

QNPMHS Standards for Prison Mental Health Services – Summary of changes, June 2026

6th Edition Section	6th Edition Standard	7th Edition Section	7th Edition Standard	Summary Of Change
Reception and Assessment	<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>Guidance: This includes questions and actions relating to learning disabilities, neurodevelopmental disorders and risk of self-harm and/or suicide.</p>			Standard Removed
Reception and Assessment	<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>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 a social care team for long term care planning.</p>	Referral and Assessment	<p>During the initial mental health assessment, individuals over 50 years old are offered an older adult assessment. Reasonable adjustments are made where required.</p> <p>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 a social care team for long term care planning. This may include a functional assessment.</p>	Edits made
Reception and Assessment	<p>A clinical member of staff is available to discuss emergency referrals during working hours.</p>	Referral and Assessment	<p>The team has a system to manage and respond to referrals in a safe and timely way. This includes:</p> <ul style="list-style-type: none"> - A registered clinical member of staff being available to discuss urgent referrals during working hours; - Where referrals are made through a single point of access, these are passed on to the prison mental health team within one working day. Urgent referrals are passed across immediately. 	Edits made
		Referral and Assessment	<p>Outcomes of referrals are fed back to the referrer, patient and carer (with the patient's consent). If a referral is not accepted, the team</p>	New Standard

			<p>advises the referrer, patient and carer on why it was not accepted and signposts to alternative options.</p> <p>Guidance: The service manages and responds to referrals in a way that prevents repeated rejected referrals at both patient and referrer level, e.g. thorough direct liaison with the referrer.</p>	
		Referral and Assessment	<p>People who are waiting for assessment and/or treatment are given information and signposted to resources on support available whilst they are waiting. They are made aware of who to contact if their needs change and how and when to access crisis services.</p> <p>Guidance: Information given could include crisis lines, guided self-help techniques, resources relevant to the patient's treatment pathway, and voluntary organisations.</p>	New Standard
Reception and Assessment	<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>Guidance: Standard mental health assessment tools are used which are compliant with NICE guidelines.</p>	Referral and Assessment	<p>Patients have a comprehensive mental health assessment. The process involves the patient, their carer(s), and other health/care providers as relevant and includes consideration of the patient's:</p> <ul style="list-style-type: none"> - Mental health and medication; - Psychosocial and psychological needs; - Religious traditions and spiritual beliefs; - Advance choices; - Reasonable adjustments, including neurodevelopmental disorders and functional needs. <p>Guidance: Where appropriate, the assessment should draw on information from a range of sources, including the patient, carers, other involved services and agencies and past assessments or relevant information held by services.</p>	Edits made

Reception and Assessment	<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>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.</p>			Standard Removed
Reception and Assessment	<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> <p>Guidance: The assessment considers risk to self, risk to others and risk from others.</p>	Referral and Assessment	<p>Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), draws on the patient's strengths, involves carers and significant others, is updated regularly and is shared, where appropriate, with relevant agencies.</p> <p>Guidance: The assessment and plan considers risk to self, risk to others, risk from others, the types of harm that could occur, when they are likely to occur and how they may be mitigated.</p>	Edits made
Reception and Assessment	<p>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.</p>	Referral and Assessment	<p>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 is devised.</p> <p>Guidance: Clinical formulations are coproduced where possible. SNOMED CT (Systematized Nomenclature of Medicine - Clinical Terms) is used appropriately and where available to support accurate data capturing.</p>	Edits made
Reception and Assessment	<p>The team can provide information in a range of formats to suit individual needs.</p> <p>Guidance: The service should be able to provide key information in languages other</p>	Information Sharing	<p>Information for patients and carers is available in accessible formats for neurodiverse people and people with sight/hearing/cognitive difficulties or learning disabilities. It can be provided in languages other than English</p>	Edits made

	than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties.		(ensuring cultural relevance, if necessary). Guidance: In Wales, services and communication (written and spoken) comply with the relevant Welsh Language legislation.	
Reception and Assessment	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.	Referral and Assessment	The team provides information about how to make a referral and waiting times for assessment and treatment.	Edits made
Reception and Assessment	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. 	Information Sharing	Patients are given accessible information about the service, their rights as patients and the supports available to them to use the service. Guidance: The information includes, where relevant: <ul style="list-style-type: none"> - Their rights in relation to relevant mental health, human rights and mental capacity legal frameworks, including confidentiality and consent to treatment; - 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. 	Edits made
Reception and Assessment	A physical health review takes place as part of the initial assessment, or as soon as possible. Guidance: This may be completed by any relevant healthcare team.	Referral and Assessment	A physical health review takes place as part of the initial assessment, or as soon as possible. Guidance: This includes gathering information about recent health checks and treatment already undertaken and offering or facilitating access to further health checks or treatment if necessary.	Edits made
Reception and Assessment	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission.			Standard Removed

	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.			
Treatment and Recovery	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.	Treatment and Recovery	Every patient has a written care and treatment plan, reflecting their individual needs and goals. Staff members collaborate with patients to develop the care plan, and they are offered a copy. Guidance: Care planning and outcome measurement tools may be used to support this process, e.g. DIALOG+.	Edits made
Treatment and Recovery	Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.	Treatment and Recovery	Progress against patient-defined goals is reviewed collaboratively between the patient and staff members during clinical review meetings and at discharge.	Changed to Type 2
Treatment and Recovery	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.	Information Sharing	Patients are offered written and verbal information about their mental illness and treatment. Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.	Edits made
		Information Sharing	Carers (with patient consent) are offered written and verbal information about the patient's mental illness and treatment. Guidance: Verbal information could be provided in a 1:1 meeting with a staff member. Written information could include leaflets or websites.	New Standard
Treatment and Recovery	Staff members arrange for patients to access screening, monitoring and treatment for	Treatment and Recovery	Staff members arrange for patients to access screening (including national screening	Edits made

	physical health problems through primary/secondary care services. This is documented in the patient's care plan.		programmes), monitoring and treatment for physical health problems through primary/secondary care services. Guidance: Where there are potential barriers to engagement, reasonable adjustments (e.g. support to attend an appointment) are put in place to support patients to engage with this care.	
Treatment and Recovery	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.			Standard Removed
Treatment and Recovery	Patients are managed under the Stepped Care Model for People with Common Mental Health Disorders (NICE guideline 41, 2011). 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.			Standard Removed
Treatment and Recovery	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. 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.			Standard Removed
Treatment and Recovery	Following assessment, patients promptly begin evidence-based therapeutic	Treatment and Recovery	Following the assessment, an individualised care pathway is put in place for the patient with a clear plan and timeline to commence	Edits made

	<p>interventions, which are appropriate for their bio-psychosocial needs.</p>		<p>therapeutic interventions appropriate to their biopsychosocial needs.</p> <p>Guidance: Where there are waiting lists for treatment or any lack of availability of indicated NICE guidance treatments, the patient is informed about these, how long the wait will be and/or any alternative way to access these treatments.</p>	
Treatment and Recovery	<p>The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.</p> <p>Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.</p>			Standard Removed
Treatment and Recovery	<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>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.</p>			Standard Removed
Treatment and Recovery	<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>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</p>			Standard Removed

	Vision policy in Ireland or equivalent processes.			
Treatment and Recovery	<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>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.</p>			Standard Removed
		Treatment and Recovery	<p>A representative from the prison and the local community mental health team are involved in relevant care planning, co-ordination and transition meetings.</p> <p>Guidance: Prison representation should consist of professionals relevant to the patient's care and sentence planning, such as offender management staff, resettlement workers, keyworkers or ACCT care managers.</p>	New Standard
Treatment and Recovery	<p>The service has a care pathway for the care of patients in the perinatal period (pregnancy and 12 months post-partum) that includes:</p> <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. 	Treatment and Recovery	<p>The service/organisation has a care pathway for the care of women and pregnant people in the perinatal period (pregnancy and 12 months post-partum) that includes:</p> <ul style="list-style-type: none"> - Assessment; - Care and treatment (particularly relating to prescribing psychotropic medication); - Referral to a specialist perinatal team unless there is a specific reason not to do so. 	Edits made
		Treatment and Recovery	Care plans are routinely reviewed as part of an ongoing process to support assessment of response to treatment/interventions and	New Standard

			<p>changes in goals and needs.</p> <p>Guidance: Additional reviews may be initiated when requested by the patient, carer or other involved agency, when there is a significant change in circumstances impacting the patient's mental health and/or a change in their presenting problems or needs.</p>	
Discharge and Transfer	<p>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.</p> <p>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.</p>	Information Sharing	<p>When patients are transferred between prison services, there is a handover process prior to the transfer which includes:</p> <ul style="list-style-type: none"> - Patient preferences for engagement; - Relapse indicators and actions needed in event of them; - Current medication, indication, monitoring arrangements; - An up-to-date care plan, risk assessment and safety plan. 	Edits made
		Information Sharing	<p>A discharge/transfer of care summary is sent to all relevant parties within one week. This is discussed with the patient. The summary includes the plan for:</p> <ul style="list-style-type: none"> - On-going care in the community/aftercare arrangements; - Crisis and contingency arrangements including relapse indicators, what actions are needed when they occur and details of who to contact; - Medication, including monitoring arrangements and longer term plans for specific medication, e.g. stop or review dates and recommendations for duration of use; - Details of when, where and with whom the patient's follow-up will take place; - Details of how to re-access the service 	New Standard

			and/or how to get rapid advice from the team. Guidance: This information should be shared with relevant parties at any point of transition from the current treating team.	
Discharge and Transfer	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.			Standard Removed
Discharge and Transfer	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.			Standard Removed
Discharge and Transfer	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. Guidance: This includes communication in person, by telephone, email or in writing. This can be an administrative task.			Standard Removed
Safety	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. Guidance: This refers to ACCT, SPAR Evolution or equivalent processes.	Safety	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. Guidance: This refers to ACCT, SPAR Evolution or equivalent processes as well as attendance to Safety and Intervention Meeting (SIM).	Edits made
Safety	There is a representative from the mental health team who attends the prison governance meetings to support the prison with self-harm and suicide, e.g. Safety and Intervention Meeting (SIM).			Standard Removed

		Safety	Teams are actively involved in multi-agency suicide prevention partnerships, in line with NICE guideline NG105 (2018), contributing to local suicide prevention strategies, information sharing, and coordinated responses across community and custodial systems.	New Standard
Safety	There are measures in place to ensure staff are safe when working with patients. These include: <ul style="list-style-type: none"> • Having a lone working policy in place; • Conducting a risk assessment; • Identifying control measures that prevent or reduce any risks identified. 	Safety	There are measures in place to ensure staff are as safe as possible within the prison. These include: <ul style="list-style-type: none"> - Having a lone working policy in place; - Conducting a risk assessment; - Identifying control measures that prevent or reduce any risks identified. <p>Guidance: Control measures could include staff carrying radios.</p>	Edits made
Safety	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.	Safety	The team are involved in developing inter-agency protocols for the management of safeguarding of vulnerable adults and young people. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	Edits made
Safety	The team understands and follows relevant policies on sharing information and working across agencies to manage serious offenders. <p>Guidance: For example, Multi-Agency Public Protection Arrangements (MAPPA), Public Protection Arrangements Northern Ireland (PPANI) or equivalent.</p>	Safety	The team understands and follows relevant policies on sharing information and working across agencies to manage serious offenders. <p>Guidance: For example, Multi-Agency Public Protection Arrangements (MAPPA), Public Protection Arrangements Northern Ireland (PPANI), Joint Extremism Unit (JEXU), Multi-Agency Risk Assessment Conference (MARAC) or equivalent agencies.</p>	Edits made
Safety	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. <p>Guidance: Such as initial CPR.</p>	Safety	The team, including bank and agency staff, is able to identify and manage an acute physical health emergency. <p>Guidance: This includes basic life support and managing a deteriorating patient.</p>	Edits made

Safety	When serious mistakes are made in care this is discussed with the patient, in line with the Duty of Candour agreement (or equivalent).	Safety	When serious mistakes are made in care, this is discussed with the patient and their carer, an apology given and actions taken as appropriate to mitigate the outcome of the mistake and/or prevent its recurrence. Any safeguarding concerns that have arisen through the incident are raised and processed in line with policy.	Edits made
Patient Experience	Patients are actively involved in shared decision-making about their mental and physical healthcare, treatment and discharge planning, and supported in self-management.			Standard Removed
Patient Experience	The team asks patients for their feedback about their experiences of using the service and this is used to improve the service. Guidance: This may include patient surveys or focus groups.	Leadership and Governance	The team asks patients and carers for their feedback about their experiences of using the service and this is used to make improvements.	Edits made
Patient Experience	Feedback received from patients is analysed and explored to identify any differences of experiences according to protected characteristics.	Leadership and Governance	Feedback received from patients and carers is analysed to identify any differences of experiences by protected characteristics. Guidance: Complaints, compliments and other feedback sources include the option to share demographic information.	Edits made
Patient Experience	Staff members treat patients with compassion, dignity and respect. Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.	Patient Experience	Staff members treat patients and carers with compassion, dignity and respect.	Edits made
Patient Experience	The team supports patients to undertake structured activities such as work, education and volunteering. 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	Patient Experience	The team supports patients to access available and suitable activities offered across the prison establishment e.g. work, education, volunteering, creative arts, physical activity, clubs and in-cell activities. Guidance: This may be informed by OT assessment/interventions.	Edits made

	referral to the Individual Placement and Support service where appropriate.			
Patient Experience	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.	Information Sharing	Confidentiality and its limits are explained to the patient, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.	Edits made
		Information Sharing	Confidentiality and its limits are explained to the carer at the first contact. Carer preferences for sharing information are respected and reviewed regularly. Guidance: Information should be provided both verbally and in writing.	New Standard
Patient Experience	Patients are asked if they wish to have copies of correspondence about their health and treatment.	Information Sharing	Patients are asked if they and their carers (where appropriate and with patient consent) wish to have copies of correspondence about their health and treatment. Guidance: Digital as well as written modes of communication may be offered.	Edits made
Patient Experience	Patients know who is co-ordinating their care and how to contact them if they have any questions.	Patient Experience	Patients know who the key people are in their team, who is co-ordinating their care and how to contact them.	Edits made
Patient Experience	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.	Patient Experience	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. Guidance: If the patient's first language is not English, an assessment is made as to whether they can accurately describe their symptoms, difficulties and needs. If not, an interpreter is booked for subsequent reviews.	Edits made
Patient Experience	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	Patient Experience	Arrangements on how to access mental health support outside of usual operating hours are known by prison staff. This may include full service coverage 24 hours a day, seven days a week, or written on-call	Edits made

	aware of and know how to access mental health staff outside usual operating hours.		arrangements to access emergency healthcare.	
		Collaborative Partnerships	<p>The service supports patients with co-occurring mental health problems and alcohol or substance use disorder by:</p> <ul style="list-style-type: none"> - Screening for co-occurring alcohol or substance use disorders; - Liaising and jointly working with the prison addiction/substance misuse services to facilitate care/treatment options; - Facilitating access to evidence-based treatments including brief interventions, harm reduction advice and signposting to naloxone suppliers. <p>Guidance: The service may have a policy for the care of patients with comorbid/co-occurring mental health problems and alcohol or substance use disorder that is embedded in practice. Screening may be conducted using the ASSIST-lite tool.</p>	New Standard
Collaborative Partnerships	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.			Standard Removed
Collaborative Partnerships	<p>The team has processes in place for liaison and joint working with substance misuse services and primary care in cases of co-morbidity.</p> <p>Guidance: This can include regular complex care or multi-pathway meetings to share information and develop management plans. There are clearly outlined roles and responsibilities in place for patients with co-morbid conditions.</p>			Standard Removed
Collaborative Partnerships	The team understands and follows policies on reporting intelligence according to the establishment's security reporting system.			Standard Removed

	Guidance: As a minimum, this includes one staff member who has access to the establishment's security reporting system.			
Collaborative Partnerships	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.			Standard Removed
Collaborative Partnerships	The team is involved in providing mental health awareness training for prison staff in accordance with NICE guideline 66 (2017). 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.	Collaborative Partnerships	The team works with partner agencies to deliver a programme of appropriate training to improve mental health knowledge and management across the prison. 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.	Edits made
		Collaborative Partnerships	The team are integrated with wider healthcare within the prison. Guidance: This includes attending regular whole healthcare team meetings, sharing information between healthcare teams and routinely co-working to effectively respond to patients' needs.	New Standard
Medication Management	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.	Medication Management	When medication is prescribed, the risks and benefits are discussed with the patient and carer. The following are discussed and recorded: - The intended outcome of the intervention; - Timescale for response; - Monitoring requirements; - Patient consent and capacity to consent.	Edits made
Medication Management	The safe use of high risk medication is audited at service level, at least annually. Guidance: This includes medications such as lithium, high dose antipsychotic drugs,			Standard Removed

	antipsychotics in combination, benzodiazepines, gabapentinoids and stimulants for ADHD.			
Medication Management	<p>Psychotropic prescribing rates (antidepressants, anti-psychotics, ADHD, anxiolytics, hypnotics) are regularly monitored and reviewed.</p> <p>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.</p>			Standard Removed
Medication Management	<p>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.</p>	Medication Management	<p>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. Ongoing monitoring and prescribing plans are developed collaboratively with primary care in order to best meet the patient's needs.</p>	Edits made
Medication Management	<p>Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.</p> <p>Guidance: Side-effect monitoring tools can be used to support reviews. Guidance is available to the team on how to respond to non-adherence.</p>	Medication Management	<p>Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, indication, adherence, safety and management of side effects, including during medication changes and when medications are being stopped/withdrawn.</p> <p>Guidance: Side effect monitoring tools can be used to support reviews.</p>	Edits made
Medication Management	<p>Prescribers can contact a specialist pharmacist to discuss medications.</p>	Medication Management	<p>Patients, carers and prescribers are able to discuss medications with a specialist pharmacist.</p>	Edits made
		Medication Management	<p>There are systems in place to ensure that patients with serious mental illness (SMI) receive annual physical health checks.</p> <p>Guidance: This could be done within the team or through another prison healthcare service</p>	New Standard

			and reasonable adjustments to support attendance are put in place.	
Medication Management	Patients are able to discuss medications with a specialist pharmacist.			Standard Removed
Medication Management	Patients who are taking antipsychotic medication have their physical health and effects of antipsychotic medication monitored in line with NICE guidance.			Standard Removed
Environment	<p>Patients are able to attend appointments with the team at the scheduled appointment time.</p> <p>Guidance: The team works jointly with the establishment to ensure appointments are not missed.</p>	Environment	<p>Patients are able to attend appointments with the team at the scheduled appointment time. Appointments are delivered (e.g. in person, phone) according to clinical need and patient preference rather than clinical space and staffing pressures.</p> <p>Guidance: The team works jointly with the establishment to ensure appointments are not missed. The service has clinical guidance and/or a policy regarding the use of different modalities to deliver patient appointments. Data are collected on the use of different appointment modalities and reviewed in team governance meetings in the context of service safety and quality.</p>	Edits made
Environment	<p>Patients feel welcomed by staff members when attending their appointments.</p> <p>Guidance: Staff members introduce themselves to patients and address them using their preferred name and correct pronouns.</p>	Environment	<p>Patients feel welcomed by staff members when attending their appointments.</p> <p>Guidance: Staff members introduce themselves to patients, and address patients using their preferred name and pronouns.</p>	Edits made
		Environment	Reasonable adjustments are made to how care is delivered, if required, for patients with disability, including those with autism and/or learning disability. Any reasonable adjustments are recorded in patients notes and in line with any relevant legal or regulatory recording requirements.	New Standard
Environment	There are sufficient IT resources (e.g. computer terminals, adequate data speeds)	Environment	There are sufficient IT resources to provide all practitioners with easy access to key	Edits made

	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 have access to online conferencing applications (e.g., Microsoft Teams) to facilitate remote meetings and videocalls.		information. Staff also have access to online conferencing applications to facilitate remote meetings and videocalls.	
Environment	<p>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).</p> <p>Guidance: Progress against this improvement plan is reviewed at least quarterly with the team.</p>	Leadership and Governance	<p>The team reviews 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. Progress against the plan is reviewed at regular time points throughout the year and the plan is refreshed annually.</p> <p>Guidance: Good practice includes adopting practices in line with recommendations in RCPsych Net Zero Guidance. This may include, for example, assigning a Sustainability Champion role, staff undertaking training in sustainable practice, reviewing practices to improve continuity of care.</p>	Edits made
Workforce	<p>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.</p> <p>Guidance: This should include specialists who can undertake assessments and provide treatment/therapy relevant to the needs of the patient group.</p>	Workforce	<p>The multi-disciplinary team consists of or has access to a multidisciplinary trauma informed, recovery-focussed workforce that enables them to deliver a full range of treatments/therapies appropriate to the patient population.</p> <p>Guidance: This should include specialists who can undertake assessments and provide treatment/therapy relevant to the needs of the patient group. There is an annual review of staff members and skill mix. This is to identify gaps in the team and to develop a balanced workforce which meets the needs of the service.</p>	Edits made

Workforce	There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.			Standard Removed
Workforce	There is dedicated sessional input from occupational therapists in order to: <ul style="list-style-type: none"> • Provide an occupational assessment for those patients who require it; • Ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs. 			Standard Removed
		Workforce	The team has access to Allied Health Professionals to meet a range of patient needs that may be identified as a care and treatment planning. There is sufficient sessional time and/or pathway/shared care arrangements in place to draw on these staff on an as needed basis. Guidance: As a minimum this includes occupational therapy, dietetics, physiotherapy and speech and language therapy with appropriate experience in mental health.	New Standard
		Workforce	The team has appropriate administrative support and infrastructure in place to release clinical time to care. Guidance: The team has a dedicated administrator.	New Standard
Workforce	The service has a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed levels, including: <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. 	Workforce	The service has a mechanism for responding to low/unsafe staffing levels, for example, when they fall below minimum agreed levels and/or waiting times or caseload size rises above agreed thresholds. The mechanism includes: <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. 	Edits made

Workforce	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.	Workforce	When a staff member is on leave, the MDT provides adequate cover for the patients who are allocated to that staff member to support continuity of care. Guidance: Services may use systems such as buddy or associate systems to operationalise how caseload cover is provided during leave.	Edits made
Workforce	There is a clearly identified clinical lead for the team. Guidance: The clinical lead has overall responsibility for the clinical requirements of the service.	Workforce	There is an identified senior clinician available at all times who is available on the phone or at the team base within an hour. Video consultation may be used in exceptional circumstances. Guidance: Some services may have an agreement with primary care to provide this cover.	Edits made
Workforce	There is a minimum of monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.			Standard Removed
Workforce	All staff who use an electronic patient recording system receive formal training and are competent in its use. For example, SystemOne training.	Workforce Training and Support	All staff who use an electronic patient recording system receive formal training and are competent in its use.	Edits made
Workforce	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	Workforce Training and Support	The use of relevant mental health, human rights and capacity legal frameworks.	Edits made
Workforce	Physical health assessment. 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.	Workforce Training and Support	Physical health assessment. Guidance: This includes basic life support, understanding physical health problems including common long term conditions, physical observations and when to refer the patient for specialist input.	Edits made
Workforce	Safeguarding vulnerable adults and children. Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.	Workforce Training and Support	Safeguarding vulnerable adults and children. Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect and includes identifying and responding to domestic violence.	Edits made

Workforce	<p>Risk assessment and management.</p> <p>Guidance: This includes assessing and managing suicide risk and self-harm, and the prevention and management of challenging behaviour.</p>	Workforce Training and Support	<p>Risk assessment and risk management.</p> <p>Guidance: This includes assessing, formulating and managing risk to self, from self-neglect, from others, to others, and from unintended consequences of healthcare and treatment. The training updates staff members on evidence regarding changing patterns and trends in the populations they work with.</p>	Edits made
Workforce	Recognising and communicating with patients with cognitive impairment.	Workforce Training and Support	Cognitive impairment.	Edits made
		Workforce Training and Support	Identification and management of co-occurring substance use with specific focus on alcohol and commonly used drugs. This may include updates on substance misuse trends, delivering of evidence-based brief interventions and harm reduction advice.	New Standard
Workforce	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.	Workforce Training and Support	<p>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 including cultural competence and awareness of the importance of faith/spirituality.</p> <p>Guidance: Training should address all nine protected characteristics and their relevance to delivering equitable mental health care.</p>	Edits made/changed to Type 2
Workforce	Team members are trained in the assessment and management of mental health presentations in people with learning difficulties and neurodiversity.	Workforce Training and Support	Learning disability and autism. This includes awareness of neurodiversity, how to interact appropriately with autistic people and people who have a learning disability and clinical differences in these populations, e.g. how symptoms or risk may present differently.	Edits made
Workforce	Staff receive training in the principles of Trauma Informed Care and are able to	Workforce Training and Support	Trauma-informed care.	Edits made

	demonstrate how this has influenced their practice.			
Workforce	All staff members who deliver therapies and activities are appropriately trained and supervised.			Standard Removed
Workforce	Patient representatives are involved in delivering and developing staff training. Guidance: This could be locally or within the wider organisation.	Workforce Training and Support	Patient and/or carer representatives are involved in delivering and developing staff training.	Edits made
Workforce	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.	Workforce Training and Support	All clinical staff members receive formal individual clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. Clinical supervision should be in addition to managerial supervision. If the two are provided together, there is a clear differentiation between them.	Edits made
Workforce	All staff members receive individual line management supervision at least monthly. Guidance: Supervision forms a part of individual performance management and discusses organisational, professional and personal objectives.	Workforce Training and Support	All staff members receive individual line management supervision at least monthly. Guidance: Managerial supervision should be in addition to clinical supervision. If the two are provided together, there is a clear differentiation between them.	Edits made
Workforce	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse.			Standard Removed
Workforce	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.	Workforce Training and Support	There is regular reflective practice available of sufficient frequency to ensure that all staff can access this at least every six weeks. Guidance: Reflective practice is facilitated by someone with experience in managing a group process.	Edits made

		Leadership and Governance	The team has embedded standard operating processes and clinical governance to: - Hold oversight of and manage size and clinical need of caseloads; - Hold oversight of and manage size and safety of waiting lists.	New Standard
		Leadership and Governance	Those in service and team leadership roles are visible and actively role model and promote an open learning culture. They are confident and competent in both listening up and following up in line with Freedom to Speak Up principles. Guidance: Staff know that incident reporting, learning from incidents and responsiveness to feedback are leadership priorities. If staff raise concerns, they are confident their leadership will address them.	New Standard
		Leadership and Governance	The team has a system for reviewing culture in the team and takes action on findings. Guidance: This may include reviewing incident data, patient and carer feedback, staffing and employee relations data and/or use of a validated staff survey, culture of care or safety culture tool/survey.	New Standard
Leadership and Governance	The service is developed in partnership with appropriately experienced patients who have an active role in decision making.	Leadership and Governance	The service is developed in partnership with appropriately experienced patient and/or carers who have an active role in decision making.	Edits made
Leadership and Governance	Staff members and patients who are affected by a healthcare related serious incident are offered post incident support. Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.	Leadership and Governance	Staff members, patients and carers who are affected by a healthcare related serious incident are offered post-incident support. Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.	Edits made
Leadership and Governance	Complaints are reviewed on a quarterly basis to identify themes, trends and learning.			Standard Removed

Leadership and Governance	<p>Patient representatives are involved in the interview process for recruiting potential staff members.</p> <p>Guidance: These representatives should have experience of the relevant service.</p>	Leadership and Governance	<p>Patient and/or carer representatives are involved in the interview process for recruiting potential staff members.</p> <p>Guidance: These representatives should have experience of the relevant service.</p>	Edits made
Leadership and Governance	<p>The mental health team engage with carers where possible in line with the Triangle of Care.</p> <p>Guidance: This could involve gathering family history, involving carers in decisions about patients care (with consent) and inviting carers to relevant meetings.</p>			Standard Removed
Leadership and Governance	<p>Clinical outcome measurement data is collected at two time points (at assessment and discharge).</p> <p>Guidance: This includes patient-reported outcome measurements where possible.</p>			Standard Removed
		Leadership and Governance	<p>Clinical outcome measurement is used collaboratively with the patient to inform care planning and monitor progress.</p> <p>Guidance: This includes patient-reported outcome measurements where possible. How often they are used is determined by the patient's care plan, but they should be collected at minimum at two time points (at assessment and discharge).</p>	New Standard
Leadership and Governance	<p>The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, patients, and used to make improvements to the service.</p>	Leadership and Governance	<p>The service's clinical outcome data are collated, analysed and reported at least bi-annually. Access, experience and outcomes data are shared with commissioners, the team, patients and carers, and used to make improvements to the service.</p>	Edits made
Leadership and Governance	<p>The team is actively involved in quality improvement activity. This could include QI, research or other quality improvement activities.</p>	Leadership and Governance	<p>The team is actively involved in QI activity.</p>	Edits made

Leadership and Governance	The team actively encourages patients to be involved in quality improvement initiatives. This could include QI, research or other quality improvement activities.	Leadership and Governance	The team actively encourages patients and carers to be involved in QI initiatives.	Edits made
Leadership and Governance	All patient information is kept in accordance with current legislation. 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.	Leadership and Governance	Patient information is kept and managed in line with relevant information governance guidance and legislation.	Edits made
Leadership and Governance	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.	Leadership and Governance	The team reviews demographic 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. Guidance: Demographic data is reviewed more often if there is a change in need or in response to population changes.	Edits made
24 Hour Mental Healthcare	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.	24 Hour Mental Healthcare	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, medication and concerns.	Edits made
24 Hour Mental Healthcare	Every patient has a personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. Guidance: This can include occupational therapy, art/creative therapies, non-therapeutic activities and in-cell activities.			Standard Removed
24 Hour Mental Healthcare	Patients are not transferred from 24-hour healthcare without the consultation of a mental health professional and/or duty healthcare manager.	24 Hour Mental Healthcare	Patients are not transferred from 24-hour healthcare without the consultation of a mental health professional.	Edits made

24 Hour Mental Healthcare	The operation of the unit is explicitly included in the commissioning specification. Guidance: This is from NHS England, NHS Scotland, Health Service Executive, Health and Social Care or NHS Wales.	24 Hour Mental Healthcare		Changed to Type 1
		Carer Engagement and Support	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. This includes attendance at relevant meetings and developing care plans where the patient consents.	New Standard
		Carer Engagement and Support	Carers are offered individual time with staff members to discuss concerns and their own needs.	New Standard
		Information Sharing	The team provides each carer with accessible carer's information. Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes contact details of the team and who to contact in an emergency. It also includes other local sources of advice and support such as how to access a statutory carers' assessment, local carers' groups, carers' workshops and relevant charities.	New Standard
		Carer Engagement and Support	There is a designated staff member to promote carer involvement.	New Standard
		Carer Engagement and Support	The team knows how to respond to carers when the patient does not consent to their involvement. Guidance: The team may receive information from the carer in confidence.	New Standard
		Carer Engagement and Support	The patient's preferred contact is contacted as soon as possible by a staff member (with patient consent) to notify them of the acceptance onto the mental health team caseload and to give them the team contact details.	New Standard

			Guidance: If consent is not given, this is recorded in patient records and reviewed monthly or more regularly where appropriate. Considerations around patient capacity are made.	
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