.

Environment

On average, services fully met 67% of standards in this area.

- Many mental health teams are lacking in appropriate spaces to carry out interviews, clinics and group sessions. The provision of rooms is very limited and some rooms were not deemed suitable for safe working, with privacy and confidentiality being compromised.
- 50% of services reported experiencing significant disruption to appointment times due to restrictions posed by the prison regime and a competition for rooms with other agencies.

Workforce Capacity and Capability

On average, services fully met 67% of standards in this area.

- Services demonstrated that they have robust communication systems in place.
- Teams have clearly identified clinical leads.
- The range of treatments and therapies on offer varied between services depending on commissioning requirements and identified needs for specialist input. Most notably, the provision of psychology, psychiatry and occupational therapy significantly varied.
- Written arrangements for service delivery, capacity and joint working were lacking for many services. It was positive to see that these arrangements are in place, however services would benefit from recording their practices and arrangements in formalised policies or agreements.

Workforce Training, CPD and Support

On average, services fully met 80% of standards in this area.

- Staff reported feeling well supported in terms of receiving a full induction, appropriate training and personal development support.
- Not all services provide supervision, managerial and clinical, on a monthly basis.
- Services would benefit from providing improved access to reflective practice groups.

Governance

On average, services fully met 80% of standards in this area.

- In collaboration with prison governors, mental health teams engage in clinical governance and quality improvement practices.
- Following an incident, the majority of services share lessons learned with their staff and their wider organisation.
- Only 6% of services involve patients in the governance and development of the team.
- Services could do more to encourage and support staff to engage in research and academic activity.

Key Recommendations

Recommendation 1: A Revised Model for Prison Mental Health Care

Prison mental health teams are not appropriately equipped to support the complexity and severity of mental health needs present amongst the prison population. Teams vary dramatically in terms of resource and access to specialist care. The Network supports the findings of a recent report by the Centre for Mental Health (2016), recommending an operating model for prison mental health care be developed:

- Pathways and programmes of care should be established with recommended minimum levels of staffing and specialist input.

- A national model of care could provide a more consistent approach to mental health service delivery.

Recommendation 2: Screening Practices

Screening mental health assessments are not always carried out by a practitioner trained in mental health.

- All prisoners should receive a mental health assessment and this should be carried out by a mental health professional.

Recommendation 3: Improving Patient Experience

Patients are under-informed and limited in how they can be involved in decisions relating to their care and treatment.

- Patients should be more informed about their care and treatment from the mental health service:
  - Written information should be made available to patients, for instance information on the service and its purpose, and information on related services and patients' rights.
  - Information should be made available in a variety of formats, for instance easy-read.
  - Patients should be provided with information about the interventions being offered to them.
  - Patients should be offered a copy of their care plan and other related reports, for instance CPA reports, and supported to understand what they mean.

- Care planning and decisions about an individual's care should be carried out in collaboration with the patient.

- Patients should be able to easily access feedback systems in order to provide information to the mental health service about the quality of care being received. Feedback should be reviewed on a regular basis.

- Patients should be involved in the mental health service's governance and development processes. This could include patient representatives or regular community meetings.

Recommendation 4: Enhancing Mental Health Awareness

The content, delivery and uptake of mental health awareness training is variable across the prison estate.

- Mental health awareness training should be a mandatory requirement for all new prison staff and training should be refreshed on an annual basis.

- Prison mental health services should be involved in the development of materials and delivery of mental health awareness training.

- A national training tool should be implemented to ensure all prison staff receive a standard programme of training with agreed content.

Recommendation 5: Formalisation of Policies, Agreements and Joint Working Practices

A large number of services do not have written policies, agreements and joint working practices in place.

- All policies, agreements and joint working practices followed by the mental health services should be formalised as written documents.

- All written policies, agreements and joint working practices should be updated on an annual basis.

Recommendation 6: Support Following Release from Prison

Mental health patients are often being released from prison with little or no after-care support.

- Services should follow-up with patients and/or the new service provider within 14 days of a patient's release or transfer from prison.

- 'Through-the-gate' support should be available in all prison establishments to ensure that individuals with mental health issues are appropriately supported as they transition from prison into the community, and for a period of time pre and post-release.

KEY FINDINGS

Stoke-on-Trent, HM Prison Dovegate, Mixed Media, 2011.
Image courtesy of the Koestler Trust

Admission and Assessment

On average, services fully met 69% of standards in this area, ranging from 50% to 92% compliance.

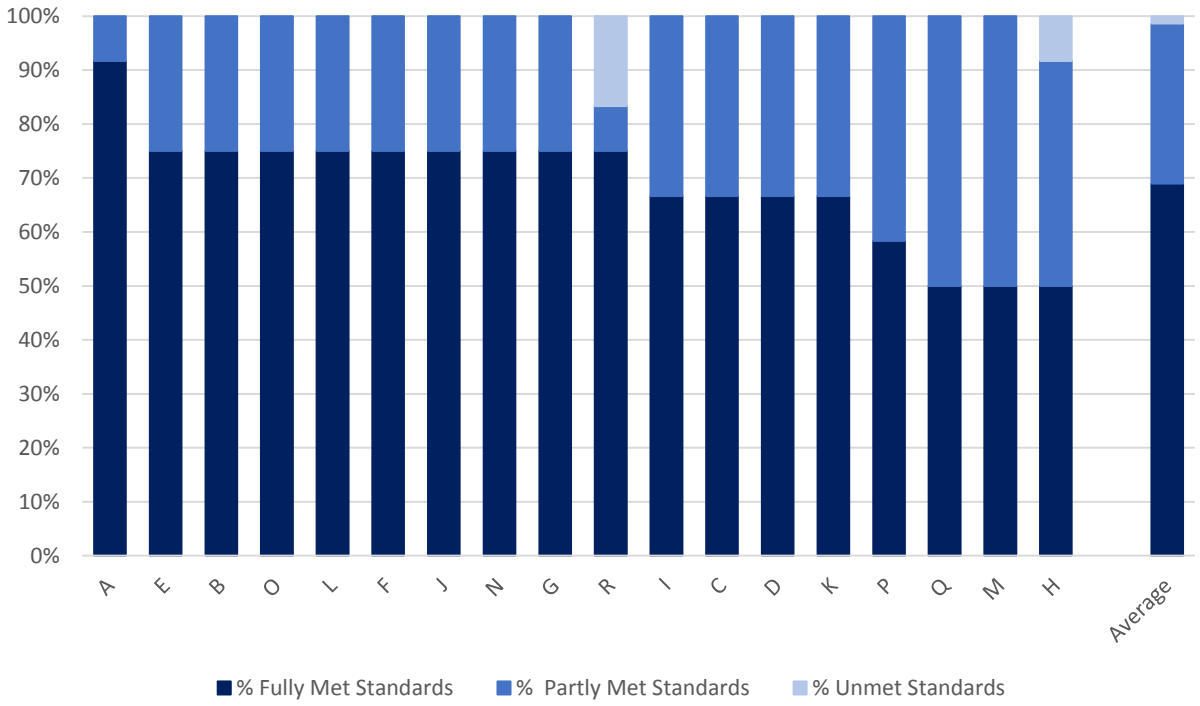


Figure 3: Service Compliance for Admission and Assessment

Service Accessibility

All prisoners undergo health screening that incorporates a mental health assessment.

Good Practice Examples

A self-referral form is available for prisoners throughout the prison. It provides information about the mental health service and on the reverse is a response slip which is returned to the individual. A similar referral form with a response slip is available for prison staff so that they are aware their referral has been actioned. **Bedford**

Availability of Written Information about the Service

In only 28% of services, patients felt that clear information is available to them about the mental health service, both verbally and in writing.

Patients in 11% of services felt that they were provided with information, verbally and in writing, about their rights, raising complaints and compliments and how to access related services, for instance advocacy and interpreting services.

Good Practice Examples

A member of the mental health team attends the prisoner induction in order to provide written and verbal information about the mental health services available.
Holme House

An easy-read leaflet about the mental health service, co-created with patients, is available in residential and health areas.
Patients are issued with a timetable to remind them of their healthcare appointments.
Peterborough

Display boards in residential and healthcare areas provide a wealth of information about the mental health service, including referral options and available interventions.
Peterborough and Rochester

Assessment Practices and Response Times

A clinical member of staff is available to discuss emergency referrals during working hours in 100% of services.

94% of services utilise a standardised assessment template, incorporating a number of domains to capture a relevant summary about the individual being assessed.

In only 44% of services, a screening mental health assessment is carried out by a practitioner trained in mental health.

Just over half of services were able to carry out urgent (48 hours) and routine assessments (five working days) within the specified timeframes.

Good Practice Examples

When an individual is first assessed, the team will obtain information on the patient's arrest circumstances and their offending history from the Garda Síochána (police) in order to conduct a full risk assessment.
All prisoners that have been arrested on homicide charges are screened by the mental health team. The individual is kept on the team's caseload until they are sentenced, and a full handover is provided to the receiving service.
Cloverhill

All prisoners receive a full mental health triage assessment by a member of the mental health service the morning following their arrival to prison.
Portland

A comprehensive health assessment tool is used to assess the health needs of all prisoners, including mental health, which supports the classification of patients into the most appropriate pathways of care.
Feltham

Case Management and Treatment

On average, services fully met 62% of standards in this area, ranging from 35% to 82% compliance.

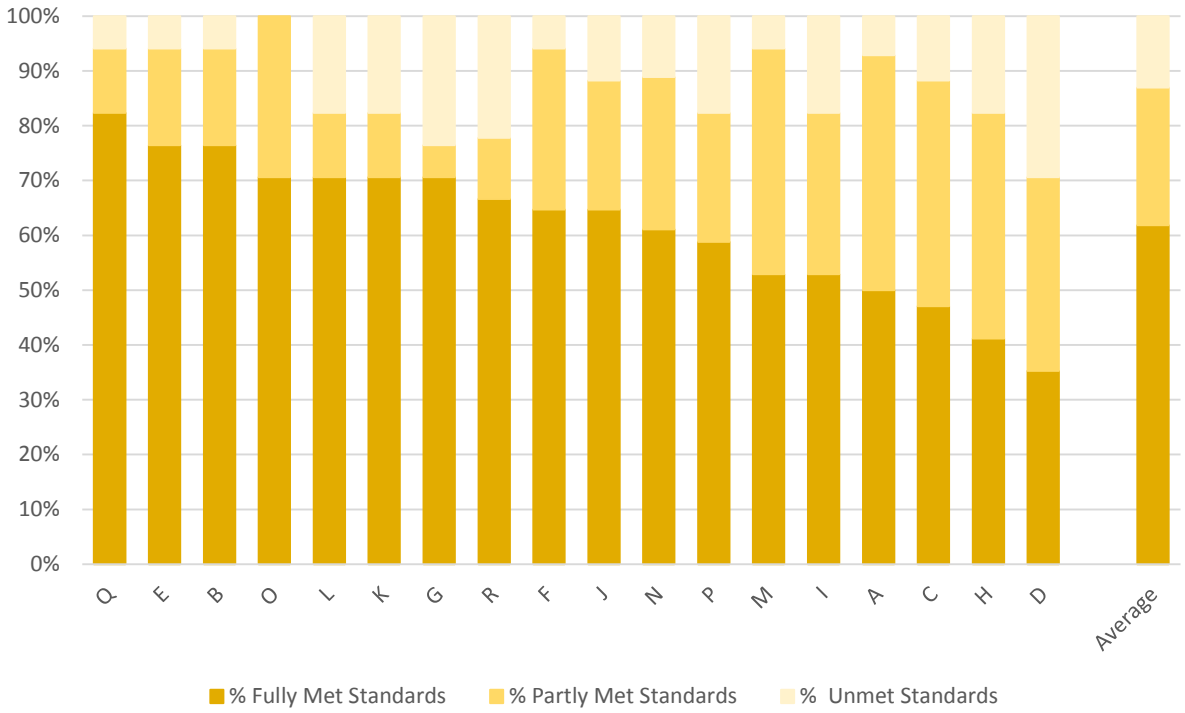


Figure 4: Service Compliance for Case Management and Treatment

Managing Self-harm and Suicide

All services work collaboratively with other health care providers and the prison to manage self-harm and suicidal ideation.

All teams actively participate with the Assessment, Care in Custody and Teamwork (ACCT) process in managing the risk of self-harm and suicide.

Good Practice Examples

The mental health team attend all first ACCT reviews that are opened within the establishment. A daily briefing sheet of the open ACCT documents is consulted each morning and the team will attend those scheduled before 3pm in order for the necessary action to be taken. For ACCT reviews that cannot be attended, the CPN will see the individual to carry out a mental health assessment on the same day as the ACCT is opened.
Bedford

Communication

94% of services have a timetabled meeting at least once a week to discuss the allocation of referrals, current assessments and reviews.

Good Practice Examples

Patient information is displayed using a traffic light system on communication boards within the team's office.
Pentonville

Team communication is facilitated by daily integrated management meetings (IMP), twice daily 'huddle' meetings and visual communication boards.
Holme House

The court cases of patients on the team's caseload are actively followed and team members will often attend court, where necessary. This is to ensure they are kept informed of the outcome of court hearings and whether an individual has been transferred or released from the establishment following their court appearance.
Cloverhill

Joint Working Practices

Contracted, written agreements for joint working are consistently low across the Network, however, in practice, it was evident that teams work well with the prison and other healthcare agencies.

Good Practice Examples

A management support plan (MSP) manages individuals who are presenting with complex behaviours and it is developed with those involved in the individual's care, including the prison and healthcare staff, with the aim of ensuring a consistent, multi-disciplinary approach. The inreach team leads on the coordination and execution of the plan, and input is provided from Safer Custody and primary care.
Gartree

St. George's University Hospital NHS Foundation Trust provide the primary healthcare and substance misuse services, and subcontract all mental healthcare services to South London and Maudsley NHS Foundation Trust. The mental health team described strong working relationships and good communication systems. Staff are also able to access both Trust systems, providing access to full patient records.
Wandsworth

Appointments

The majority of teams pro-actively follow up patients who have not attended an appointment/assessment or who are difficult to engage.

Good Practice Examples

Patients who have not attended an appointment are followed up and discussions with Safer Custody are had to determine whether there are any areas of concern. Key themes are identified as a part of a regular audit.
Portland

Patient Involvement

In only 44% of services, patients felt that their care plan was developed collaboratively with them.

Where a patient is subject to the Care Programme Approach (CPA), patient involvement is low. Less than 15% of services show a copy of the final draft report to the patient following a CPA meeting.

Referral, Discharge and Transfer

On average, services fully met 78% of standards in this area, ranging from 50% to 100% compliance.

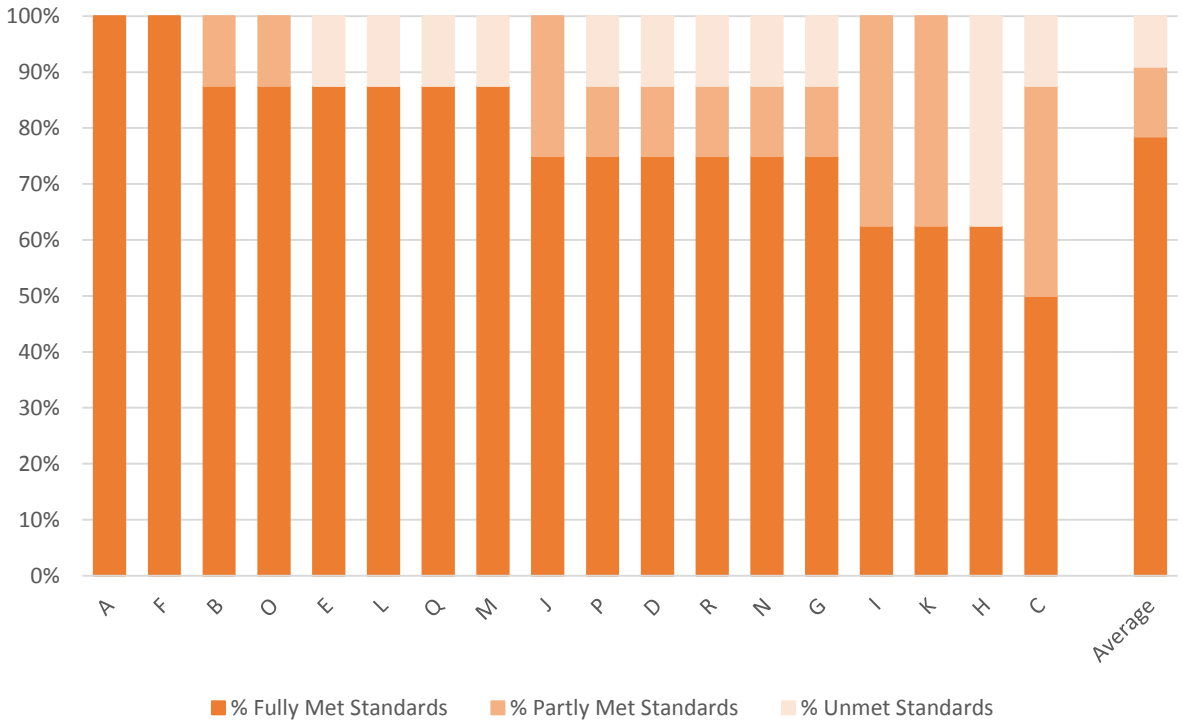


Figure 5: Service Compliance for Referral, Discharge and Transfer

Release and Transfer

89% of services have a clear process for referral and transfer of patients under Section 47 and Section 48 of the Mental Health Act and follow the Department of Health's Good Practice Procedure Guide (2011).

Good Practice Examples

A transfer and discharge coordinator role enables the team to monitor the movement of their patients, including court dates, to ensure the patient is supported appropriately throughout any changes in their situation.
High Down

The team's processes in terms of release and transfer is guided by weekly interagency meetings, fortnightly team care planning meetings and monthly prison continuity and aftercare monitoring (PCAM) meetings.
Cloverhill

Good Practice Examples

A transfer/closure summary form guides the process of transferring a patient to another service. This captures information about the individual's section, their diagnosis, their MAPPA status, referral information and hospital transfer information.
Portland

Regular bed management meetings take place with the local medium secure service via video conference.
Birmingham

Transfer to hospital usually takes between three to four weeks due to a strong relationship with the local medium secure hospital.
Winchester

Discharge and Resettlement

All services refer patients who require continued care and follow-up support following release to community mental health services.

On discharge from the team, patient information is provided to the receiving primary care or mental healthcare service in 94% of services.

Good Practice Examples

Discharge packs are prepared for patients when they return to the community, providing them with information about their local services and healthcare professionals.
High Down

A 'through-the-gate' resettlement service is offered to prisoners with medium to high mental health concerns and is provided in conjunction with Nacro and Centra.
Belmarsh

A housing officer supports homeless remand prisoners on their caseload, providing a case management and pre-settlement service with accommodation and independent living support. The service has conducted work to explore homelessness and its impact upon mental health, and the effect of the intervention over a two year period.
Cloverhill

A critical time intervention (CTI) worker supports a number of patients 'through the gate' as they transition back into the community. The role aims to reduce the risk of reoffending for patients diagnosed with severe and enduring mental illness, working with the individual prior to and post-release.
Wandsworth

Good Practice Examples

A dedicated team provides support and resources for homeless patients, including identifying accommodation, signposting to relevant services and offering financial support for transport on release.
Birmingham

Follow-up

Only 17% of teams carry out a follow-up interview with the patient and/or the new care co-ordinator/service provider within 14 days of release/transfer from prison.

Good Practice Examples

A database records the details of those discharged from the team and a notification alerts the team after 14 days when a follow-up intervention is due. If the patient cannot be contacted, the team will contact the agency last known to be engaging with the individual.
Bristol

The team follows up with all patients post-release or transfer from prison, contacting either the patient or their care co-ordinator over the phone or in person within 14 days.
Parc

Patient Experience

On average, services fully met 79% of standards in this area, ranging from 63% to 100% compliance.

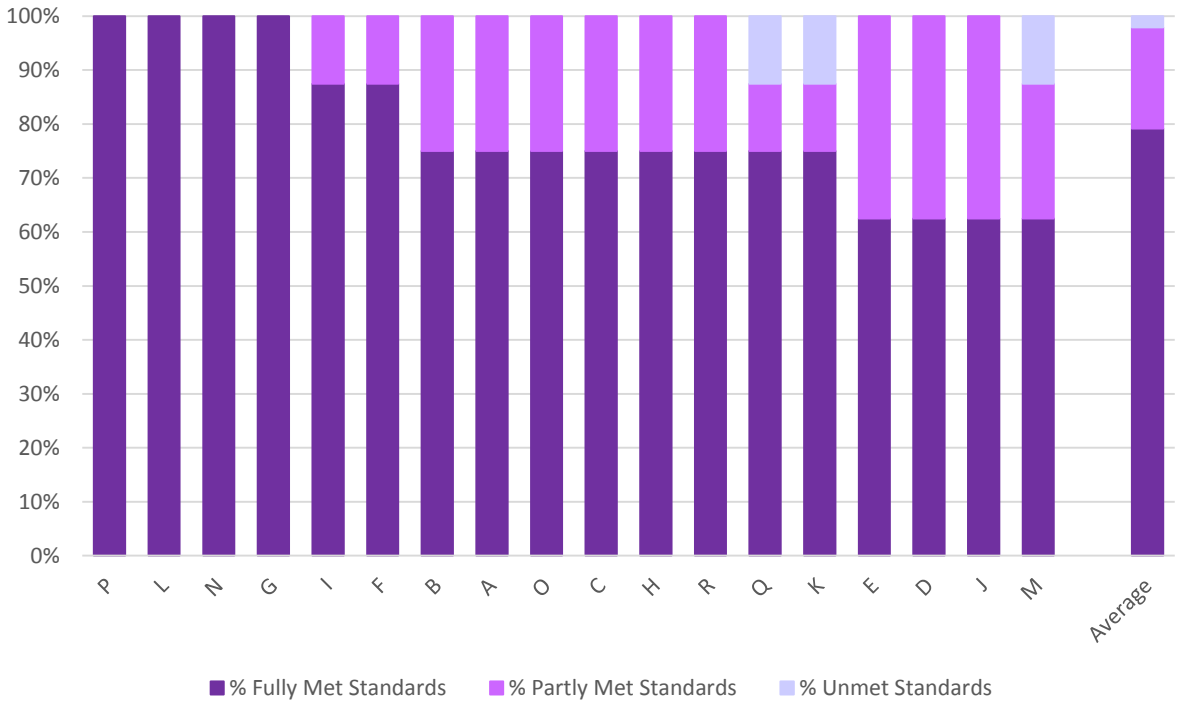


Figure 6: Service Compliance for Patient Experience

Patient Care

72% of patients feel involved in decisions about their care, treatment and discharge planning.

100% of services record the patient's consent to the sharing of clinical information.

In only 44% of services, patients could confirm that confidentiality and its limits had been explained to them, both verbally and in writing.

Feedback

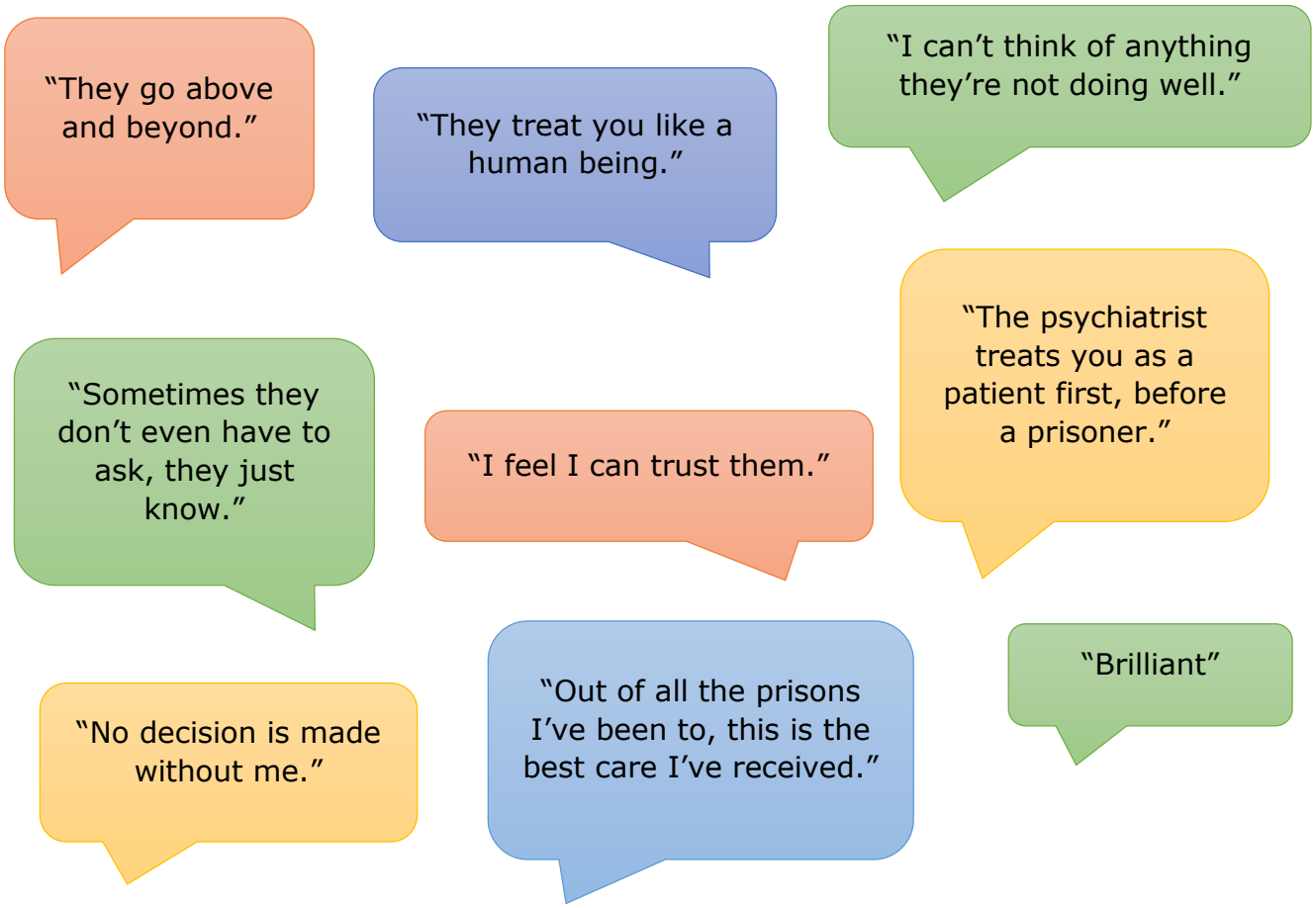
Only 44% of services provide patients with the opportunity to feedback about their experiences of using the service.

Some services provide patients with paper surveys for them to provide feedback anonymously and others have electronic kiosks available in healthcare areas.

Respect

The majority of patients spoken with reported that they are treated with compassion, dignity and respect. A number of direct quotes from patients are displayed below.

Patients in 89% of services feel listened to and understood in consultations.



Patient Safety

On average, services fully met 67% of standards in this area, ranging from 42% to 92% compliance.

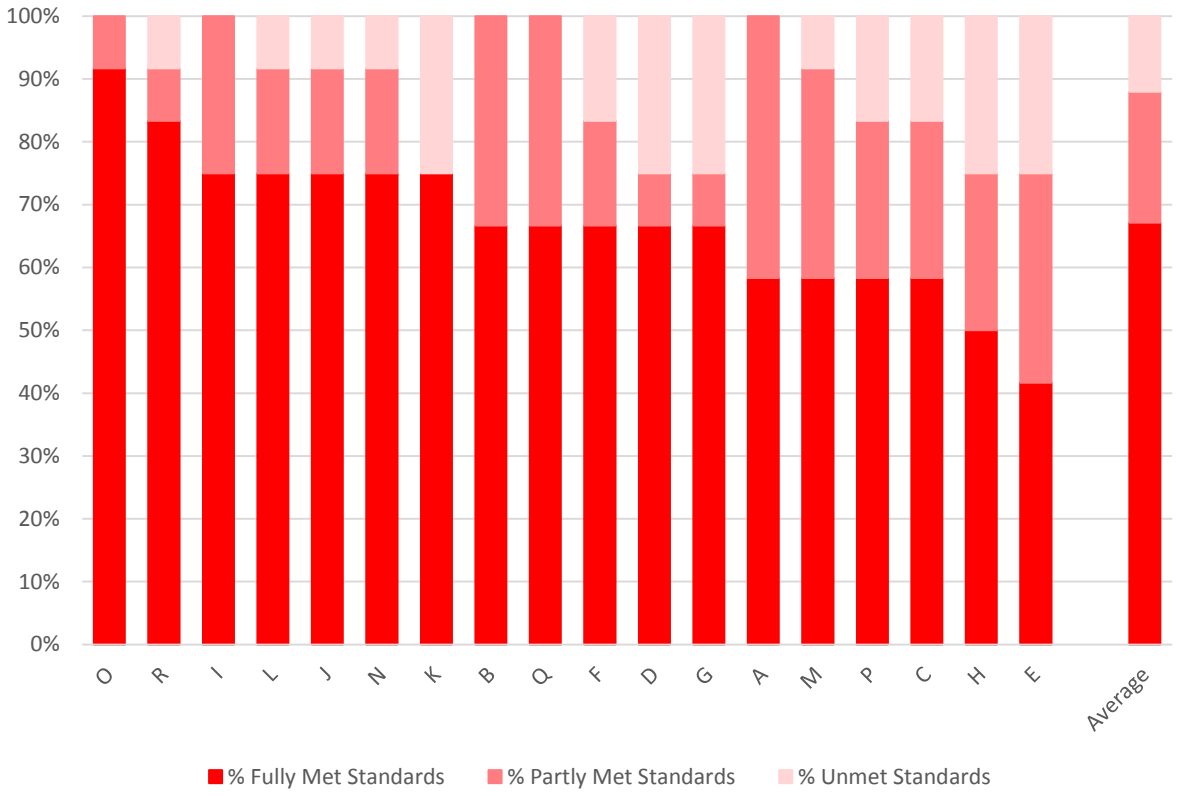


Figure 7: Service Compliance for Patient Safety

Safety

100% of staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people.

89% of teams understand and engage in prison service policies on incident reporting.

Communication

89% of teams communicate findings from risk assessments across relevant agencies and care settings, in accordance with patient consent and professional guidance relating to patient confidentiality and risk.

Only 44% of patients could recall receiving information on the interventions being offered to them and the associated risks and benefits.

Only 28% of teams have a joint working policy between the prison, primary care and the team on the control and management of substance misuse and illegal substances.

Good Practice Examples

A training package for prison officers advises on how to refer prisoners to the mental health team. Guidance on the referral process is documented on the reverse of each referral form.
Holme House

The team is immediately notified of updates, reviews and report findings relating to security incident reporting and ACCT processes by the prison.
Bristol

All referrers are encouraged to approach the team to provide a full verbal referral, to ensure as much information as possible can be obtained and that the referral is appropriate.
Cloverhill

A dedicated prison officer from Safer Custody supports the mental health team on a daily basis and the team are involved in weekly complex prisoner meetings.
Portland

The team has a strong relationship with prison officers and the Safer Custody team, enabling excellent communication and joint working practices.
Parc

Mental Health Awareness

Only 17% of services could confirm that the majoirty of prison staff had received mental health awareness training.

In 94% of services there was evidence that prison staff were aware of individuals receiving treatment from the team, within the limits of confidentiality and patient consent.

Good Practice Examples

Mental health awareness training has been embedded into the standard prison induction and key talk that must be received by all new staff working throughout the establishment.
Pentonville

A training pack for prison staff has been produced in order to raise awareness and enhance understanding on mental health issues within the prison.
Rochester

The team has collaborated with the prison to deliver mental health awareness training as part of the ACCT training for all new staff.
Winchester

Environment

On average, services fully met 67% of standards in this area, ranging from 13% to 100% compliance.

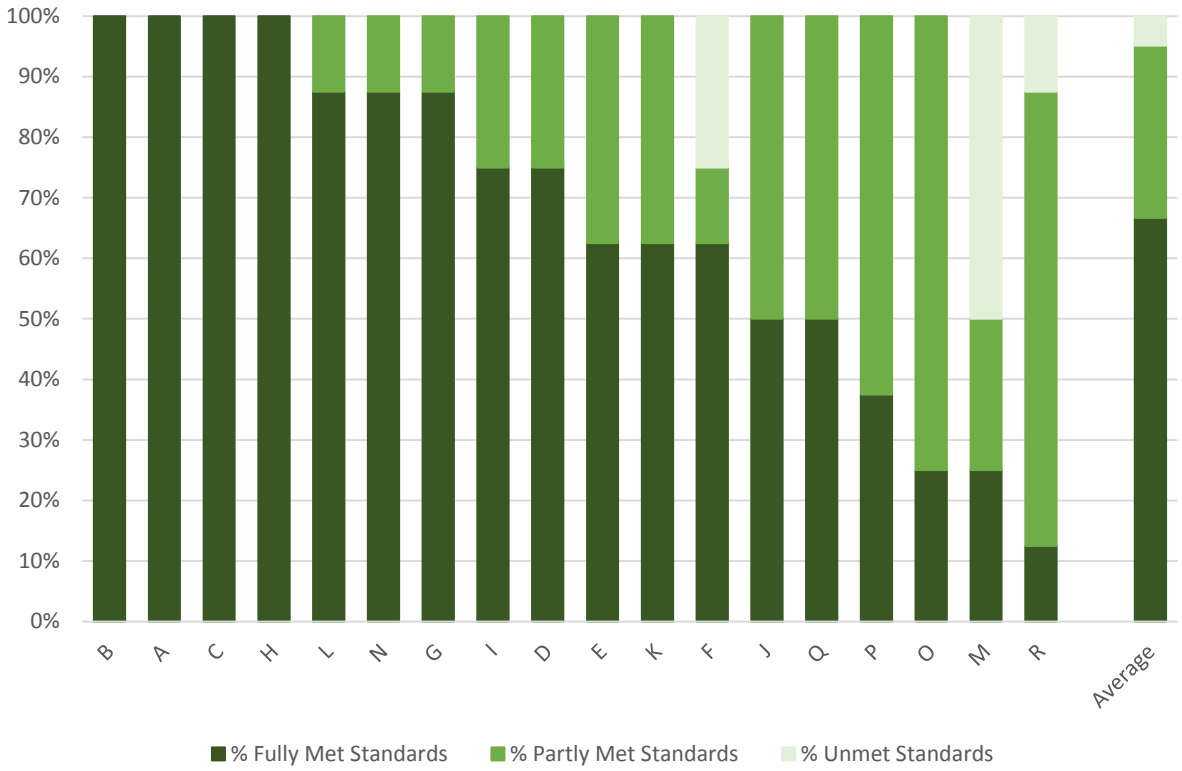


Figure 8: Service Compliance for Environment

Environment

Only 50% of services have interview rooms that are situated close to staffed areas, have an emergency call system, an internal inspection window and an unimpeded exit.

72% of services have designated rooms for the team to run one-to-one sessions.

94% of services have dedicated spaces and meeting rooms for confidential working, away from patient areas.

In 72% of services, each member of the core team has access to a computer directly linked to the electronic patient records system.

In 50% of services, the prison and healthcare regimes ensure that patients are able to attend appointments with the team at the scheduled appointment time.

Good Practice Examples

All healthcare services are housed in a block external to the residential wings, providing access to excellent facilities and designated spaces for confidential working.
Birmingham

The healthcare facility and waiting area provides a clean, calm and therapeutic setting, offering a sense of normality for the patients.
Gartree

The team has excellent access to private interview rooms and spaces to carry out one-to-one sessions, clinics and group interventions.
Rochester

The team carries out an interview room audit to assess the quality of the spaces used by the team in terms of safety and privacy.
Winchester

Day-care Facilities

Good Practice Examples

The day-care centre has a range of interventions and activities on offer with a full timetable. Classes include: pottery, art, music workshop, baking, current affairs, library group and clinical skills.
Pentonville

A sensory room is available for use by patients.
Low Newton

The service has two classrooms within the education department to run a day resource facility, offering five sessions per week.
Lewes

Enhanced Care

Good Practice Examples

Brunel is a well-established mental health intervention unit providing a therapeutic environment for prisoners who may require enhanced observation and assessment. Prison staff are interviewed specifically to work on Brunel and must have an interest in working in a therapeutic setting.
Bristol

Workforce Capacity and Capability

On average, services fully met 67% of standards in this area, ranging from 11% to 100% compliance.

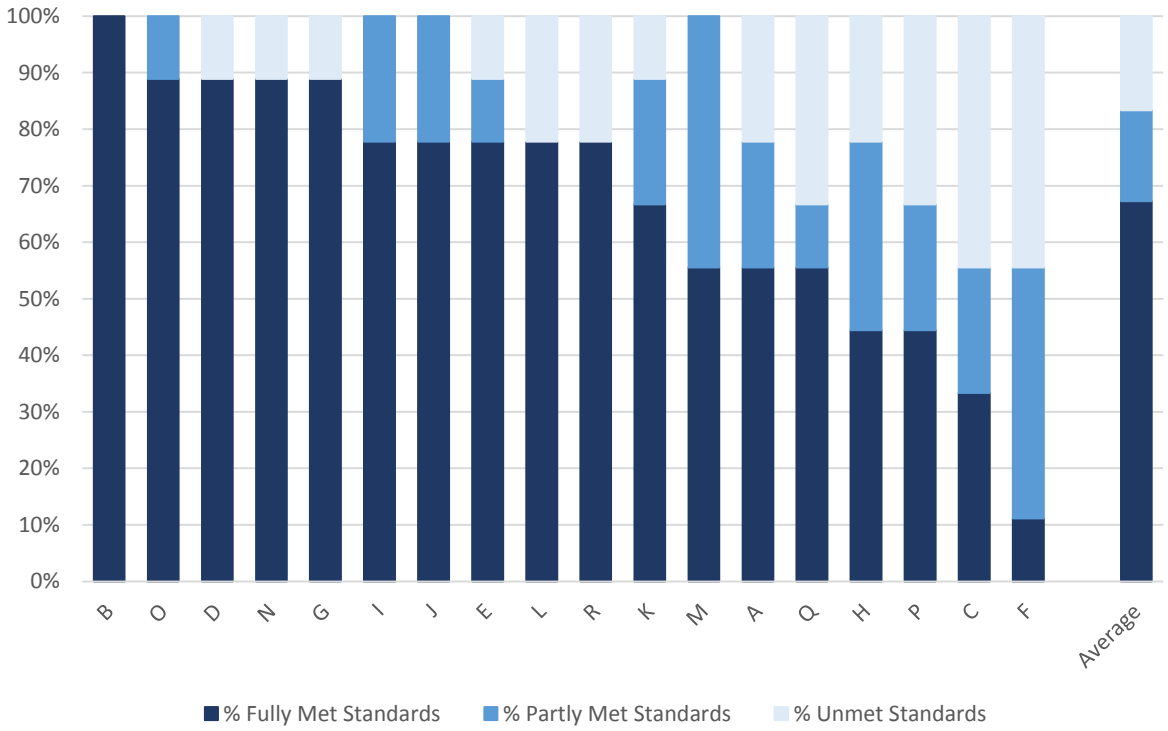


Figure 9: Service Compliance for Workforce Capacity and Capability

Staff and Skill Mix

In 89% of services, there are monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.

83% of services have a clearly identifiable clinical lead for the team.

Only 33% of services have capacity management plans in place to ensure continuity of service in the event of leave or sickness.

Good Practice Examples

HMYOI Feltham is the first prison establishment to be awarded Autism Accreditation status. Involving the prison, primary care, mental health care and education, they worked together to develop and implement standards to improve the management of prisoners with autism. The team has a number of autism diagnostic observation schedule (ADOS) trained staff.
Feltham

Good Practice Examples

A multi-agency approach allows the service to adapt appropriately to patient need. Three clinical leads provide specialist knowledge in dual diagnosis, adult mental health and learning difficulties.
Low Newton and Holme House

A fully integrated learning disability service is provided by a dedicated learning disability nurse.
Bristol

A dedicated nurse prescriber holds weekly clinics and regularly reviews all patients on the caseload.
High Down

Out of Hours

Only 56% of services have agreed arrangements and processes in place which ensure that the prison healthcare team can access specialist mental health advice out of hours.

Good Practice Examples

A nurse from the primary care team provides mental health support to the prison during evening and weekend periods.
Winchester

A weekend and extended day service is provided with emergency on-call cover available 24/7.
Low Newton and Holme House

Interventions

In 61% of services, the team consists of a range of multi-disciplinary members that enables them to deliver a full range of treatments/therapies appropriate to the patient population.

Good Practice Examples

A dedicated programme to Improve Access to Psychological Therapies (IAPT) offers therapies and treatments equivalent to those received in the community, including those to help individuals manage anxiety, depression, stress and trauma.
Belmarsh

Good Practice Examples

A range of interventions have been condensed into smaller programmes, in order for patients on remand to have more of a chance of completing them before moving out of the prison. This includes one-to-one therapy for hearing voices, personality disorder (STEPPS) and trauma stabilisation (phase one and two).
In-cell packs have been developed by the occupational therapist to occupy patients whilst they are in their cells. These are individualised packs based on assessment and shaped by feedback forms which are regularly provided.
Lewes

The Dickens Therapy Centre provides support in a number of areas, including preparing for release, social skills, life patterns, exploring personality, emotional self-control, feeling low and worried, sleep workshops and dialectical behavioural therapy. Creative arts, urban arts and creative music groups are also on offer, and patients are supported to submit work to competitions such as the Koestler Awards.
Rochester

A new Enhanced Support Service (ESS) has been piloted, in partnership with the prison, healthcare and forensic psychology services, in order to reduce the negative impact of violent and disruptive behaviour within the establishment. Work is undertaken to develop motivation and positive coping skills, as well as focusing on personal and sentence planning goals.
A tiered system of support is available via the inreach, inpatient and day-care services. The service has established a pathway of care in order to support the patient to return to the normal prison regime.
Pentonville

A number of staff members are trained in how to deliver IAPT and substance misuse programmes, cognitive analytic therapy, cognitive behavioural therapy, dialectical behavioural therapy and schema therapy. A visiting psychologist also delivers a veterans in custody programme.
Peterborough

Workforce Training, CPD and Support

On average, services fully met 80% of standards in this area, ranging from 56% to 100% compliance.

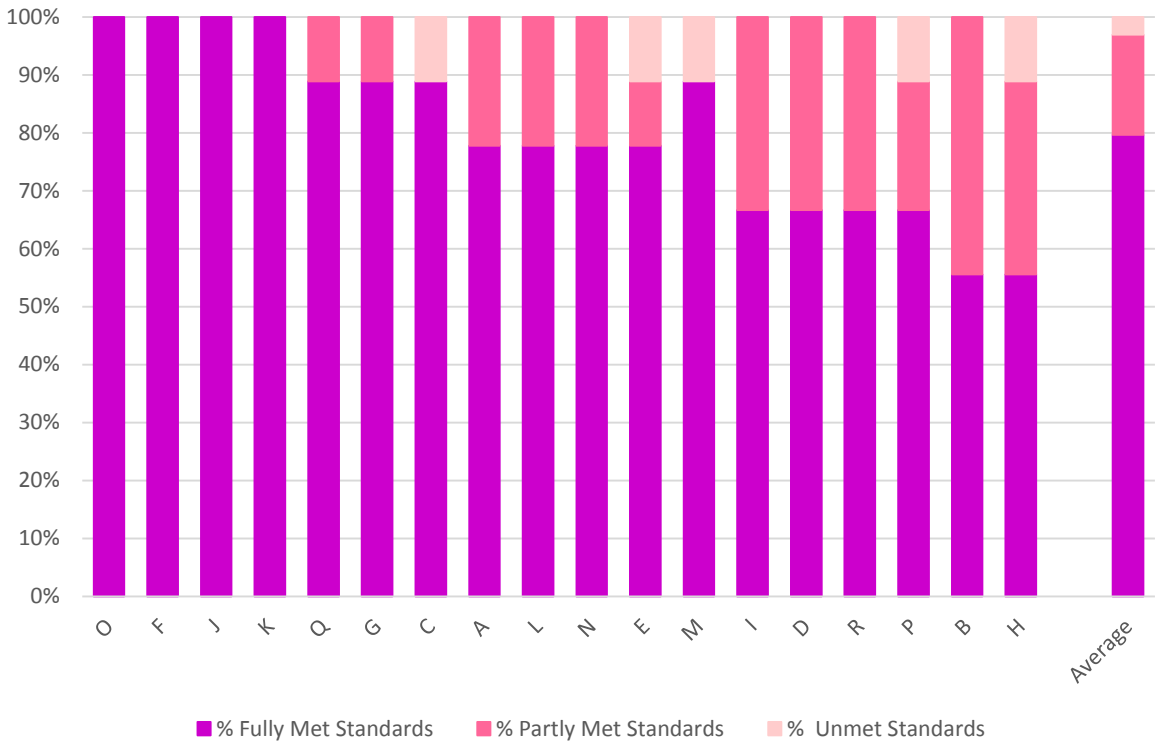


Figure 10: Service Compliance for Workforce Training, CPD and Support

New Starters

Across all services, all permanent staff receive a full local induction before being issued with keys.

Good Practice Examples

A frequently asked questions (FAQ) and general information guide has been developed for new staff joining the mental health team. The document includes general information about the prison and the mental health service.
Bedford

New staff receive a comprehensive training induction; this is delivered by the Trust and the prison. A two day prison induction, incorporating prison awareness and personal protection training, is completed at a local category A prison establishment. Newly employed team members to the Trust must receive a full Trust induction within four weeks of commencement in post.
Holme House

Staff Support

Staff receive Continuing Professional Development (CPD) in line with their respective professional body in 100% of services.

89% of staff receive an annual appraisal and personal development planning or equivalent.

In 94% of services, all staff receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines.

67% of staff reported receiving monthly clinical supervision and 67% of staff reported receiving monthly managerial supervision.

Staff have access to reflective practice groups in 61% of services.

Good Practice Examples

The working shift pattern provides flexibility to the staff team. Staff are able to work three longer days of 8am to 8pm and one weekend shift of 8am to 4pm, providing staff with the option of having three days off per week.
Holme House

Staff are offered monthly reflective practice sessions provided by Tavistock and Portman.
Pentonville and Feltham

Prison officers directly involved with healthcare are offered training and reflective practice sessions at the Trust's local secure hospital.
Belmarsh

Monthly workshops are on offer to the team and staff within the wider prison on a range of topics, for instance anxiety and learning disabilities. Training on relational security and 'See, Think, Act' is also available.
A supervision template provides consistency in the provision of line management and ensures staff are being adequately supported across a number of areas.
Feltham

Governance

On average, services fully met 80% of standards in this area, ranging from 33% to 92% compliance.

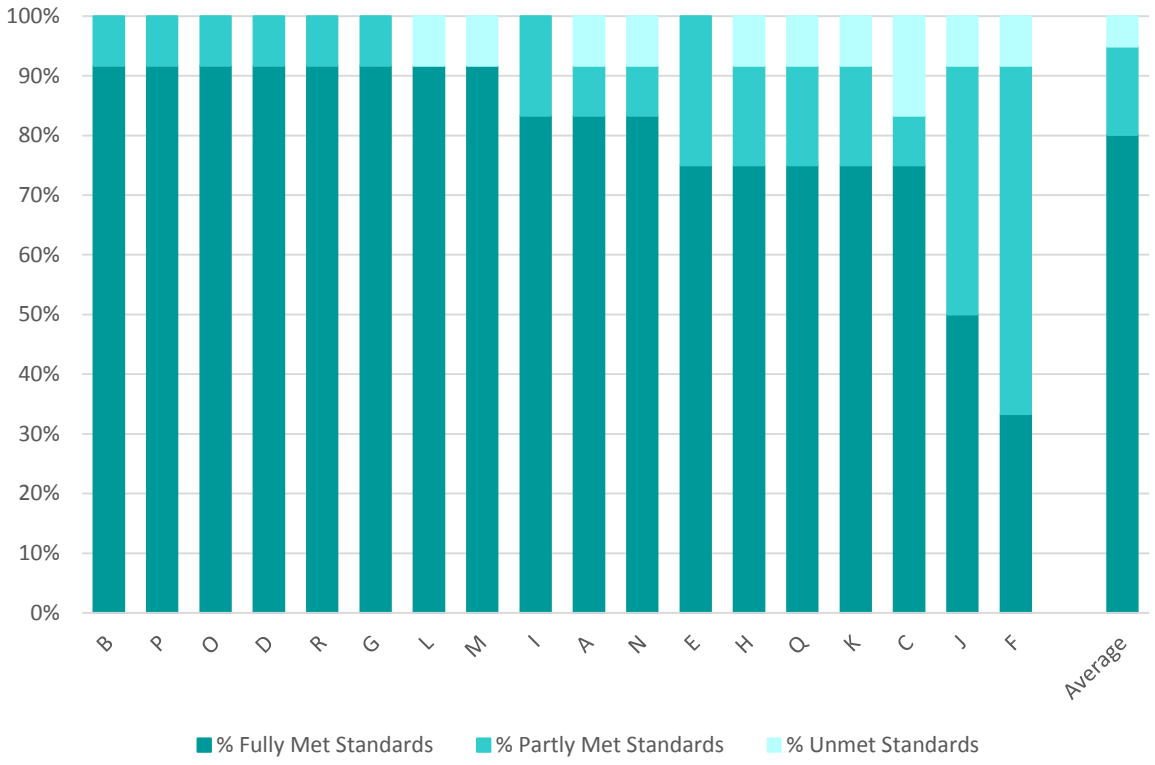


Figure 11: Service Compliance for Governance

Performance Management and Information Sharing

The team is part of the prison clinical governance and quality processes in 94% of services.

In 94% of services, lessons learned from incidents are shared with the team and disseminated to the wider organisations.

Staff are able to raise any concerns about standards of care in 100% of services.

89% of teams attend business meetings that are held at least monthly.

89% of teams review their progress against their own strategy, which includes objectives and deadlines in line with the organisation's strategy.

Good Practice Examples

Performance is tracked and streamlined using a risk performance matrix (RPM). The tool monitors service delivery and records all issues that may be impacting upon it, and each entry is discussed as part of a weekly senior managers meeting. Issues are assigned to an individual, coded according to priority and timelines for action are agreed.
Feltham

The Mental Health (Wales) Measure 2010 provides the team with robust governance structures to ensure appropriate delivery and continuity of care for their patients.
Parc

Shared clinical governance forums take place across the Surrey Prisons Cluster for opportunities to share learning and discuss new ideas and initiatives.
High Down

Research

In 67% of services, the team engage in relevant research and academic activity.

Good Practice Examples

The team has produced a number of papers, with some pieces receiving awards, and there is further work in development. The service is committed to conducting research and engaging in data collection processes to best inform practice. Recent examples of research include work around homelessness.
Cloverhill

The team works in partnership with a local university to engage in research and academic activity. Research is currently underway assessing the effectiveness of a 'through the gate' intervention as part of discharge planning for individuals being released from prison.
Rochester

The service is evaluating the ongoing veterans work taking place within the establishment.
Wandsworth

The Healthcare Department commits to an annual audit schedule and collaborates with other organisations to undertake research studies.
Belmarsh

Patient Involvement

Only 6% of services involve patients in the governance and development of the team.

Good Practice Examples

A service-user lead coordinates patient involvement in service development and quality improvement practices, including the collating and reporting of patient feedback and working with healthcare representatives from the wings. Patients also sit on recruitment panels for new staff.
Birmingham

Looking Forward

Throughout the pilot 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

Clarity

We received some feedback to indicate that a few of the standards could be revised for clarity. Following consultation with member services a second edition of the standards will be published ahead of the Network's second cycle.

Number

Some services found that there were too many standards. We have not reduced the total number of standards, however changes will be made to ensure that fewer standards will be looked at on the review day for the upcoming cycle. The idea is that this change will provide the opportunity for greater discussion during the review visit.

Applicability

It has been requested that we start to develop sub-sets of standards to accompany the published standards for prison mental health services. This is to acknowledge the differences between prison populations, for instance remand settings, young people, older people and women. Our first step to achieving this is to develop standards for prison inpatient and enhanced care settings over the next cycle.

Peer-review Visit

Time for Discussion and Sharing of Meaningful Policies

Our members fed back that they would like more time for discussion on the review day and the opportunity to share more meaningful policies. In consultation with member services, the review day timetable has been revised in order to create more time for this purpose. Host services will be asked to share up to five documents. This could be to showcase good practice or to request advice from the peer-review team.

Training

It was explained that it would be helpful if all members of the review teams are trained to ensure all reviewers are aware of the approach and what is expected of them on the review visits. We have scheduled two training days for autumn 2016 and we encourage services to put forward individuals to attend. Further information can be found at www.qnpmhs.co.uk.

Prompts

Some reviewers felt it would be helpful to have prompt sheets to ensure that the right information is requested from host services on the review visits. This issue was most commonly experienced when interviewing patients so arrangements will be made for this purpose.

Process

Patient Involvement

Reviewers would like to spend more time with patients on the review visits. In consultation with member services, the review timetable has been revised to accommodate this. We are also looking into the possibility of having a patient reviewer on peer-review teams. We have recruited two patient representatives to join our advisory group and we hope they will be able to guide our work in this area.

Prison Involvement

Some services would like greater involvement from the prison and partner agencies working with the mental health team. For the upcoming cycle, we have scheduled a meeting to take place on the review day to facilitate this. Prison staff will continue to have the opportunity to submit feedback about the quality of the service via a questionnaire.

Evidence

Hard Evidence

Feedback indicated that more hard evidence would be helpful when assessing certain standards. For the upcoming cycle, services will be asked to submit documents as part of their 'evidence bank'. Where documents have not been submitted, the standards will be scored as 'unmet'. This is to ensure standards are being scored more consistently and also to prepare members for the introduction of accreditation which will be available in future cycles.

Survey Responses

Surveys are distributed to patients, mental health team staff and prison staff to obtain feedback about the quality of the service. Reviewers would like to see the collated data within the peer-review workbook against the relevant standard area, rather than in a separate document. This will be implemented for the upcoming cycle.

Appendix

Appendix 1 – Member Services' Contact Details and Information

Service	Contact Details	Information
HMP Bedford *Northamptonshire Healthcare NHS Foundation Trust*	Tina Fox Criminal Justice Liaison Nurse and Team Manager tina.fox2@sept.nhs.uk 01234 373235	**Prison Provider:** Public **Population Size:** 506 **Type:** Male Adult; Young Adults (18-21 years old); Remand **Category:** B **Patients on Caseload:** Variable **Dedicated Beds:** Access to inpatient facility, none allocated to mental health.
HMP Belmarsh *Oxleas NHS Foundation Trust*	Sunita Arjune Operational Manager Sunita.arjune@oxleas.nhs.uk 0208 331 440	**Prison Provider:** Public **Population Size:** 900 **Type:** Male **Category:** A, Local **Patients on Caseload:** 60 **Dedicated Beds:** 28
HMP Birmingham *Birmingham and Solihull Mental Health NHS Foundation Trust*	Derek Tobin Head of Healthcare derek.tobin@bsmhft.nhs.uk 0121 598 8025	**Prison Provider:** Private (G4S) **Population Size:** 1450 **Type:** Male **Category:** B, Local **Patients on Caseload:** 220 **Dedicated Beds:** 15
HMP Bristol *Avon and Wiltshire Mental Health Partnership NHS Trust*	Fiona Banes Criminal Justice Liaison Services Area Manager 0117 372 3203 fiona.banes@nhs.net	**Prison Provider:** Public **Population Size:** 614 **Type:** Male; Remand **Category:** B **Patients on Caseload:** 42 (Primary), 42 (Secondary) **Dedicated Beds:** 12 (Brunel)
Cloverhill Remand Prison *Health Service Executive*	Dr Conor O'Neill Consultant Forensic Psychiatrist conor.oneill@hse.ie 00353 (1)2157400	**Prison Provider:** Public **Population Size:** 400 **Type:** Male; Remand **Category:** N/A **Patients on Caseload:** 34 **Dedicated Beds:** 16 (D2 Wing)
HMYOI Feltham *Barnet, Enfield and Haringey NHS Trust*	Brian Ashley Mental Health Service Manager/Deputy Head of Healthcare 0208 844 5044 brian.ashley@nhs.net	**Prison Provider:** Public **Population Size:** 570 **Type:** Male; A Side YOI (15-18 years); B Side (18-21 years) **Category:** YOI **Patients on Caseload:** 60 **Dedicated Beds:** 10

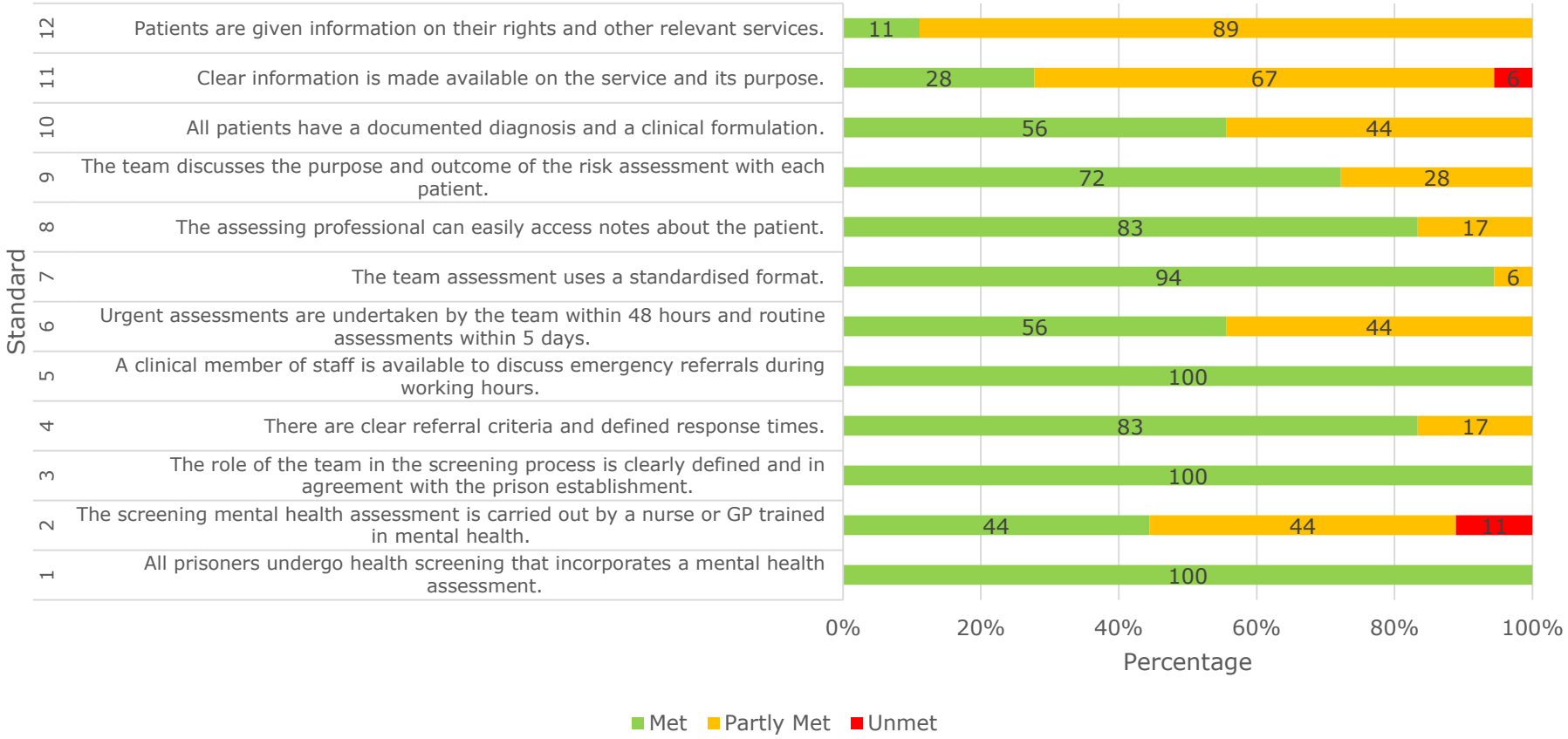
Service	Contact Details	Information
HMP Gartree *Northamptonshire Healthcare NHS Foundation Trust*	inreach@nhs.net 01858 426678	**Prison Provider:** Public **Population Size:** 700 **Type:** Male; Sentenced; Lifer **Category:** B **Patients on Caseload:** 80-100 **Dedicated Beds:** 0
HMP High Down *Central and North West London NHS Foundation Trust*	Cherrie Pringle Team Manager cherrie.pringle@nhs.net 0207 147 6593	**Prison Provider:** Public **Population Size:** 1203 **Type:** Male **Category:** B **Patients on Caseload:** 141 **Dedicated Beds:** 23 (for those with physical and/or mental health needs).
HMP Holme House *Tees, Esk and Wear Valleys NHS Foundation Trust*	Richard Hand Mental Health Team Manager richard.hand@nhs.net 01642 744134	**Prison Provider:** Public **Population Size:** 1230 **Type:** Male **Category:** B and C **Patients on Caseload:** 150 **Dedicated Beds:** 16 (for those with physical and/or mental health needs).
HMP Lewes *Sussex Partnership NHS Foundation Trust*	Felicity Thomas Head of Healthcare felicity.thomas@ sussexpartnership.nhs.uk 01273 785100	**Prison Provider:** Public **Population Size:** 750 **Type:** Male **Category:** B and C **Patients on Caseload:** 94 **Dedicated Beds:** 12 (and 4 crisis beds).
HMP 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:** 336 **Type:** Female **Category:** Closed **Patients on Caseload:** Approx. 130 **Dedicated Beds:** There is an inpatient facility but no beds are dedicated to mental health.
HMP Parc *Abertawe Bro Morgannwg University Health Board*	Kristel Davies Prison Inreach Team Manager kristel.davies2@wales.nhs.uk 01656 300219	**Prison Provider:** Private (G4S) **Population Size:** 1800 **Type:** Male; Adult and Young People **Category:** B **Patients on Caseload:** 40 **Dedicated Beds:** 0

Service	Contact Details	Information
HMP Pentonville *Barnet, Enfield and Haringey NHS Trust*	Junaid Dowool Mental Health Team Manager jdowool@nhs.net 020 8023 7380	**Prison Provider:** Public **Population Size:** 1310 **Type:** Male; Local Remand **Category:** B **Patients on Caseload:** Up to 200 **Dedicated Beds:** 22
HMP Peterborough *Cambridgeshire and Peterborough NHS Foundation Trust*	Tony Katsukunya Team Manager antony.katsukunya@cpft.nhs.uk 01733 217544	**Prison Provider:** Private (Sodexo) **Population Size:** 1252 **Type:** Male; Female; YOI **Category:** Male (B); Female (Closed) **Patients on Caseload:** 109 **Dedicated Beds:** 0
HMYOI Portland *Dorset Healthcare University Foundation NHS Trust*	Mike Hennessy Consultant Clinical & Forensic Psychologist mike.hennessy@dhuft.nhs.uk 01305 361421	**Prison Provider:** Public **Population Size:** 580 **Type:** Male; Adult and YOI **Category:** C **Patients on Caseload:** 15 (Primary), 40 (Secondary) **Dedicated Beds:** 0
HMP Rochester *Oxleas NHS Foundation Trust*	Fananidzai Hove Operational Manager 01634 803100 fananidzai.hove@nhs.net	**Prison Provider:** Public **Population Size:** 743 **Type:** Male; Adult and Young Persons **Category:** C **Patients on Caseload:** 77 **Dedicated Beds:** 0
HMP Wandsworth *South London and Maudsley NHS Foundation Trust*	Tracey Lewis Forensic Offender Mental Health Service and Business Development Manager Tracey.Lewis@slam.nhs.uk 0208 588 4000	**Prison Provider:** Public **Population Size:** 1668 **Type:** Male **Category:** B (Category C within the Trinity Unit) **Patients on Caseload:** 80 (Primary), 60 (Secondary) **Dedicated Beds:** 12 (Addison Unit)
HMP Winchester *Central and North West London NHS Foundation Trust*	Adrian Feeney Consultant Forensic Psychiatrist 01962 723264 afeeney@nhs.net	**Prison Provider:** Public **Population Size:** 685 **Type:** Male **Category:** B (West Hill Campus – Category C) **Patients on Caseload:** 26 (Primary), 78 (Secondary) **Dedicated Beds:** 15 (for those with physical and/or mental health needs).

Appendix 2 – Aggregated Data by Standard

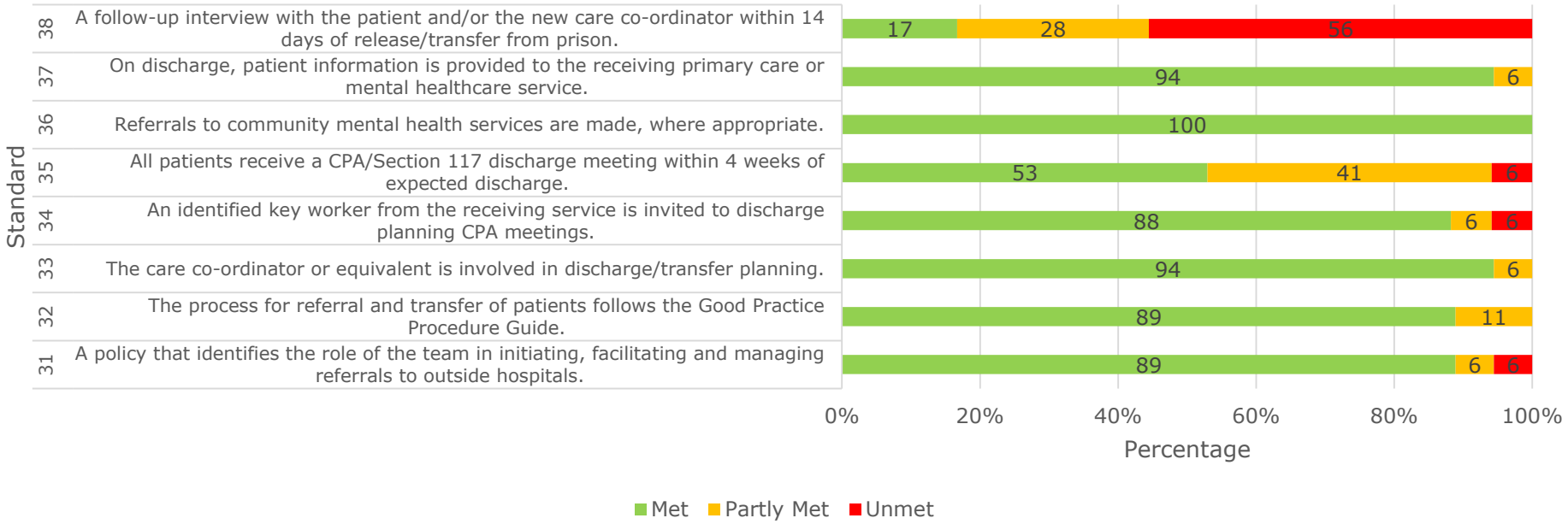
The following tables illustrate overall service compliance for each standard. The wording of the standards in this section has been condensed for the purposes of presentation. For a copy of the published standards (first edition), please visit our website www.qnpmhs.co.uk.

Admission and Assessment

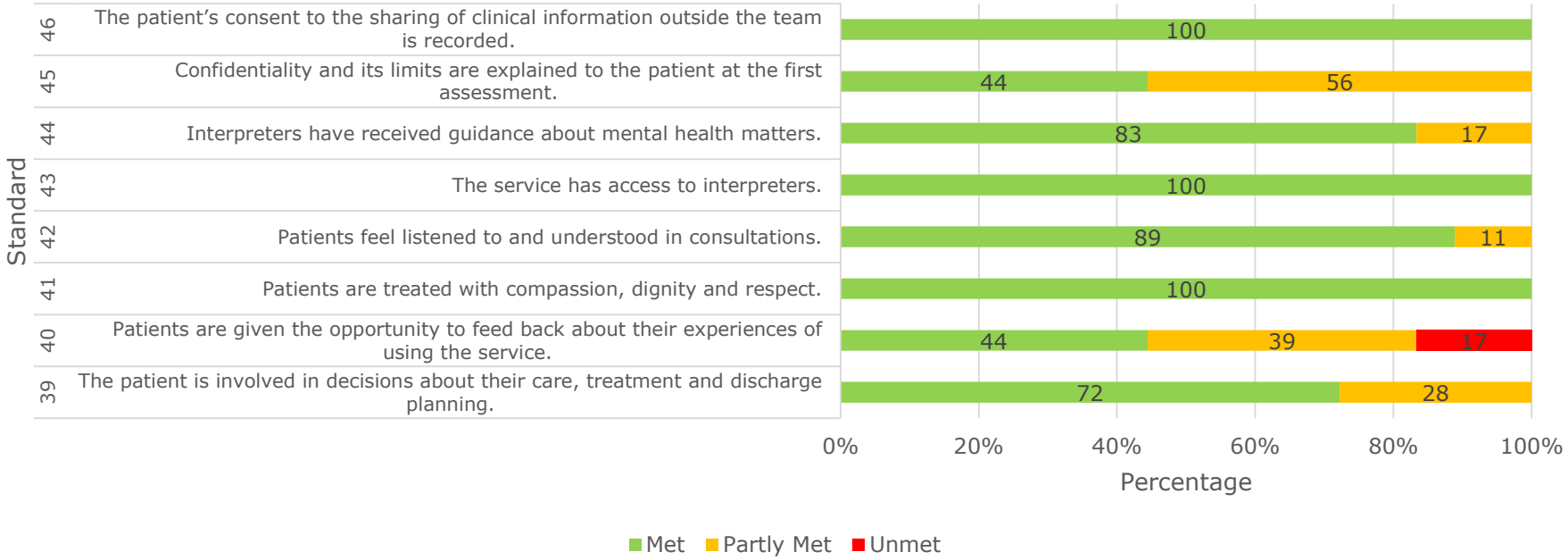


Case Management and Treatment

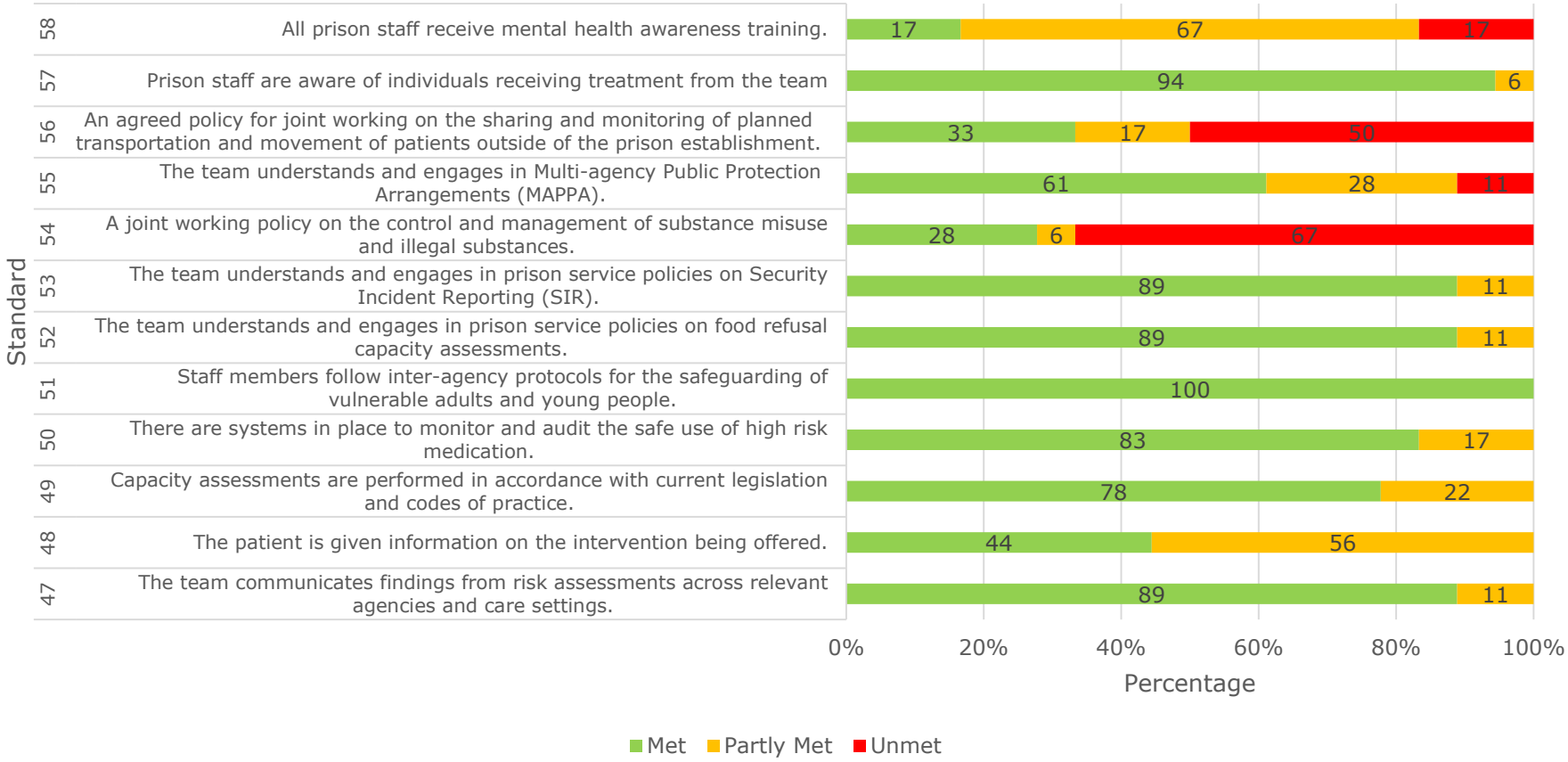
Referral, Discharge and Transfer



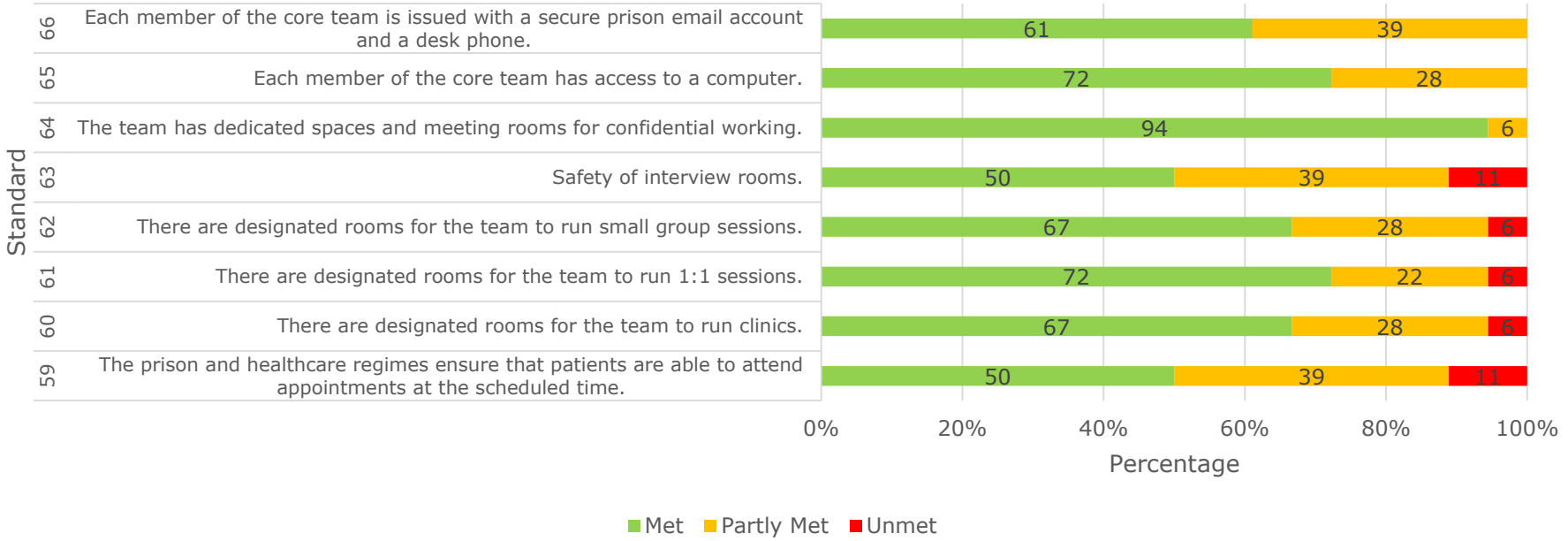
Patient Experience



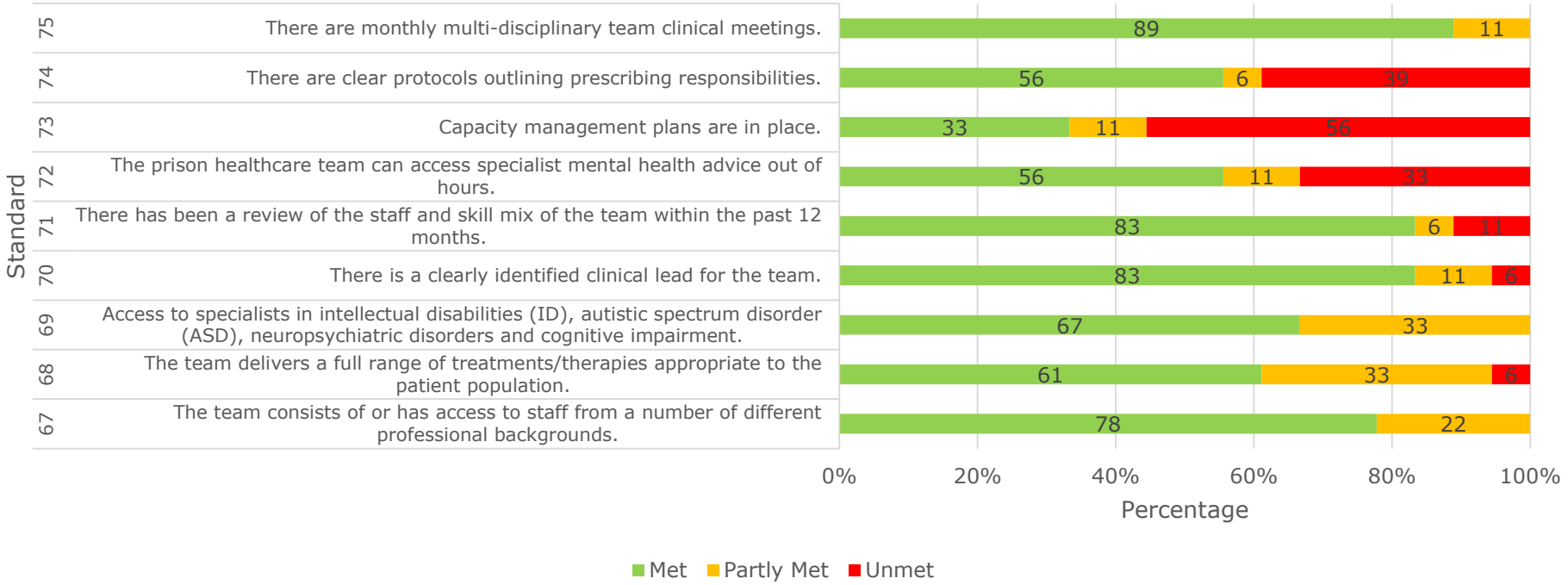
Patient Safety



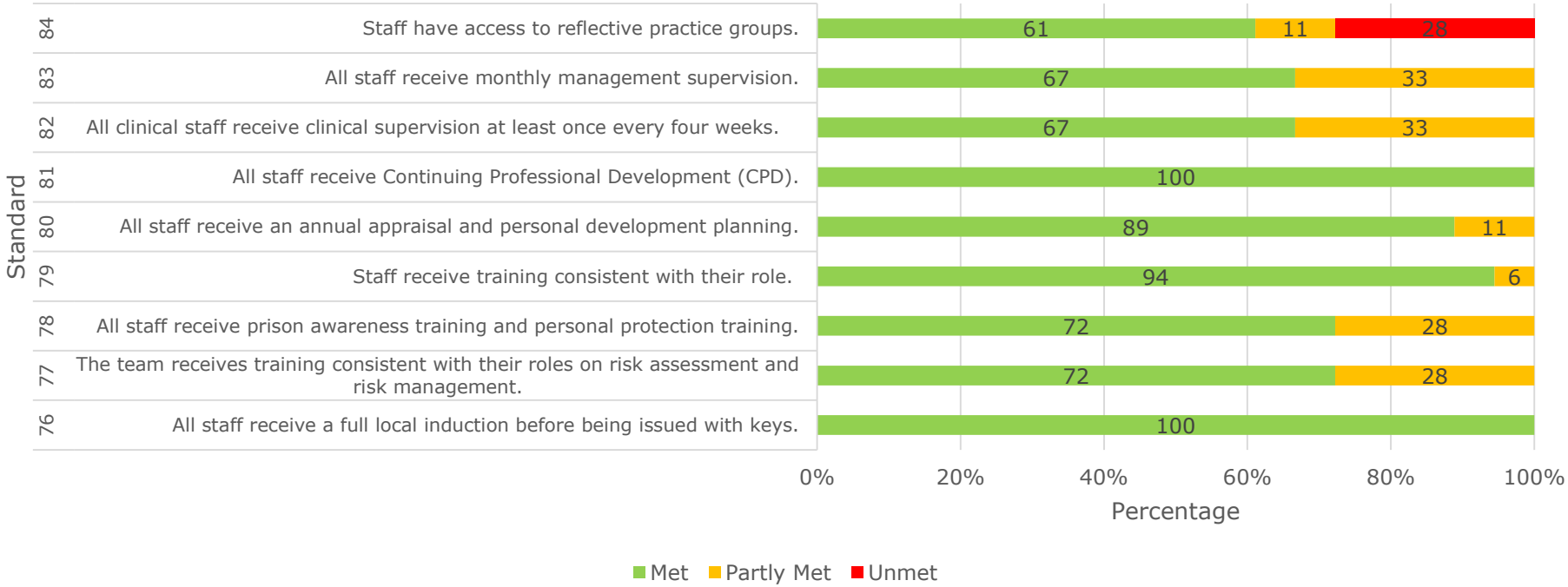
Environment



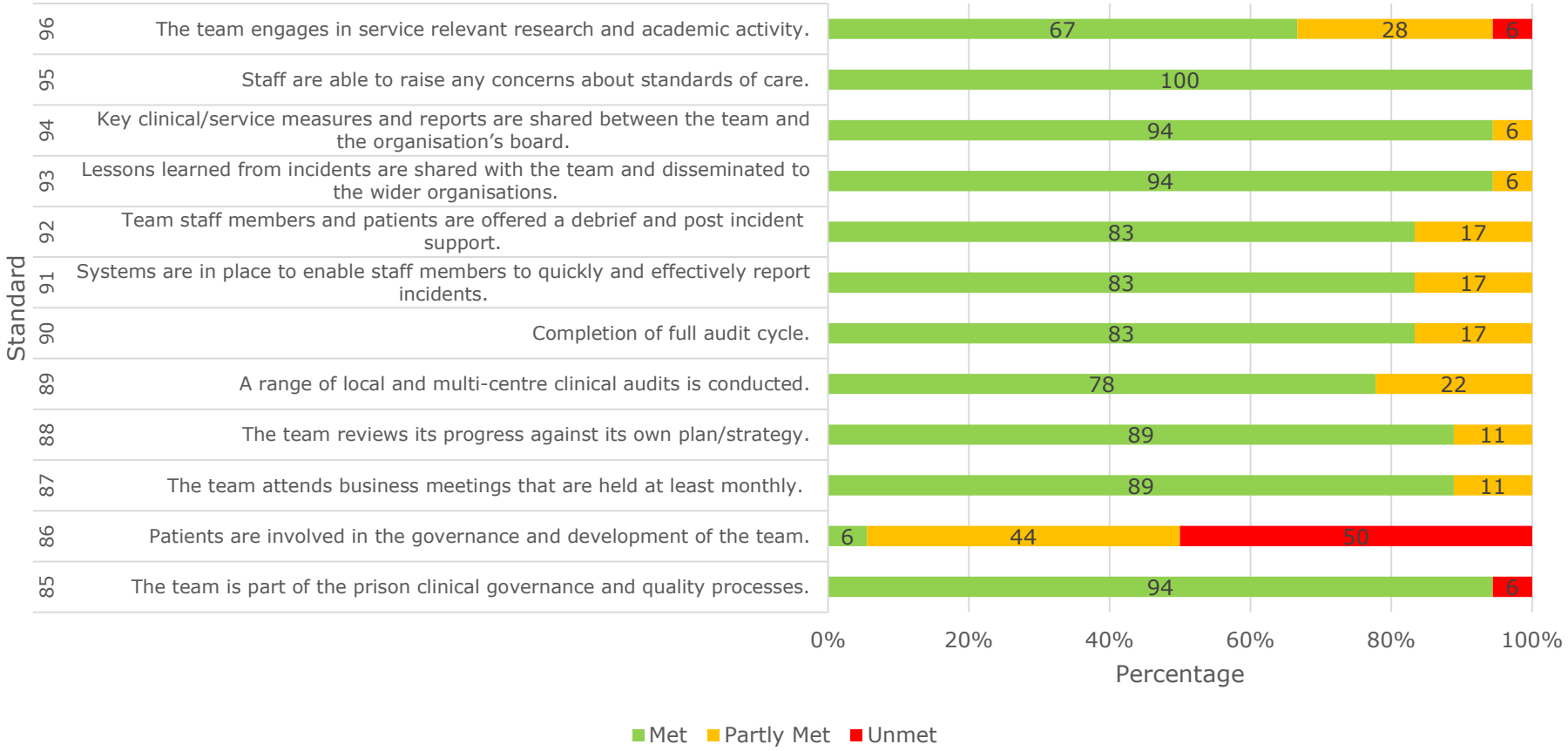
Workforce Capacity and Capability



Workforce Training, CPD and Support



Governance


Standard
96 The team engages in service relevant research and academic activity. 67 28 6
95 Staff are able to raise any concerns about standards of care. 100
94 Key clinical/service measures and reports are shared between the team and the organisation's board. 94 6
93 Lessons learned from incidents are shared with the team and disseminated to the wider organisations. 94 6
92 Team staff members and patients are offered a debrief and post incident support. 83 17
91 Systems are in place to enable staff members to quickly and effectively report incidents. 83 17
90 Completion of full audit cycle. 83 17
89 A range of local and multi-centre clinical audits is conducted. 78 22
88 The team reviews its progress against its own plan/strategy. 89 11
87 The team attends business meetings that are held at least monthly. 89 11
86 Patients are involved in the governance and development of the team. 6 44 50
85 The team is part of the prison clinical governance and quality processes. 94 6
0% 20% 40% 60% 80% 100%
Percentage
Met
Partly Met
Unmet

Appendix 3 – Quality Network for Prison Mental Health Services' Welcome Event Programme, Friday 18 December 2015.
Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and Refreshments

10:30 Welcome and Introduction

10:35 Developing Standards for Prison Mental Health Services
Dr Huw Stone, Consultant Forensic Psychiatrist, Surrey and Borders Partnership NHS Foundation Trust and Dr Steffan Davies, Consultant Forensic Psychiatrist, Northamptonshire Healthcare NHS Foundation Trust

11:00 What Does 'Good' Commissioning of Prison Mental Health Services Look Like?
Vanessa Fowler, Head of Health and Justice Commissioning, NHS England

11:30 Prison In-reach and Court Liaison Services in Ireland: Interaction with Community Services
Dr Conor O'Neill, Consultant Forensic Psychiatrist, Cloverhill Remand Prison

12:00 Prison Inspection and Regulation
Jan Fooks-Bale, Health and Justice Inspector, Care Quality Commission

12:30 Lunch

13:30 Workshop 1: How Can We Engage Prison Staff and Patients in Our Work?

14:00 Workshop 2: What Can The Quality Network Do To Further Support Prison Mental Health Services?

14:25 Standards and Process – Open Feedback Session

14:50 Final Plenary and Close

Appendix 4 – Quality Network for Forensic and Prison Mental Health Services' Optimising Secure Patient Pathways Learning Event Programme, Thursday 31 March 2016.
Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and Refreshments

10:30 Introduction: The Importance of Pathways
Dan Beales, Consultant Forensic Psychiatrist and Medical Psychotherapist, The Pathfinder Service, Avon and Wiltshire Partnership Mental Health NHS Trust

11:00 A Service-user Perspective
Michael Humes, Patient Reviewer, Quality Network for Forensic Mental Health Services

11:30 Transitions and Pathways in Secure Care: Building A Project for the UK National Preventive Mechanism
Mat Kinton, National Mental Health Act Policy Advisor, Care Quality Commission

12:00 Forensic Outreach; An Important Way to Reduce Length of Stay and Manage Risk
Jeremy Kenney-Herbert, Clinical Director and Consultant Forensic Psychiatrist, Birmingham and Solihull Mental Health NHS Foundation Trust

12:30 Lunch

13:15 Models of Optimising Pathways and Managing Out of Area Treatment Cases - Sharing Good Practice:

Care Planning - Comprehensively Simple
Elizabeth Allen, Partnerships in Care

Open Discussion on Current Issues and Areas of Good Practice
Quality Network Members (Forensic and Prison)

14:15 Themed Work Groups: Sharing Good Practice/Finding Solutions:

Workshop 1: Optimising The Transitions: Key Issues In the Movement between High, Medium, and Low Security, Non-Secure Settings and the Community

Workshop 2 Working Across Organisations: What Do "Independent" And "Home" Services Need From Each Other?

Workshop 3 Specific Groups – Personality Disorder, Co-Morbidity, Learning Disability, Neurodevelopmental and Organic Disorders

15:00 Break

15:15 Feedback from Work Groups

15:45 Final Plenary and Close

Appendix 5 – Quality Network for Prison Mental Health Services' Annual Forum 2016 Programme, Thursday 7 July 2016.
Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and Refreshments

10:30 Welcome and Introduction
Dr Huw Stone, QNPMHS Advisory Group Co-chair

10:35 Preliminary Findings from the Pilot Year
Megan Georgiou, Quality Network for Prison Mental Health Services

11:00 Suicide and Self-harm in Prisons
Rosemary Rand, Head of Safer Custody and Learning and Paul Holland, Suicide and Self-harm Project Manager, National Offender Management Service

Suicide Prevention in Prisons – Time to ACCT?
Dr Huw Stone, Consultant Forensic Psychiatrist, Surrey and Borders Partnership NHS Foundation Trust and QNPMHS Advisory Group Co-chair

12:00 Involving Patients in Mental Health – A Service-user Perspective
Daniel Hutt, Head of Policy, Donna Gipson, South East Engagement Team Leader, and Peer Researcher, User Voice

12:30 Lunch and Exhibition Posters

13:30 Improving the Management of Prisoners with Autism
Clare Hughes, Criminal Justice Manager – Autism Accreditation, The National Autistic Society, Kim Turner, SLCT, Mo Foster, Governor and Dr Alexandra Lewis, Consultant Forensic and Child and Adolescent Psychiatrist, HMYOI Feltham

13:55 The Offender Personality Disorder Pathway Programme
Sarah Skett, Registered and Chartered Forensic Psychologist, NHS England Joint Lead, Offender Personality Disorder Programme

14:20 Using Lean Methodology to Improve Mental Health Assessments of Prisoners
Dr Pratish Thakkar, Consultant Forensic Psychiatrist and Clinical Director – Offender Health, Tees, Esk and Wear Valley NHS Foundation Trust

14:45 Afternoon Refreshments and Exhibition Posters

15:00 Norway - Punishment that Works, Change that Lasts
Luc Taperell, Team Manager - Mental Health In-reach HMP Pentonville, Barnet, Enfield and Haringey Mental Health Trust

15:25 Developing Enabling Environments in Criminal Justice Sector Settings
Caroline Schofield, National Enabling Environments in Prisons and Probation Lead

15:50 Final Plenary
Dr Huw Stone, QNPMHS Advisory Group Co-chair

16:00 Close

Appendix 6 – Reference List

Centre for Mental Health (2016) *Mental Health and Criminal Justice*, London: Centre for Mental Health. Available online at: https://www.centreformentalhealth.org.uk/mental-health-and-criminal-justice

Royal College of Psychiatrists (2015a) Standards for Prison Mental Health Services (1st Edition). Available online at: www.qnpmhs.co.uk

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

Steel, J., Thornicroft, G., Birmingham, L., Brooker, C., Mills, A., Harty, M. and Shaw, J. (2007) 'Prison Mental Health Inreach Services', British Journal of Psychiatry, 190: 373-374.

Appendix 7 – Project Contact Details and Information

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