



Quality Network for Prison Mental Health Services National Report 2023-2025

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FOREWORD

I am pleased to introduce this National Report for Cycles 9 and 10 of the Quality Network for Prison Mental Health Services (QNPMHS), covering the period 2023 to 2025. This report represents the seventh national overview of the Network's work and draws together learning from peer-reviews conducted against the [Sixth Edition of the QNPMHS standards](#).

These years have been characterised by significant pressure across the wider justice and health systems. Prisons in England and Wales have continued to operate close to or at capacity, with increasing population pressures, complex clinical presentations, and sustained workforce challenges across both prison and healthcare staff groups. In this environment, prison mental health services are being asked to deliver high-quality, compassionate care within systems that are often operating under considerable strain.

Against this backdrop, it is particularly striking that the feedback from people using services remains so positive. The overwhelming majority of patients report that they are treated with compassion, dignity and respect by their mental health teams. This reflects the dedication, professionalism and humanity of the staff working within prison mental healthcare services across the country.

The data in this report highlights areas of encouraging progress. We have seen improvements in collaborative working with partner agencies, including substance misuse services and primary care teams, as well as examples of innovative practice such as peer mentor schemes and patient experience forums.

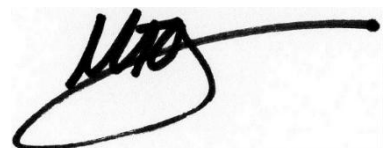
However, the report also identifies important areas where further progress is needed. Some standards relating to patient information, care planning, and communication with patients about their rights and treatment are not consistently met across services. Workforce challenges also remain a significant issue, affecting supervision, post-incident support for staff, and the capacity of teams to deliver training and awareness sessions for partner agencies.

One of the strengths of the Quality Network model is that it creates space for services to reflect openly on these challenges, learn from one another, and share examples of good practice. The peer-review process is designed not as an inspection, but as a supportive mechanism for improvement.

I would like to thank the services who have taken part in the Network during Cycles 9 and 10, as well as the peer-reviewers, lived experience representatives and members of the Advisory Group who continue to support the programme. We hope this report provides useful insight for services, commissioners and policymakers, and that it supports continued improvement in the delivery of prison mental healthcare.

Dr Matthew Tovey

*Consultant Forensic Psychiatrist
Co-Chair of the QNPMHS Advisory Group*



INTRODUCTION

WHO WE ARE

The Quality Network for Prison Mental Health Services was established in 2015. It is one of over 30 quality improvement initiatives, research and audit projects within the [Royal College of Psychiatrists' Centre for Quality Improvement \(CCQI\)](#).

WHAT WE DO

We adopt a supportive, multi-disciplinary approach to quality improvement in prison mental health services. We serve to identify areas for improvement through a culture of openness and enquiry, adopting a model of engagement rather than inspection.

QNPMHS facilitates quality improvement through a comprehensive peer-review process, celebrating and sharing good practice as identified by staff, patients and partner agencies. For more information on the Network and our processes, please visit our [QNPMHS website](#).

AIMS OF THIS REPORT

This national report serves several key aims:

- **Explore Trends:** By presenting aggregated data, this report seeks to identify patterns across member services, shedding light on compliance rates with QNPMHS standards, and highlighting both strengths and areas for improvement within the services.
- **Encourage Continuous Improvement:** Through detailed analysis, the report aims to promote continuous quality improvement in prison mental health services by identifying good practice, providing feedback, and offering guidance to services.
- **Support Best Practice:** The report not only benchmarks performance but also offers practical recommendations and showcases quality initiatives to help services on their journey towards providing higher standards of care.
- **Facilitate Peer Learning:** By sharing the experiences of QNPMHS services, the report aims to foster collaboration where member services can learn from each other's successes and challenges.

JARGON BUSTER

QUALITY IMPROVEMENT: 'Quality improvement' throughout this report will refer to the process of working with and supporting prison mental health services to become effective, safe and patient-centred. We use our quality standards to assess performance and make realistic and achievable recommendations for service improvement.

ACKNOWLEDGEMENTS

The QNPMHS team are grateful for the continued support received from the Advisory Group and our valued lived experience representatives (both current and previous) for all of their perspectives and involvement on the programme. We would also like to thank Ciara McAree, Deputy Programme Manager, for their support with the development of this report.

NETWORK STANDARDS

QNPMHS assess prison mental health teams in accordance with a set of standards. The standards have been developed with extensive consultation with multidisciplinary professionals involved in the provision of prison mental health services, and with experts by experience who have used services in the past.

The standards are used to generate a series of data collection tools for use in the self- and peer-review processes. Participating teams rate themselves against the standards during their self-review. Standards are for service providers and commissioners to help them ensure they provide high quality patient-centred care to people with enduring mental illness.

STANDARD TYPES

QNPMHS standards are divided into three types:

Type 1 Standards: Criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment.

Type 2 Standards: Criteria that a service would be expected to meet.

Type 3 Standards: Criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service.

STANDARD DOMAINS

[QNPMHS standards](#) are grouped into 11 domains:

- 1) Reception and Assessment
- 2) Treatment and Recovery
- 3) Discharge and Transfer
- 4) Safety
- 5) Patient Experience
- 6) Collaborative Partnerships
- 7) Medication Management
- 8) Environment
- 9) Workforce
- 10) Leadership and Governance
- 11) 24 Hour Mental Healthcare

To achieve every standard is aspirational, and it is not expected that a service would meet every standard on the day of their peer-review visit.

MEMBERSHIP

REVIEWS

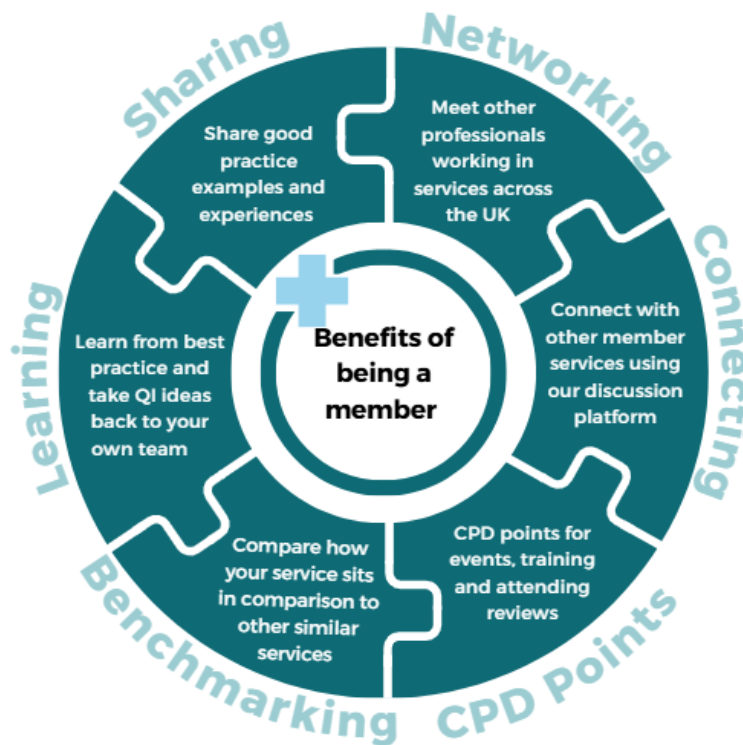
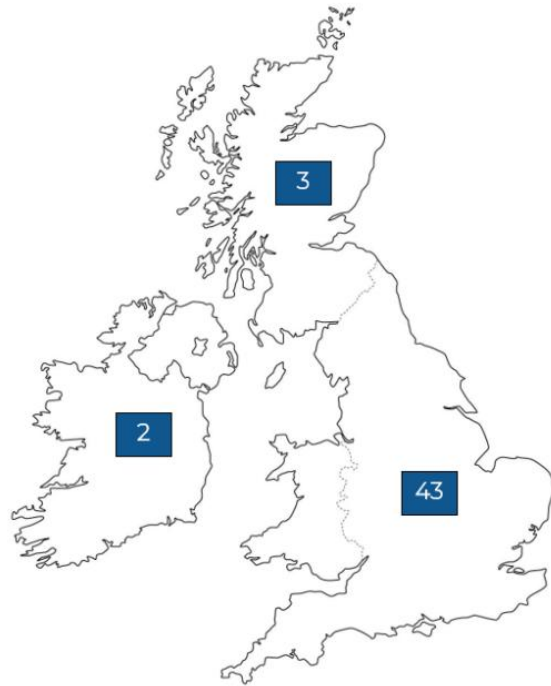
In Cycle 9, 34 full-reviews took place.

In Cycle 10, 21 full-reviews and 10 developmental reviews took place.

BENEFITS

All services signed up to the Quality Network for Prison Mental Health Services will have access to a range of membership benefits.

These are summarised below:



DATA COLLECTION



955

Partner Agencies completed questionnaires



878

Patients completed questionnaires



560

Staff completed questionnaires



48

Teams



14

Trusts and Organisations

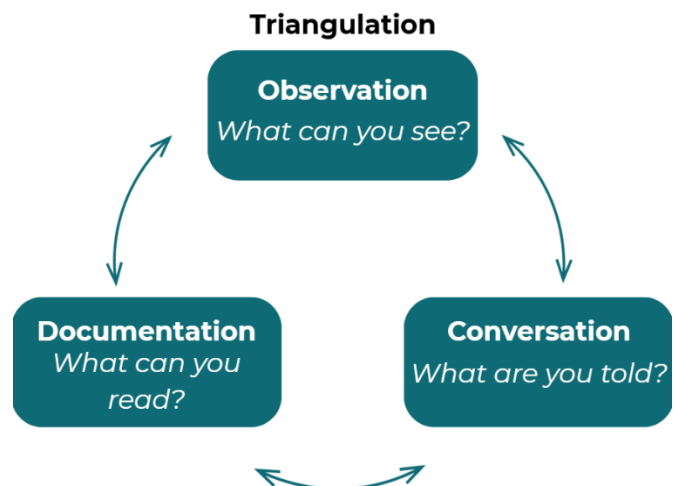
Contextual data was obtained from the information completed by services at the beginning of their self-review period.

How is a standard scored as 'Met'?

We base the decision to score a standard as 'Met' on both the self-review findings and the information gathered during the peer-review day.

We collect information in three primary ways: through observation, conversation and survey review. If most of this information shows that the service is meeting the standard's requirements, we mark it as 'Met'.

This approach, known as data triangulation, helps us balance any weaknesses in one set of data with the strengths of others, resulting in more dependable and credible results.



CONTEXTUAL DATA

This section provides an overview of the contextual information gathered from services reviewed against the QNPMHS standards between 2023 - 2025. Where the data has not been provided or is unclear, this has not been included in the figures.

Figure 1: Number of male, female, young adults and young people member services

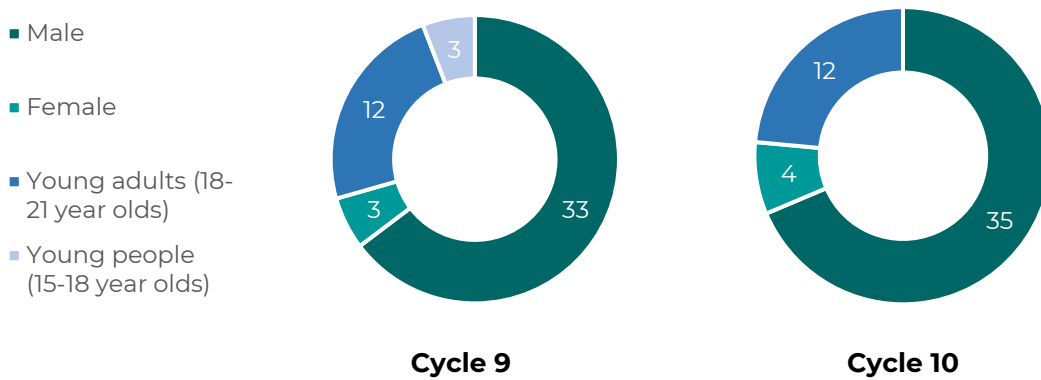


Figure 2: Category breakdown of member services

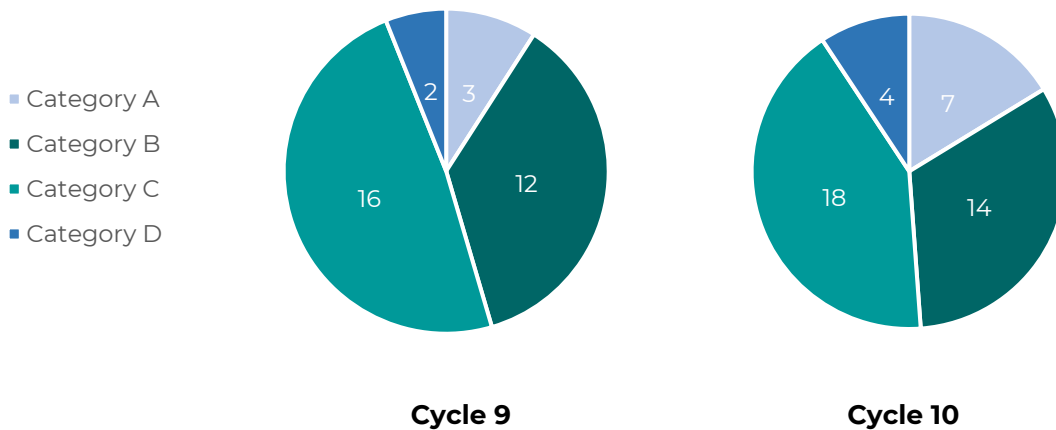
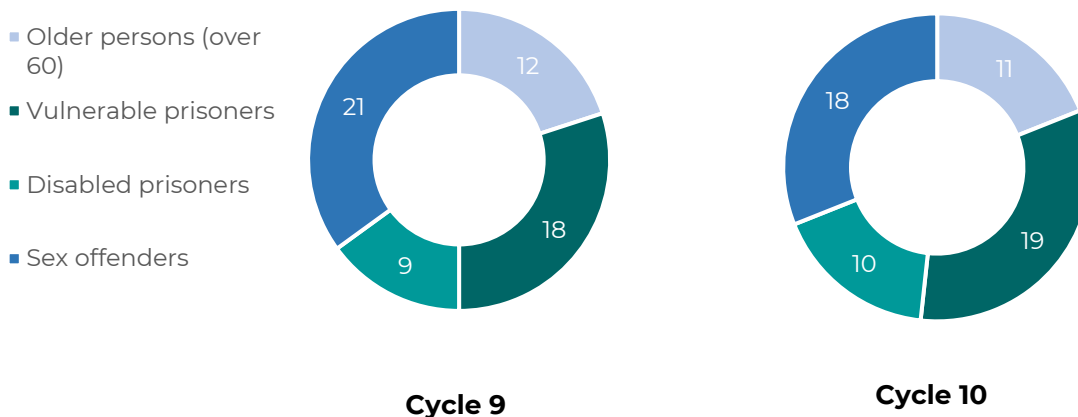


Figure 3: Specialism breakdown of member services










Comparisons on the contextual data from services included in the previous national report ([QNPMS Aggregated Report 2021-2023](#)) and services reviewed in 2023-2025 have been made. There is no overlap of data in 2023.

MENTAL HEALTH TEAM INFORMATION

Category	Average 2021-2023	Average 2023-2025
Number of patients on caseloads	130	113
Prison population size	685	760
Percentage of population part of the team's caseload	21%	17%

STAFFING BREAKDOWN

Profession	Whole Time Equivalent (2021-2023)	Trend Across Cycles	Whole Time Equivalent (2023-2025)
Nursing	6		6.3
Psychology	0.8		1.1
Psychiatry	0.8		0.7
Social Work	0.6		0.3
Occupational Therapy (OT)	0.6		0.5
Support Work	1.6		0.9
Admin	1		0.8

STANDARDS COMPLIANCE

On average, Cycle 9 members fully complied with 57% of QNPMHS standards, and Cycle 10 members fully complied with 61% of standards, as indicated by the final bars marked 'TNS' (total national sample) in the Figures below.

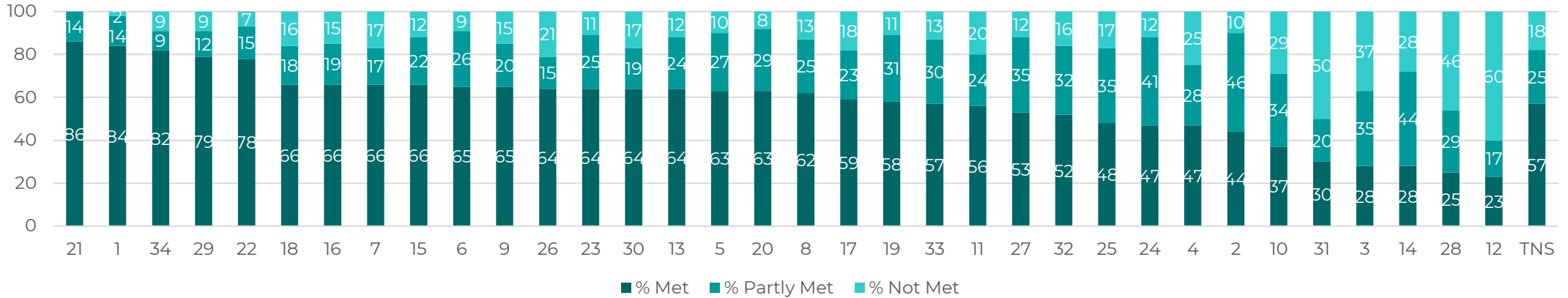


Figure 4: Percentage of met, partly met and not met criteria by service in Cycle 9

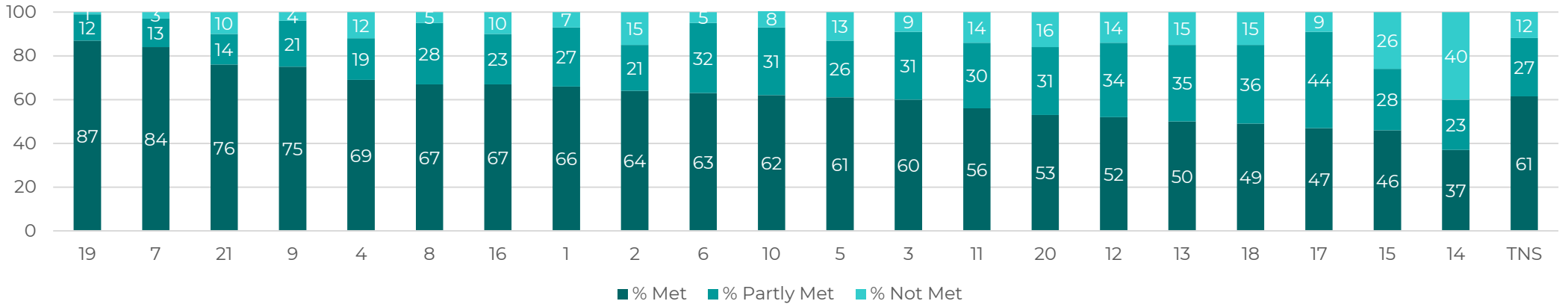


Figure 5: Percentage of met, partly met and not met criteria by service in Cycle 10

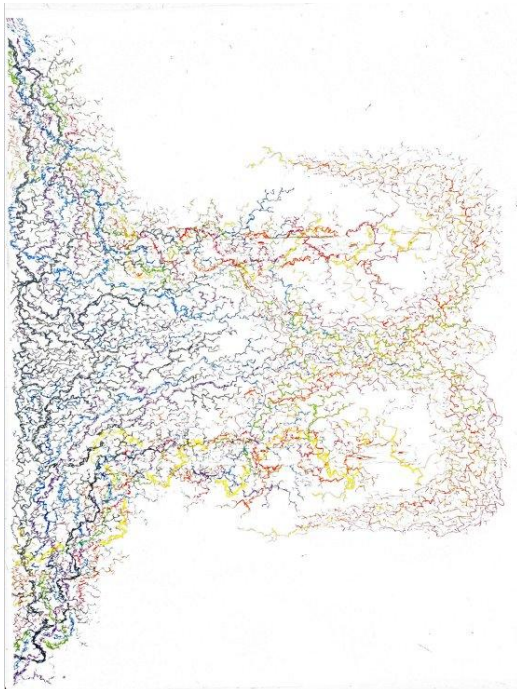
Below is the average percentage of fully met standards on each of the subsections of the standards for the previous national report (2021-2023) and services reviewed in 2023-2025.

	2021-2023	2023-2025
Reception and Assessment	69	57
Treatment and Recovery	60	53
Discharge and Transfer	69	62
Safety	70	78
Patient Experience	72	56
Collaborative Partnerships	43	66
Medication Management	47	59
Environment	59	64
Workforce	63	57
Leadership and Governance	72	50
24 Hour Mental Healthcare	55	77

Runner-Ups for the QNPMHS Artwork Competition 2025.



"Bridge Over Troubled Waters" by a patient at HMP Preston.



"Electric Freedom" by a patient at HMP Wormwood Scrubs.



"Lion Man" by a patient at HMP Preston.

COMMONLY UNMET STANDARDS

5% of services met the below standard in Cycle 10, down from 32% in Cycle 9:

Standard 11 [1]

The team provides information about how to make a referral and waiting times for assessment and treatment.

Guidance: This information is provided to the patient and to agencies who regularly refer.

Recommendation

Share information with the wider prison around how to make a referral and average waiting times. This could be through attending meetings, training sessions, notice boards and email updates. Reach out to other QNPMHS members via the online discussion forum [Knowledge Hub](#) to gather ideas on best practice with information sharing.

10% of services met the below standard on average across Cycles 9 and 10:

Standard 12 [1]

Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:

- Their rights regarding consent to treatment;
- Rights under the Mental Health Act/Mental Health Order/Capacity Act;
- How to access advocacy services;
- How to access a second opinion;
- How to access interpreting services;
- How to view their health records;
- How to raise concerns, complaints and give compliments.

Recommendation

Provide patients with an information pack when they are first accepted onto caseload which includes the information within the standard. Within the first appointment, explain these areas in more detail and offer time for patients to ask questions and revisit these topics. Regularly check in with patients around the topics within the standard to see if they need any additional information, support or signposting. Information should be available in a variety of formats to meet the needs of a diverse group of patients.

12% of services met the below standard on average across Cycles 9 and 10:

Standard 15 [1]

Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients when developing the care plan, and they are offered a copy.

Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.

Recommendation

Collaborate with all patients on caseload to develop a care plan which reflects their individual needs. Offer them a copy of their care plan, this can be stored by the mental health team and does not need to remain with the patient. If not in place, include "Patient Views" within the care plan templates to record patient input.

0% of services met the below standard in Cycle 10, down from 24% in Cycle 9:

Standard 17 [1]

Patients are offered written and verbal information about their mental illness and treatment. The risks and benefits of treatment are discussed with them. This is recorded in clinical records.

Guidance: Verbal information could be provided in a one-to-one meeting with a staff member or in a psycho-education group. Written information could include leaflets. All written information should be written using inclusive communication approaches.

Recommendation

Provide patients with accessible written information about their mental illness and treatment, and discuss this within one-to-one sessions. Check in regularly with patients to ensure they understand the information and if any changes to their mental illness or treatment arise.

5% of services met the below standard in Cycle 10, down from 18% in Cycle 9:

Standard 48 [1]

Confidentiality and its limits are explained to the patient, both verbally and in writing. Patient preferences for sharing information with third parties are recorded, respected and reviewed regularly.

Recommendation

Share written information with patients explaining confidentiality and its limits and take the time to explain this further within the first appointment. Record and respect patient preferences for information sharing and regularly review these with patients.

PATIENT SPOTLIGHT

We analysed patient survey data from **879** individuals and feedback from the patients spoken to during peer-reviews.

Positive feedback

Feedback from patients indicates that **89%** feel **treated with compassion, dignity and respect** by their mental health team. Patient feedback also highlights feeling **supported** by their mental health team to **engage in structured activities**, such as **work and education**, with **78%** of patients supporting this. A frequently highlighted achievement was **teams working with appropriate and knowledgeable interpreters**, with **83%** of patients reporting this.

Good practice examples

Increased speed in receiving contact and treatment from the mental health team since bringing in of an online referral system.

Patients becoming “peer mentors” on the wings, to discuss mental health related topics with other patients.

The mental health team holds joint patient experience forums with the healthcare team.

Areas for improvement

Data collected from patient experience standards indicates that only **12%** of patients receive information about **confidentiality** and its limits explained to them **both verbally and in writing**. Further, **36%** of patients reported **not being offered copies of correspondence** about their health and treatment. Standard data also highlights that only **31%** of teams **analyse feedback** received from patients and explore this information to **identify differences of experience** according to **protected characteristics**.

Recommendations

Teams should offer verbal explanation of confidentiality to patients during meetings, as well as providing written forms of this information, such as with a leaflet or poster. Offer this information at multiple time points over the course of the patient’s engagement with the team.

Offer patients copies of correspondence about their health and treatment at regular intervals, such as during care planning meetings, treatment sessions, and medication reviews. Record the patients’ preferences for receiving this information and update this regularly.

Develop processes to routinely collect and analyse patient feedback and explore and identify any differences of experiences according to protected characteristics. Teams should also review data about patients and compare with local population statistics on an annual basis, and put an action plan in place to address any differences in experience identified.

STAFF SPOTLIGHT

We analysed staff survey data from **560** individuals and feedback from the staff spoken to during peer reviews.

Positive feedback

Feedback from staff highlighted **their wellbeing is looked after**, with **80%** of respondents supporting this. Feedback also indicates nearly **90%** of staff can **report incidents quickly** and **80%** of staff feel able to **challenge decisions** within the team. Commonly mentioned achievements within services in this area include staff **feeling supported by management** as well as being able to **raise concerns**.

Good practice examples

Wellbeing initiatives include a wellbeing board, team lunch walks, cake and coffee sessions, "shout out" boxes, reading groups, quizzes and a wellbeing champion.

Introduction of caseload supervision sessions to review the support offered to patients and possible onward referring options.

Dedicated wellbeing budgets for staff.

Areas for improvement

Standard data indicates only **35%** of staff have access to **monthly line management supervision** and **57%** of staff **do not receive post-incident support**. Commonly mentioned challenges within services in this area also reflect this, with additional mentions of **staffing challenges** affecting team's ability to deliver an adequate service.

Recommendations

Teams should schedule monthly line management supervision sessions. These may be more regular than indicated in the organisation's policies. Relevant training may need to be provided to supervisors. Compliance should be monitored and actions taken where challenges arise.

Access to [Trauma Risk Management](#) Practitioners should be provided. Teams should review [the importance of debriefs](#) and provide hot and cold debriefs. Online resources, such as the [Australian and New Zealand College of Anaesthetists "How to Hot Debrief" Guide](#) and [PIER Network Debrief Tools](#) can be used to develop this provision.

Prioritise streamlining administrative processes to reduce workload and expanding the skill-mix of the team (i.e. appointing peer-support workers or upskilling current staff). An escalation process should be in place to report staffing-related challenges to senior managers and its effects on patient care and staff safety. Teams should carry out a workforce needs analysis and utilise this data to review service contracts that mandate a safe skill-mix. Documents such as [Core Capabilities Framework](#), [Evidence Brief: Prison Healthcare Workforce](#) and [Centre for Mental Health Needs Analysis](#) can support with this.

PARTNER AGENCY SPOTLIGHT

We analysed partner agency survey data from **956** individuals and feedback from the partner agency staff spoken to during peer-reviews.

Positive feedback

Feedback from partner agencies indicates that there has been a **40% increase** for **liaison and joint working across partner agencies**. **87%** of teams have a joint working process in place **for substance misuse services and primary care**. Feedback from partner agencies also highlights that **85%** of mental health teams **understand and follow policies on reporting intelligence** according to the establishments security reporting system.

Good practice examples

Teams visit the wings regularly to aid communication and visibility.

Dedicated time with prison officers prior to meetings to gather updates on how patients are on the wings.

Enthusiasm in promoting initiatives to partner agencies that prisoners can be referred to.

Areas for improvement

Standard data indicates that on average only **6%** of teams are involved in **providing mental health awareness training for prison staff**. This figure appears to be **decreasing**, with **0% of teams fully meeting this standard** in Cycle 10. Not receiving mental health awareness training from the team was a **commonly raised theme** by partner agencies when giving suggestions for service improvements.

Recommendations

Teams should liaise with the prison establishment to introduce a comprehensive mental health awareness program for partner agency staff, facilitated by experienced mental health professionals to ensure that they are well-equipped to support patients. Joint working with the prison to identify how this can be provided to all prison staff is needed, for example, by including this as part of the prison induction, lockdown days or by offering flexible time slots for staff to register based on their availability. The training should be advertised through email communications, posters and shared during relevant meetings with partner agencies. *Advancing practice: lived experience is included in the development and delivery of such training.*

Some alternatives could include recording an online version of the training, or 'bitesize' recorded sessions for partner agencies to review when in need of a refresher. Teams could also develop a list of topics that prison staff should understand regarding mental health and create leaflets with information on these topics to be distributed to partner agency staff. Information could include details of the remit of the mental health team and establish where the mental health team's input is required and where support could be accessed elsewhere.

CARER SPOTLIGHT

Carer Engagement Standards

Standard 90.7 [2]

Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

6% of services met this standard in Cycle 9, increasing to 38% in Cycle 10.

Recommendation

Embed training in carer engagement within the team. This training should form part of the mandatory training within the staff induction and should be revisited regularly.

Advancing practice: Develop additional bitesize training sessions for the team around carer engagement, or collaborate with other departments to share learning across the prison/organisation/trust.

Standard 107 [3]

The mental health team engage with carers where possible in line with the Triangle of Care.

Guidance: This could involve gathering family history, involving carers in decisions about patients care (with consent) and inviting carers to relevant meetings.

47% of services met this standard in Cycle 9, decreasing to 29% in Cycle 10.

Recommendation

Where appropriate, contact carers when their loved one is first accepted onto caseload, and gather background, family history and discuss the carer's own needs. Set mutual expectations with carers in terms of frequency and type of contact. Designate a carers champion for the service who can support carers and act as a key contact for the mental health team. *Advancing practice: Utilise the [QNPMHS Carer Engagement and Involvement Guidance](#).*

Good Practice Examples

- The team at HMP Garth invite carers to Care Programme Approach meetings and assessment, care in custody and teamwork (ACCT) reviews and facilitate attendance through MS Teams or compensating travel expenses.
- At HMP Haverigg, the team speak with carers to obtain family history, invite carers to release planning meetings, host family and friends' days and attend the visiting hall to meet with carers. They have also produced a 'family and significant others' booklet outlining support available for carers.
- The team at HMP Holme House contribute to a service wide carers group, work collaboratively with safer custody to provide support to carers, invite carers to ACCTs and promote awareness around the importance of applying common sense confidentiality when engaging with carers.
- At HMPYOI Brinsford and HMPYOI Stirling, they gather family history and proactively reaching out to carers.
- The team at HMP Durham liaise with family members and arrange family visits.

EVENTS AND PUBLICATIONS

ANNUAL FORUM 2024

The QNPMHS Annual Forum 2024 took place on 22 October as a virtual event. The day included talks on 'Human Rights and Mental Health in Prisons' and 'Managing the Impact of Psychological Trauma in Custody'. This was followed by a presentation on 'Trauma-Informed Training' which was based on a study in Welsh prisons. In the afternoon, speakers covered topics including 'Deprescribing' leading into a panel discussion on deprescribing guidelines. This was followed by a presentation about work from HMP Styal on 'Psychologically-Informed Health and Justice Services' and concluded with The Forensic Psychiatry Faculty and 'Engaging with the Wider Offender Mental Health System' from representatives of the Forensic Faculty. A [QNPMHS 2024 AF Highlights Bulletin](#) was published shortly after, giving an overview of the key messages of each presentation.

QNPMHS Bulletin: Annual Forum Highlights



The artwork displayed on the front of the Bulletin cover across from the competition. "Sparrow" was created by a participant from West Yorkshire prison.

INTERNATIONAL MEMBERSHIP LAUNCH

QNPMHS International Membership Benefits

- Development and peer support**
Networking opportunities with other services internationally and support to identify good practice and address gaps in implementation. In the world of QNPMHS standards, Members also benefit from access to Knowledge Hub, our online discussion platform for networking and sharing expertise.
- Events**
Peer access to our online events and discussion member prizes for in-person events. Events are an opportunity to showcase and celebrate good practice.
- Professional and Network development**
Opportunities to support other prisons as a reviewer online, sharing good practice and learning from other teams. Gain CPD points from attending our events and discussions. There will also be opportunities to steer future development of the Network.
- Good practice publications**
Have access to and be included in thematic reports highlighting good practice, areas for improvement and opportunities for benchmarking.
- Patient competitions**
Patient network and creative writing competitions will be open to international members. Winners are used to reports and publications.
- Self-review report**
Option to score open service against the QNPMHS standards which promote and support development for high-quality patient care. There is an option for this to be added into a report to map progress.
- Network induction and training**
Full Network induction for all staff and additional training for reviewers held online.

On 24 January 2025, the Quality Network launched the establishment of its International Membership with a webinar introducing the new membership opportunity for global prison mental health services to become involved in the network. The session featured an introduction to the network as well as presentations covering the 'Top Five Challenges' facing prison psychiatry in Australia, and 'Addressing Challenges in International Psychiatry' from the College's Presidential Lead for Global Mental Health.

ANNUAL FORUM 2025

The Annual Forum in 2025 took place on 09 July as a virtual event. The day began with a session reflecting on the network's progress over the last decade since it was established, and discussions of future directions for the network. This was followed by a presentation on 'Diversion from Ireland's Main Remand Prison', exploring healthcare, housing, and justice systems. Later in the morning, speakers addressed 'Chemsex and Crime' and how MAPPA interacts with prison healthcare. In the afternoon, the focus shifted to whether prison mental health teams are fit for purpose, with a presentation and panel discussion led by Professor Andrew Forrester, co-chair of the QNPMHS Advisory Group. The event concluded with a presentation on a 'Prison-Based Neurodevelopmental Conditions Pathway Example' from representatives from Greater Manchester Mental Health NHS Foundation Trust.

QNPMHS PEER-REVIEWER TRAINING

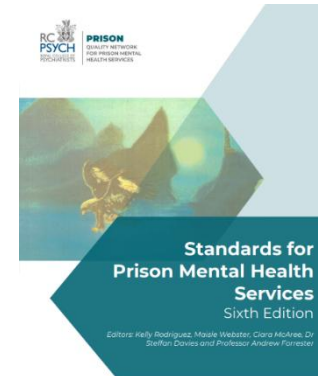
Peer-reviewer training is a free online event for staff from member services of the Quality Network providing a CPD opportunity. It offers an opportunity to learn and explore skills in delivering feedback and group facilitation for those interested in taking part in peer-reviews of prison mental health services. The training is delivered virtually via Microsoft Teams. Over Cycles 9 and 10, six training sessions were held, with a total of 92 delegates across the sessions.

IMPROVING TRANSFER AND REMISSION: A JOINT EVENT

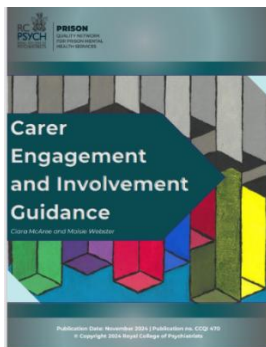
On 21 October 2025, along with our sister networks QNFMHS and QNPICU, we hosted a joint event on 'Improving Transfer and Remission'. We discussed challenges and good practice around transfer and remission between PICU, Prison and Forensic services, with presentations, panel discussions and workshops. More information can be found [here](#).

QNPMHS STANDARDS

In September 2023, the [Sixth Edition of the QNPMHS Standards](#) were published after consultation with member services of the network, patient representatives and other experts. The development of the standards involved a mapping exercise, a literature review and standards consultation events in February and April of 2023 which involved editing or removing any standards which were no longer required. The standards are due to be revised again in the upcoming cycle, with a particular emphasis on developing carer-specific standards.



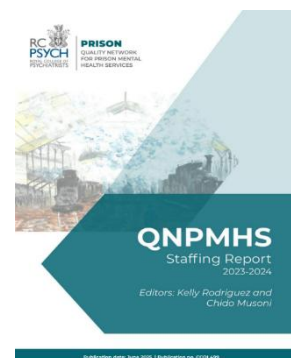
QNPMHS CARER ENGAGEMENT AND INVOLVEMENT GUIDANCE



In response to ongoing discussions within the network about carer engagement with prison mental health services, the QNPMHS Carers Working Group was established to explore the current barriers faced when trying to engage carers, and identify examples of good practice. In partnership with other members, carer charities and organisations, the working group created the [Carer Engagement and Involvement Guidance](#), which was published in November 2024. The guidance outlines examples of good practice to help prison mental health services to improve the involvement and engagement of carers and identifies strategies and examples which services could implement to help them to meet QNPMHS standards.

QNPMHS STAFFING REPORT

In June of 2025, the Quality Network published a [Staffing Report](#) which outlined the variations between staffing levels and type of staff working for 37 member services of the network between 2023 and 2024. The document explored the staffing within prison mental health services and highlighted some examples of good practice for staffing related to the [QNPMHS Sixth Edition Standards \(2023\)](#).



ARTWORK AND CREATIVE WRITING COMPETITIONS

Every year, the network hosts an artwork and creative writing competition for patients and carers. All submissions to these competitions are displayed in a designated bulletin, as well as being shared on our social media accounts. The winners of the artwork competition are used in publication covers for the following cycle. Additionally, the network runs a yearly Winter Celebration competition, which also welcomes entries from both patients and carers, and featuring in bulletins and on social media. To support these initiatives, we have developed updated guidance for both the [Artwork and Creative Writing Competition](#) and the [Winter Celebration Artwork Competition](#).



“Lonely Tree” by a patient at HMP Wormwood Scrubs.

HOW TO USE YOUR REPORT

How to use your QNPMHS Report

Review and Understand Feedback

Carefully review the report focusing on recommendations, suggestions and the areas of achievement and development identified by the peer review team.



Identify Key Areas for Development

Collaboratively identify the key areas for improvement based on the feedback received. This might include specific processes, policies or practices that need reviewing.



Set 'SMART' Goals

Establish Specific, Measurable, Achievable, Relevant and Time-Bound (SMART) goals based on the identified areas for development. Ensure these goals align with the Trust/Organisations overall quality improvement objectives.



Develop Action Plans

Create action plans outlining the steps needed to achieve the established goals. Assign responsibilities to team members, set deadlines and allocate resources as necessary.



Implement Change and Monitor and Evaluate Progress

Regularly monitor the progress of the actions and evaluate their effectiveness. Use relevant indicators to measure success and identify areas that may need refining.



Celebrate Achievements

Acknowledge and celebrate achievements and milestones reached throughout the process. Recognise the efforts of team members and the positive impact of their contributions.



Reflect and Adjust

Encourage continuous reflection on the quality improvement process and be open to making adjustments as needed. Gather feedback from patients, carers and staff and use it to refine strategies and approaches.



Final Report Sent

Within 1-2 Weeks

Within 2-4 Weeks

Within 1- 3 Months

Ongoing

6 Months

Within 12 Months

Review report and arrange team meeting to discuss feedback. Disseminate the report to patients, carers and staff.

Identify areas of development and establish SMART goals.

Develop action plans and assign responsibilities.

Begin implementation of action plans.

Monitor progress, evaluate effectiveness and make adjustments.

Reflect on achievements. Meet with the QNPMHS Team for QI focused discussion.

Prepare for the next review cycle.

APPENDIX 1: ALL STANDARDS DATA

No.	Standard	Type	Percentage Met	
			2023-2024	2024-2025
Reception and Assessment				
1	<p>As part of the formal reception and induction process, every person receives a first and second stage health assessment that incorporates a mental health screen (NICE guideline 66, 2017).</p> <p><i>Guidance: This includes questions and actions relating to learning disabilities, neurodevelopmental disorders and risk of self-harm and/or suicide.</i></p>	1	94	100
2	<p>Where applicable, during the initial mental health assessment, individuals over 50 years old are offered an older adult assessment, and reasonable adjustments are made where required.</p> <p><i>Guidance: Patients may need a full physical health review by a GP or further full mental health assessment by a psychiatrist to identify long-term conditions, early cognitive impairment or a referral to social care team for long term care planning.</i></p>	2	37	57
3	<p>A clinical member of staff is available to discuss emergency referrals during working hours.</p>	1	79	71
4	<p>The team undertakes urgent assessments within one working day and routine assessments within five working days.</p> <p><i>Guidance: The term 'urgent' refers to an individual in a mental health crisis, or with rapidly escalating needs or presentation, and/or at risk of immediate harm to self or others.</i></p>	1	74	76


5	<p>Patients have a comprehensive evidence-based assessment which includes their:</p> <ul style="list-style-type: none"> • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Risk to self and others; • Disorders of intellectual development; • Neurodevelopmental disorders; • Substance misuse; <p><i>Guidance: Standard mental health assessment tools are used which are compliant with NICE guidelines.</i></p>	1	71	67
6	<p>The assessing professional is able to access notes about the patient (past and current) from primary care, secondary care and other relevant services (NICE guideline 66, 2017).</p> <p><i>Guidance: Notes, including those available from community services, should be accessed for all patients known to mental health services and where notes are available, including how up to date the information is and how it was gathered.</i></p>	2	65	67
7	<p>For non-emergency assessments, the team communicates in advance to patients:</p> <ul style="list-style-type: none"> • The role of the professional they will see; • An explanation of the assessment process; • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there. 	1	41	43
8	<p>Patients have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality).</p>	1	35	24

	<i>Guidance: The assessment considers risk to self, risk to others and risk from others.</i>			
9	All patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation are devised.	1	68	62
10	The team can provide information in a range of formats to suit individual needs. <i>Guidance: The service should be able to provide key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties.</i>	1	62	57
11	The team provides information about how to make a referral and waiting times for assessment and treatment. <i>Guidance: This information is provided to the patient and to agencies who regularly refer.</i>	1	32	5
12	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: <ul style="list-style-type: none"> • Their rights regarding consent to treatment; • Rights under the Mental Health Act/Mental Health Order/Capacity Act; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments. 	1	9	10
13	A physical health review takes place as part of the initial assessment, or as soon as possible. <i>Guidance: This may be completed by any relevant healthcare team.</i>	1	68	57



	Sustainability Principle: Prioritise Prevention			
14	<p>Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p><i>Guidance: This is undertaken promptly, and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.</i></p>	1	79	71
Treatment and Recovery				
15	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients when developing the care plan, and they are offered a copy.</p> <p><i>Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.</i></p>	1	9	14
16	<p>Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.</p>	3	41	43
17	<p>Patients are offered written and verbal information about their mental illness and treatment. The risks and benefits of treatment are discussed with them. This is recorded in clinical records.</p> <p><i>Guidance: Verbal information could be provided in a one-to-one meeting with a staff member or in a psycho-education group. Written information could include leaflets. All written information should be written using inclusive communication approaches.</i></p> <p>Sustainability Principle: Staff Empowerment</p>	1	24	0
18	<p>Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.</p>	1	74	67





<p>19</p> 	<p>Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating and physical activity. This is documented in the patient's care plan.</p> <p><i>Guidance: This could be delivered in conjunction with other teams within the prison establishment.</i></p> <p>Sustainability Principle: Consider Carbon</p>	<p>1</p>	<p>32</p>	<p>19</p>
<p>20</p>	<p>Patients are managed under the Stepped Care Model for People with Common Mental Health Disorders (NICE guideline 41, 2011).</p> <p><i>Guidance: The model presents an integrated overview of the key assessment and treatment interventions that are service specific. Where NICE guidelines are not applicable, the appropriate equivalent should be followed, such as SIGN (Scottish Intercollegiate Guidelines Network) in Scotland.</i></p>	<p>2</p>	<p>82</p>	<p>86</p>
<p>21</p>	<p>Patients have access to low-level interventions (this includes steps 1 and 2 of the Stepped Care Model) and a range of psychological therapies. These interventions are delivered by an adequately trained and supported mental health professional.</p> <p><i>Guidance: The interventions and therapies are adapted to the needs of the patient and environment. For example, a remand environment delivers standalone sessions and psychoeducation support.</i></p>	<p>2</p>	<p>62</p>	<p>76</p>
<p>22</p>	<p>Following assessment, patients promptly begin evidence-based therapeutic interventions, which are appropriate for their bio-psychosocial needs.</p>	<p>1</p>	<p>68</p>	<p>76</p>
<p>23</p>	<p>The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.</p>	<p>1</p>	<p>82</p>	<p>90</p>

	<i>Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.</i>			
24	<p>Where applicable, patients on secondary care caseload receive a formalised review of their care within the first 28 days, at three months and every six months thereafter, or whenever a significant transition occurs.</p> <p><i>Guidance: The review could be part of the Community Mental Health Framework (CMHF) in England, Promoting Quality Care (PQC) in Northern Ireland, Care and Treatment Plan (CTP) in Wales or equivalent processes.</i></p>	1	24	10
25	<p>Where applicable, patients are supported to be fully involved in their own assessment of secondary mental health needs during the formal review process.</p> <p><i>Guidance: The review could be part of the Community Mental Health Framework (CMHF) in England, Promoting Quality Care (PQC) in Northern Ireland, Care and Treatment Plan (CTP) in Wales, Sharing the Vision policy in Ireland, or equivalent processes.</i></p>	3	50	76
26	<p>For any formalised review of patients on the secondary care caseload, as a minimum there should be a representative from the prison mental health team and the prison. A representative from the local community mental health team/the identified key worker or responsible clinician from the receiving service should also be invited.</p> <p><i>Guidance: The review could be part of the Community Mental Health Framework (CMHF) in England, Promoting Quality Care (PQC) in Northern Ireland, Care and Treatment Plan (CTP) in Wales, Sharing the Vision policy in Ireland or equivalent processes.</i></p>	1	47	43

27	The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient.	1	79	90
28	The service has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes: <ul style="list-style-type: none"> • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so. 	1	100	100
Discharge and Transfer				
29	The team has a formal process for referral and transfer of patients. When patients are transferred to another establishment, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment before the transfer takes place. There is a monitoring process in place for patients awaiting transfer. <i>Guidance: The process should follow the Good Practice Procedure Guide (NHSE, 2021) or equivalent. Where a transfer is unforeseen, the handover is provided to the receiving team as soon as they are made aware.</i>	1	71	86
30	There is a robust transfer process to either a receiving prison or the community mental health team for patients who require continued care and follow-up support following release or transfer.	1	65	62
31	On discharge from the mental health team, patient information is provided to the receiving primary care or mental healthcare service. This can be a team within the same establishment.	1	71	71
33	The team contacts the patient and/or the new care co-ordinator/service provider within 14 days of release/transfer from the establishment. This is to confirm patients have been able to access the service.	3	35	43

	<i>Guidance: This includes communication in person, by telephone, email or in writing. This can be an administrative task.</i>			
Safety				
33	The mental health team are actively involved in the prison process managing self-harm and suicide. They will attend review meetings for all newly opened cases, for all reviews for anyone on their caseload, and where required and relevant to attend. <i>Guidance: This refers to ACCT, SPAR Evolution or equivalent processes.</i>	1	88	90
34	There is a representative from the mental health team who attends prison governance meetings to support the prison with self-harm and suicide, e.g. Safety and Intervention Meeting (SIM).	2	82	71
35	There are measures in place to ensure staff are safe when working with patients. These include: • Having a lone working policy in place; • Conducting a risk assessment; • Identifying control measures that prevent or reduce any risks identified.	1	38	76
36	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	1	88	90
37	Assessments of patients' capacity to consent to care and treatment are performed in accordance with current legislation.	1	59	62
38	The team understands and engages with policies on food and fluid refusal.	1	97	81
39	The team understands and follows relevant policies on sharing information and working across agencies to manage serious offenders. <i>Guidance: For example, Multi-Agency Public Protection Arrangements</i>	1	79	81

	(MAPPAs), Public Protection Arrangements Northern Ireland (PPANI) or equivalent.			
40 	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency in collaboration with the primary healthcare team. <i>Guidance: Such as initial CPR.</i> Sustainability Principle: Prioritise Prevention	1	76	81
41	When serious mistakes are made in care this is discussed with the patient, in line with the Duty of Candour agreement (or equivalent).	1	79	86
Patient Experience				
42	Patients are actively involved in shared decision-making about their mental and physical healthcare, treatment and discharge planning, and supported in self-management.	1	59	52
43 	The team asks patients for their feedback about their experiences of using the service and this is used to improve the service. <i>Guidance: This may include patient surveys or focus groups.</i> Sustainability Principle: Empowering Individuals	2	32	52
44	Feedback received from patients is analysed and explored to identify any differences of experiences according to protected characteristics.	3	29	33
45	Staff members treat patients with compassion, dignity and respect. <i>Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</i>	1	97	81
46	Patients feel listened to and understood by staff members.	1	76	71


47	The team supports patients to undertake structured activities such as work, education and volunteering. <i>Guidance: For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes. This includes referral to the Individual Placement and Support service where appropriate.</i>	2	79	76
48	Confidentiality and its limits are explained to the patient, both verbally and in writing. Patient preferences for sharing information with third parties are recorded, respected and reviewed regularly.	1	18	5
49	Patients are asked if they wish to have copies of correspondence about their health and treatment.	1	29	43
50	Patients know who is co-ordinating their care and how to contact them if they have any questions.	1	68	86
51	The team works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	2	79	86
52	Patients can access help from mental health services 24 hours a day, seven days a week. Where teams do not operate 24 hours a day, seven days a week, there are written on-call arrangements in place which prison staff are aware of and know how to access mental health staff outside usual operating hours.	1	44	38
Collaborative Partnerships				
53	The team has processes in place for liaison and joint working across criminal justice, social care, physical healthcare and the third sector within limits of patient consent, confidentiality and risk management.	2	68	95
54	The team has processes in place for liaison and joint working with substance misuse services and primary care in cases of co-morbidity. <i>Guidance: This can include regular complex care or multi-pathway</i>	2	79	95



	<i>meetings to share information and develop management plans. There are clearly outlined roles and responsibilities in place for patients with co-morbid conditions.</i>			
55	The team understands and follows policies on reporting intelligence according to the establishment's security reporting system. <i>Guidance: As a minimum, this includes one staff member who has access to the establishment's security reporting system.</i>	2	79	90
56	The team has processes in place for liaison and joint working between the establishment, primary care, substance misuse services and the mental health team on the control and management of substance misuse and substances.	2	71	81
57	The team is involved in providing mental health awareness training for prison staff in accordance with NICE guideline 66 (2017). <i>Guidance: This could include the direct involvement of the team in delivering training sessions, or the team has input into the development of training content and learning materials.</i>	2	12	0
58	Where specialist interventions exist within prisons, there is a joint working protocol and meetings take place. <i>Guidance: This could be Offender Personality Disorder (OPD) pathways, Psychologically Informed Planned Environments (PIPES) and Therapeutic Communities.</i>	2	50	71
59	All staff within the team receive a full local prison induction within 28 days of commencing employment. <i>Guidance: This could include key security, prison awareness, the prison processes on managing self-harm and suicide (such as ACCT, SPAR Evolution), counter corruption and personal protection, or equivalent.</i>	2	79	67
Medication Management				

60	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.	1	71	62
61	The safe use of high-risk medication is audited at service level, at least annually. <i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines, gabapentinoids and stimulants for ADHD.</i>	1	15	62
62	Psychotropic prescribing rates (antidepressants, anti-psychotics, ADHD, anxiolytics, hypnotics) are regularly monitored and reviewed. <i>Guidance: This should be completed at least quarterly. This includes regular reports from the pharmacy team, with findings being discussed at local or directorate meetings.</i>	2	74	57
63	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually. If a physical health abnormality is identified, this is acted upon.	1	50	52
64	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. <i>Guidance: Side-effect monitoring tools can be used to support reviews. Guidance is available to the team on how to respond to non-adherence.</i>	1	76	71
65	There are clear written protocols outlining prescribing responsibilities between psychiatrists, GPs and nurse prescribers. <i>Guidance: Clinicians refer to 'Safer Prescribing in Prisons: Guidance for Clinicians, Second Edition' (RCGP, 2019).</i>	2	56	76



66	Prescribers can contact a specialist pharmacist to discuss medications.	1	71	71
67	Patients are able to discuss medications with a specialist pharmacist.	3	32	30
68	Patients who are taking antipsychotic medication have their physical health and effects of antipsychotic medication monitored in line with NICE guidance.	1	65	86
Environment				
69	Patients are able to attend appointments with the team at the scheduled appointment time. <i>Guidance: The team works jointly with the establishment to ensure appointments are not missed.</i>	2	47	43
70	Patients feel welcomed by staff members when attending their appointments. <i>Guidance: Staff members introduce themselves to patients and address them using their preferred name and correct pronouns.</i>	1	97	90
71	There are designated rooms for the team to run clinics and one-to-one sessions which are private and conversations cannot be easily overheard.	1	65	67 52
72	There are designated rooms for the team to run group sessions.	2	79	48 67
73	All clinic rooms are safe. This includes the rooms being situated close to staffed areas, having an emergency call system, an internal inspection window and the exit is unimpeded. Objects cannot easily be used as weapons.	1	50	48
74	The team has designated spaces and meeting rooms for confidential working.	1	82	76
75	There are sufficient IT resources (e.g. computer terminals, adequate data speeds) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements. Staff also	1	68	52

	have access to online conferencing applications (e.g., Microsoft Teams) to facilitate remote meetings and videocalls.			
76	The healthcare environment is clean, comfortable and welcoming.	2	94	81
77	The healthcare environment complies with current legislation on accessible environments. <i>Guidance: Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence.</i>	1	82	71
78	The service reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/minimising waste and low carbon interventions). <i>Guidance: Progress against this improvement plan is reviewed at least quarterly with the team.</i>	3	6	14
Workforce				
79	The multi-disciplinary team consists of or has access to staff from a number of different professional backgrounds that enables them to deliver a full range of treatments/therapies appropriate to the patient population. This includes a doctor, nurse and psychological therapist. <i>Guidance: This should include specialists who can undertake assessments and provide treatment/therapy relevant to the needs of the patient group.</i>	1	76	86
80	There is dedicated sessional time from psychologists or psychological therapists in order to: <ul style="list-style-type: none"> • Provide assessment and formulation of patients' psychological needs; 	1	68	76

	Ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.			
81	There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.	2	68	81
82	<p>There is dedicated sessional input from occupational therapists in order to:</p> <ul style="list-style-type: none"> • Provide an occupational assessment for those patients who require it; <p>Ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs.</p>	3	29	29
83	 <p>The service has a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed levels, including:</p> <ul style="list-style-type: none"> • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. <p>Sustainability Principle: Prioritise Prevention</p>	1	94	90
84	When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member.	1	71	81
85	<p>There is a clearly identified clinical lead for the team.</p> <p><i>Guidance: The clinical lead has overall responsibility for the clinical requirements of the service.</i></p>	1	74	86
86	There is a minimum of monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.	2	71	86

<p>87</p> 	<p>The service actively supports staff health and wellbeing.</p> <p><i>Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i></p> <p>Sustainability Principle: Staff Empowerment</p>	<p>1</p>	<p>59</p>	<p>81</p>
<p>88</p>	<p>New staff members, including bank staff, receive an induction based on an agreed list of core competencies.</p> <p><i>Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.</i></p>	<p>1</p>	<p>88</p>	<p>81</p>
<p>89</p>	<p>All staff who use an electronic patient recording system receive formal training and are competent in its use. For example, SystmOne training.</p>	<p>1</p>	<p>53</p>	<p>48</p>
<p>90</p>	<p>Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:</p>			
<p>90.1</p>	<p>The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).</p>	<p>1</p>	<p>35</p>	<p>67</p>
<p>90.2</p>	<p>Physical health assessment.</p> <p><i>Guidance: This could include training in understanding physical health problems, undertaking physical observations, basic life support and when to refer the patient for specialist input.</i></p>	<p>1</p>	<p>26</p>	<p>76</p>
<p>90.3</p> 	<p>Safeguarding vulnerable adults and children.</p> <p><i>Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.</i></p> <p>Sustainability Principle: Prioritise Prevention</p>	<p>1</p>	<p>35</p>	<p>81</p>

90.4	Risk assessment and management. <i>Guidance: This includes assessing and managing suicide risk and self-harm, and the prevention and management of challenging behaviour.</i>	1	35	67
90.5	Recognising and communicating with patients with cognitive impairment.	1	24	62
90.6	Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.	1	47	43
90.7	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	2	6	38
91	Team members are trained in the assessment and management of mental health presentations in people with learning difficulties and neurodiversity.	1	29	52
92	Staff receive training in the principles of Trauma Informed Care and are able to demonstrate how this has influenced their practice.	2	44	57
93	All staff members who deliver therapies and activities are appropriately trained and supervised.	1	26	71
94	Patient representatives are involved in delivering and developing staff training. <i>Guidance: This could be locally or within the wider organisation.</i>	2	24	24
95	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. <i>Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	1	62	67
96	All staff members receive individual line management supervision at least monthly.	2	47	24

	<i>Guidance: Supervision forms a part of individual performance management and discusses organisational, professional and personal objectives.</i>			
97	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse.	1	97	86
98 	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice. Sustainability Principle: Staff Empowerment	2	32	81
99	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. <i>Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.</i>	1	65	71
Leadership and Governance				
100	The service is developed in partnership with appropriately experienced patients who have an active role in decision making.	2	26	43
101	Systems are in place to enable staff members to report incidents quickly and effectively, and managers encourage staff members to do this.	1	74	86
102 	Staff members and patients who are affected by a healthcare related serious incident are offered post incident support. <i>Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.</i> Sustainability Principle: Empowering Individuals	1	47	67
103	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	1	91	95

104	Complaints are reviewed on a quarterly basis to identify themes, trends and learning.	2	59	52
105	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing. Sustainability Principle: Staff Empowerment	1	79	76
106	Patient representatives are involved in the interview process for recruiting potential staff members. <i>Guidance: These representatives should have experience of the relevant service.</i> Sustainability Principle: Empowering Individuals	3	6	14
107	The mental health team engage with carers where possible in line with the Triangle of Care. <i>Guidance: This could involve gathering family history, involving carers in decisions about patients care (with consent) and inviting carers to relevant meetings.</i>	3	47	29
108	Clinical outcome measurement data is collected at two time points (at assessment and discharge). <i>Guidance: This includes patient-reported outcome measurements where possible.</i>	1	50	48
109	The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, patients, and is used to make improvements to the service.	3	41	38
110	The team is actively involved in quality improvement activity. This could include QI, research or other quality improvement activities.	2	15	24
111	The team actively encourages patients to be involved in quality improvement initiatives. This could include QI, research or other quality improvement activities.	2	18	24

112	All patient information is kept in accordance with current legislation. <i>Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.</i>	1	91	86
113	The team reviews data at least annually about the people who use the service. Data are compared with local population statistics and action is taken to address any inequalities of access that are identified.	1	38	52
24 Hour Mental Healthcare				
114	The purpose of the admission is explained to the patient and an assessment of their capacity to consent to admission, care and treatment is completed within 24 hours of admission. <i>Guidance: This relates to mental health admissions only.</i>	1	100	100
115	On admission to the healthcare centre, patients feel welcomed by staff members who explain why they are there. <i>Guidance: Staff members show patients around and introduce themselves and other patients, offer them refreshments and address them using their preferred name and correct pronouns. Staff should enquire as relevant how they would like to be supported in regard to their gender.</i>	1	67	100
116	There is a documented formalised review of care within one week of the patient's transfer. Where possible, patients are supported to attend this with advanced preparation and feedback.	1	67	100
117	Planning for return to normal location begins at the first review and, where possible, outcomes are agreed.	1	67	100
118	Each patient is offered a one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.	2	33	100

119	<p>Every patient is engaged in active conversation at least twice a day by a team member and this is recorded in patient notes.</p> <p><i>Guidance: This is an opportunity for patients to discuss any issues or difficulties they are experiencing.</i></p>	1	33	100
120	<p>Every patient has a personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with.</p> <p><i>Guidance: This can include occupational therapy, art/creative therapies, non-therapeutic activities and in-cell activities.</i></p>	1	67	100
121	<p>All patients can access a range of current culturally specific resources for entertainment, which reflect the unit's population.</p> <p><i>Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.</i></p>	2	100	100
122	<p>Patients have access to safe outdoor space every day and should be encouraged and supported to do so.</p>	1	33	100
123	<p>Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.</p>	1	100	100
124	<p>There are agreed minimum staffing levels that include at least one qualified nurse present on all shifts.</p>	1	67	100
125	<p>The unit is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.</p> <p><i>Guidance: The use of agency staff is monitored on a monthly basis. An overdependence on bank and agency staff members results in action being taken.</i></p>	2	67	100
126	<p>Arrangements are in place to ensure that a doctor is available at all times to attend the unit, including out of hours.</p>	1	67	100

127	Patients are not transferred from 24-hour healthcare without the consultation of a mental health professional and/or duty healthcare manager.	1	67	1001
128	The operation of the unit is explicitly included in the commissioning specification. <i>Guidance: This is from NHS England, NHS Scotland, Health Service Executive, Health and Social Care or NHS Wales.</i>	2	100	100

CONTACT DETAILS

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