

**PRISON**  
QUALITY NETWORK FOR PRISON  
MENTAL HEALTH SERVICES



# **Standards for Prison Mental Health Services – Fourth Edition**

*Quality Network for Prison Mental Health Services*

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*Untitled 1*

HMP Peterborough

Caro Millington Highly Commended Award for Mixed Media  
2015

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# Foreword

Welcome to the fourth edition of standards for prison mental health services, which also now includes the second revision of the standards for 24-hour mental healthcare in prisons. This year we have decided to combine both sets of standards in one document. The standards continue to evolve following feedback from network members, the peer review visits and the standards review meeting which involved members of the network. The membership of Quality Network has continued to increase and this year it includes 50 prison mental health teams.

During the past 12 months, NHS England Health and Justice Commissioning have developed a service specification for integrated mental health services in prisons, these were published in March 2018 following a period of consultation. The service specification includes the third edition of the standards for prison mental health services and the first edition of the standards for 24-hour mental healthcare in prisons. NHS England expect providers to be a member of the Quality Network for Prison Mental Health Services and participate in peer review of delivery against standards or, if not members, they are expected to work to the standards.

Every year, we have noted that the prison estate has deteriorated and sadly, this year is no different. In the last year Her Majesty's Inspector of Prisons (HMIP) has produced damning reports of several prisons, some of which has resulted in urgent notification letters to the Secretary of State for Justice. In the case of one large prison, this has resulted in HMPPS taking over the running of the prison from a private provider. Staffing issues in prisons continue to have an impact on the ability of mental health teams to provide a safe and effective service. One fifth of all prison officers have less than one year's service. We all know what the impact of a relatively inexperienced workforce has on the safe running of prisons.

As the Prisons and Probation Ombudsman (PPO), who investigates all deaths in custody, has noted that "mental ill-health is one of the most prevalent and challenging issues in prisons". Safety in prisons continues to deteriorate and although this year there has been a welcome reduction in self-inflicted deaths in prison, rates of self-harm continue to rise. A report from the PPO in 2016 found that there needs to be an improvement in the identification of mental illness.

We hope that all mental health teams working in prisons will find these standards useful in assessing the quality of their services. However, there are many more benefits of membership of the Quality Network for Prison

Mental Health Services. These include, being able to share best practice and learn from other prison mental health teams, allowing services to benchmark their practices against other similar services and participate in peer reviews of other services. In addition, members can attend special interest days organised by QNPMHS.

A handwritten signature in black ink, appearing to read 'H Stone'.

**Dr Huw Stone**  
**Consultant Forensic Psychiatrist**  
**Co-chair Quality Network for Prison Mental Health Services**

# Introduction

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.

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 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 led by Dr Huw Stone and Dr Steffan Davies.

## Standards

The standards act as a framework by which to assess the quality of prison mental health services via a process of self and peer review. The first edition of the standards was published in June 2015 following an extensive process of consultation with stakeholder groups, including prison mental health staff, patients and commissioners. Information was collated from a wide range of sources and a review of key literature and documents was undertaken. The full publication is available on our website (see appendix).

The standards have been revised on an annual basis to date, to acknowledge feedback collated from member services and to account for new developments within the field of prison mental health.

The specialist standards also incorporate the CCQI standards for community-based mental health services (Royal College of Psychiatrists, 2015). All core standards have been marked adjacent to the standard number in brackets, followed by the letter 'C' and the core standard

number as it appears in the CCQI standards for community-based mental health services publication [e.g. (C3.4)].

The final section includes the standards for 24-hour mental healthcare in prisons, for services with inpatient provisions or enhanced care facilities, that were originally published in July 2017. The full publication, including a comprehensive literature review, can be found at [www.qnpmhs.co.uk](http://www.qnpmhs.co.uk).

All criteria are rated as Type 1, 2 or 3

**Type 1:** Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment.

**Type 2:** Expected standards that all services should meet.

**Type 3:** Desirable standards that high performing services should meet.

# **Standards for Prison Mental Health Services – Fourth Edition**

## Admission and Assessment

No.	Standard	Type
1	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). <i>Guidance: This includes questions and actions relating to learning disabilities and neurodevelopmental disorders.</i>	1
2	The mental health screening assessment is carried out by a competent mental health professional with experience of working with people within the criminal justice system with mental health problems (NICE guideline 66, 2017).	1
3	The role of the team in the first and second reception screening process is clearly defined and in agreement with other health providers and the establishment.	1
4	There is a clear and consistent process for staff to refer individuals directly to the mental health team.	1
5 (C1.4)	A clinical member of staff is available to discuss emergency referrals during working hours.	1
6	Urgent assessments are undertaken by the team within 48 hours and routine assessments within 5 working days. <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>	1
7	The mental health assessment uses a standardised format, which includes a relevant previous history, an assessment of mental health, intellectual and developmental disabilities, substance misuse, psychosocial factors, risk to self and others. <i>Guidance: Standard mental health assessment tools are used and they are compliant with NICE guidelines.</i>	1
8 (C3.4)	The assessing professional can access notes about the patient (past and current) from primary care, secondary care and other relevant services (NICE guideline 66, 2017). <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>	3
9 (C4.6)	The team discusses the purpose and outcome of the risk assessment with each patient and a management plan is formulated jointly.	1

10 (C5.1)	All secondary care patients have a diagnosis and a clinical formulation. <i>Guidance: The formulation includes presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation should be devised.</i>	1
11 (C17.5)	When talking to patients, health professionals communicate clearly, avoiding the use of jargon so that people understand them.	1
12 (C17.2)	Information is provided to patients in a format they can easily understand. <i>Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example; audio and video materials, using symbols and pictures, using plain English, communication passports and signers. Information is culturally relevant.</i>	1
13 (C1.3)	Clear information is made available, in paper and/or electronic format, to patients and healthcare practitioners on: <ul style="list-style-type: none"> <li>• A simple description of the service and its purpose;</li> <li>• Clear referral criteria;</li> <li>• How to make a referral, including self-referral if the service allows;</li> <li>• Clear clinical pathways describing access and discharge;</li> <li>• Main interventions and treatments available;</li> <li>• Contact details for service, including emergency and out of hours details.</li> </ul>	1
14 (C3.3)	Patients are given verbal and/or written information on: <ul style="list-style-type: none"> <li>• Their rights regarding consent to care and treatment;</li> <li>• How to access advocacy services;</li> <li>• How to access a second opinion;</li> <li>• How to access interpreting services;</li> <li>• How to raise concerns, complaints and compliments;</li> <li>• How to access their own health records.</li> </ul>	3
15	There is a clear system for the management of referrals.	1
<b>Case Management and Treatment</b>		
16	Patients are managed under the Stepped Care Model for People with Common Mental Health Disorders (NICE guidelines 41, 2011).	2

17 (C8.1.6)	<p>Patients are offered written and verbal information about their mental illness.</p> <p><i>Guidance: Verbal information could be provided in a one-to-one meeting with a staff member, a ward round or in a psycho-education group.</i></p>	1
18 (C7.3)	<p>The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.</p> <p><i>Guidance: Referrals that are urgent or that do not require discussion can be allocated before the meeting.</i></p>	1
19 (C7.4)	<p>Every patient has a written care plan, reflecting their individual needs.</p> <p><i>Guidance: This clearly outlines:</i></p> <ul style="list-style-type: none"> <li>• <i>Agreed intervention strategies for physical and mental health;</i></li> <li>• <i>Measurable goals and outcomes;</i></li> <li>• <i>Strategies for self-management;</i></li> <li>• <i>Any advance directives or stated wishes that the patient has made;</i></li> <li>• <i>Crisis and contingency plans;</i></li> <li>• <i>Review dates and discharge framework.</i></li> </ul>	1
20 (C7.5)	<p>The practitioner develops the care plan collaboratively with the patient.</p>	1
21 (C7.2)	<p>The team reviews and updates care plans according to clinical need or monthly, at a minimum.</p>	1
22	<p>Where applicable, patients are encouraged and supported to be fully involved in their CPA meeting, or equivalent.</p>	1
23	<p>Patients discuss, negotiate and agree on who should be invited to their CPA meeting, or equivalent, and a joint decision made on what happens if people are unable to attend.</p>	1
24	<p>Patients will be shown a copy of the final draft report after the CPA meeting, or equivalent, and will have the opportunity to comment.</p>	1
25	<p>The team has a policy on inter-agency working across criminal justice, social care, physical healthcare and the third sector within limits of patient consent, confidentiality and risk management.</p>	2
26	<p>There are written policies in place for liaison and joint working with substance misuse services and primary care in cases of co-morbidity in accordance with NICE guidelines 57 (2016) and 66 (2017). <i>Guidance: This can be an individual policy or included as part of a wider operational policy.</i></p>	2

27	There are contracted agreements for joint working with primary care to ensure high standards of physical healthcare and mental healthcare for patients with co-morbid physical and mental health problems.	2
28	The team works collaboratively with other health care providers and the prison to manage self-harm and suicidal ideation in accordance with NICE guidelines 16 (2004), 133 (2011), 57 (2016), and 66 (2017), including active participation in the ACCT process. <i>Guidance: The mental health team attends or contributes to all ACCT reviews for prisoners under their care. They are involved in decisions about location, observation and risk.</i>	1
29 (C8.1.1)	Patients are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes. <i>Guidance: The number, type and frequency of psychological interventions offered are informed by the evidence base.</i>	1
30 (C8.2.1)	When medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded.	1
31	Patients have their physical healthcare needs assessed on admission and reviewed every six months or more frequently if required. Patients are informed of the outcome of their physical health assessment and this is recorded in their notes. <i>Guidance: This includes past medical history and family medical history, current medication, physical observations, physical examination, blood tests, physical symptoms, lifestyle factors and lifestyle advice.</i>	1
32 (C6.2)	The team pro-actively follows up patients who have not attended an appointment/assessment or who are difficult to engage.	1
33 (C9.1.5)	The service has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: <ul style="list-style-type: none"> <li>• Assessment;</li> <li>• Care and treatment (particularly relating to prescribing psychotropic medication);</li> <li>• Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.</li> </ul>	1
<b>Referral, Discharge and Transfer</b>		
34	There is an agreed policy that identifies the role of the team in initiating, facilitating and managing referrals to outside hospitals.	1

35	The process for referral and transfer of patients under Part 3 of the Mental Health Act follows the Good Practice Procedure Guide (DH, April 2011).	1
36	When a patient is transferred to another establishment, the mental health team provides a comprehensive handover to the receiving establishment's mental team before the transfer takes place. <i>Guidance: Where a transfer is not known, the handover is provided to the receiving team within one working day of the individual's reception to the establishment.</i>	1
37	The care co-ordinator or equivalent is involved in discharge/transfer planning. <i>Guidance: Planning occurs ahead of the individual's discharge/transfer and the timescale for this depends on the individual patient's presentation and identified needs.</i>	1
38	An identified key worker and/or responsible clinician from the receiving service are invited to discharge/release planning meetings, including CPA meetings.	1
39	Referrals to community mental health services are made for those patients who require continued care and follow-up support following release.	2
40	On discharge from the team, patient information is provided to the receiving primary care or mental healthcare service.	1
41	The team contacts the patient and/or the new care co-ordinator/service provider within 14 days of release/transfer from the establishment. <i>Guidance: This includes communication in person, by telephone, email or in writing.</i>	2
<b>Patient Experience</b>		
42	The patient is involved in decisions about their care, treatment and discharge/release planning.	1
43 (C14.1)	Patients are given the opportunity to feed back about their experiences of using the service, and their feedback has been used to improve the service. <i>Guidance: This might include patient surveys or focus groups.</i>	1
44 (C16.1)	Patients are treated 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
45 (C16.2)	Patients feel listened to and understood by staff members.	2
46 (C18.1)	Confidentiality and its limits are explained to the patient at the first assessment, both verbally and in writing.	1

47 (C18.3)	The patient's consent to the sharing of clinical information outside the team is recorded. If this is not obtained the reasons for this are recorded.	1
<b>Patient Safety</b>		
48	The team communicates any information that might affect a patient's safety across relevant agencies and care settings, within the limits of confidentiality and patient consent.	1
49	The patient is given information on the intervention being offered and the risks and benefits are discussed with them. This is recorded in clinical records.	1
50 (C13.1)	Capacity assessments are performed in accordance with current legislation and codes of practice.	1
51 (C8.2.5)	The safe use of high risk medication is audited at a service level, at least annually. <i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines and stimulants for ADHD.</i>	1
52	A system is in place for recording non-compliance with medication. <i>Guidance: Guidance is available to the team on the management of medication and how to deal with non-compliance.</i>	1
53	The team proactively follows up with patients who fail to collect or take their medication.	1
54	Compliance with medication is recorded as part of the patient's care plan and this is reviewed on a monthly basis, or more frequently where required.	1
55 (C10.2)	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
56	The team understands and engages in policies on food refusal and mental capacity assessments.	2
57	The team understands and engages in policies on reporting intelligence according to the establishment's security reporting system.	2
58	There is a joint working policy between the establishment, primary care, substance misuse services and the mental health team on the control and management of substance misuse and substances.	2
59	The team understands and engages in policies on Multi-agency Public Protection Arrangements (MAPPA).	2

60	The team supports the establishment in the provision of mental health awareness training for prison staff in accordance with NICE guidelines 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
<b>Environment</b>		
61	Patients are able to attend appointments with the team at the scheduled appointment time.	2
62	There are designated rooms for the team to run clinics and one-to-one sessions.	2
63	There are designated rooms for the team to run group sessions.	2
64	All interview rooms are situated close to staffed areas, have an emergency call system, an internal inspection window and the exit is unimpeded.	2
65 (C19.3)	Clinical rooms are private and conversations cannot be easily over-heard.	1
66	The team has dedicated spaces and meeting rooms for confidential working.	1
67	There are sufficient IT resources (e.g. computer terminals) 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.	1
<b>Workforce Capacity and Capability</b>		
68	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.	1
69	The team has access to specialists relevant to the needs of the patient group. This may include: child and adolescent mental health, intellectual disabilities (ID), autistic spectrum disorder (ASD), neuropsychiatric disorders and cognitive impairment.	2
70	There is a clearly identified clinical lead for the team. <i>Guidance: The clinical lead has overall responsibility for the clinical requirements of the service.</i>	1
71 (C22.4)	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify gaps in the team and to develop a balanced workforce which meets the needs of the service.	2

72	There are written arrangements and processes in place which ensure that specialist mental health advice can be accessed out of hours.	2
73	Capacity management plans are in place to ensure continuity of service in the event of leave or sickness. <i>Guidance: This is a written document that describes the measures the service will take to manage sudden increases in demand.</i>	1
74	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' (RCGP, 2011).</i>	2
75	There is a minimum of monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.	1
<b>Workforce Training, CPD and Support</b>		
76 (C25.1)	There are processes in place to support staff health and well-being. <i>Guidance: For example; providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>	1
77	All permanent staff within the team receive a full local prison induction within 28 days of commencing employment and before being issued with keys. <i>Guidance: This includes: key security, prison awareness, the Assessment, Care in Custody and Teamwork (ACCT) process and personal protection, or equivalent.</i>	1
78	All staff who use SystmOne are fully trained and are competent in its use.	1
79 (C23.2)	Staff members receive an induction programme specific to the service, which covers: The purpose of the service; The team's clinical approach; The roles and responsibilities of staff members; Care pathways with other services. <i>Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme.</i>	1
80 (C10.1)	The team receives training consistent with their roles on risk assessment and risk management. This is refreshed in accordance with local guidelines. This training includes, but is not limited to training on: <ul style="list-style-type: none"> <li>• Safeguarding vulnerable adults and children;</li> <li>• Assessing and managing suicide risk and self-harm;</li> <li>• Prevention and management of aggression and violence.</li> </ul>	1

81 (C26.3)	Staff receive training consistent with their role and in line with their professional body. This is recorded in their personal development plan and is refreshed in accordance with local guidelines.	1
82	All staff members are fully informed about the prevention, assessment and management of mental health problems in people with learning disabilities (NICE guideline 54, 2016). <i>Guidance: This includes all staff working within the establishment.</i>	1
83 (C24.1)	All staff members receive an annual appraisal and personal development planning or equivalent. <i>Guidance: This contains clear objectives and identifies development needs.</i>	1
84	All staff within the team receive Continuing Professional Development (CPD) in line with their personal development plan and revalidation requirements.	1
85 (C24.2)	All clinical staff members receive individual 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. The activity should offer the supervisee an opportunity to reflect upon their practice and to think about how their knowledge and skills may be developed to improve care.</i>	1
86 (C24.6)	All staff members receive monthly line management supervision. <i>Guidance: Supervision forms a part of individual performance management and discusses organisational, professional and personal objectives.</i>	2
87 (C25.3)	Staff members have access to monthly reflective practice groups.	2
<b>Governance</b>		
88	A representative of the team is part of the establishment's clinical governance and quality processes.	1
89	Patients are involved in the governance and development of the team. <i>Guidance: This includes representation from a patient or a patient representative in governance meetings and/or direct consultation with the patient group on areas of development.</i>	2
90 (C27.4)	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	2

91 (C27.1)	The team attends local business meetings that are held at least monthly. <i>Guidance: Business meetings address strategic matters and the general management of the service, e.g. audit processes, quality and governance systems, finance, and performance.</i>	2
92 (C6.3)	Data on missed appointments are reviewed at least annually. This is done at a service level to identify where engagement difficulties may exist. <i>Guidance: This should include monitoring a patient's failure to attend the initial appointment after referral and early disengagement from the service.</i>	2
93 (C27.2)	In conjunction with partner agencies, the team reviews its progress against its own local plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	3
94 (C29.3)	When staff undertake audits they: <ul style="list-style-type: none"> <li>• Agree and implement action plans in response to audit reports;</li> <li>• Disseminate information (audit findings, action plan);</li> <li>• Complete the audit cycle.</li> </ul>	2
95 (C30.1)	Staff members can quickly and effectively report incidents. Managers encourage staff members to do this and staff members receive guidance on how to do this.	1
96 (C30.3)	Staff members who are affected by a healthcare related serious incident are offered a debrief and post incident support.	1
97 (C30.4)	Lessons learned from incidents are shared with the team and disseminated to the wider organisation. <i>Guidance: This includes audit findings and action planning information.</i>	1
98 (C30.5)	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations, examples of innovative practice.	2
99 (C20.7)	Staff members feel able to raise any concerns they may have about standards of care. <i>Guidance: Staff members should follow their Trust or local policy.</i>	1
100	The team engages in service relevant research and academic activity.	3

## 24 Hour Mental Healthcare

101	<p>There is an agreed operational policy which includes the following areas:</p> <ul style="list-style-type: none"> <li>• admission and discharge criteria;</li> <li>• admission decision making, including out of hours;</li> <li>• leadership of the unit, including clinical and discipline;</li> <li>• the clinical model of the service, including therapeutic activities and prescription/administration of medicines;</li> <li>• the process by which other prisons may refer to the unit when it operates as a regional resource;</li> <li>• the process for liaising with families;</li> <li>• follow-up arrangements.</li> </ul>	1
102	<p>Patients have a comprehensive assessment which is started within 4 hours and completed within 48 working hours. This involves the multi-disciplinary team and includes the patient. An immediate care plan is completed which includes:</p> <ul style="list-style-type: none"> <li>• mental health and medication;</li> <li>• physical health needs;</li> <li>• risk assessment, including risk of suicide.</li> </ul>	1
103	<p>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></p>	1
104	<p>Managers and practitioners have agreed weekly clinical review meetings.</p>	1
105	<p>Activities are provided seven days a week. <i>Guidance: This can include occupational therapy, art/creative therapies, non-therapeutic activities and in cell activities.</i></p>	1
106	<p>Each patient receives a pre-arranged one-hour session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns.</p>	2
107	<p>Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.</p>	1
108	<p>Discharge planning begins at the first review and outcomes for discharge are agreed.</p>	1
109	<p>Every patient is engaged in active conversation at least twice a day by a team member and this should be recorded in patient notes. <i>Guidance: This is an opportunity for patients to discuss any issues or difficulties they are experiencing.</i></p>	1

110	<p>There is a weekly minuted community meeting that is attended by patients and staff members.</p> <p><i>Guidance: This is an opportunity for patients to share experiences, to highlight issues on the unit and to review the quality and provision of activities with staff members.</i></p>	3
111	Risk assessments and management plans are updated according to clinical need or monthly, at a minimum.	1
112	Patients are able to access safe outdoor space every day and should be encouraged and supported to do so.	1
113	<p>Patients have their medications reviewed at least weekly. Medication reviews include:</p> <ul style="list-style-type: none"> <li>• assessment of therapeutic response;</li> <li>• safety;</li> <li>• side effects, with a clear care plan to manage them when they occur;</li> <li>• adherence to medication regime.</li> </ul> <p><i>Guidance: Side effect monitoring tools can be used to support reviews.</i></p>	1
114	The team keeps medications in a secure place, in line with the organisation's medicine management policy.	1
115	<p>There is a clear policy agreed with the establishment concerning the management of violence and aggression within the unit. This includes:</p> <ul style="list-style-type: none"> <li>• the roles of discipline staff and healthcare staff;</li> <li>• the use of restraint; reviews following episodes of restraint in the unit;</li> <li>• audits of restraint.</li> </ul>	1
116	There is a clear policy regarding the use of rapid tranquilisation within the unit, which includes the issue of consent.	1
117	<p>An audit of environmental risk, including ligature risks, is conducted annually and a risk management strategy is agreed with the establishment.</p> <p><i>Guidance: Any problems are recorded and reported to the establishment's senior management personnel.</i></p>	1
118	The team has access to a specialist pharmacist and/or pharmacy technician to support their prescription of medication.	2
119	There are agreed minimum staffing levels that include at least one qualified nurse present on all shifts.	1

120	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. <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>	2
121	Arrangements are in place to ensure that a doctor is available at all times to attend the unit, including out of hours.	1
122	The operation of the unit is explicitly included in the commissioning specification from NHS England.	2
123	Patients who are affected by a healthcare related serious incident are offered a debrief and post incident support.	1

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