RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

PRISON
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES

QNPMHS

Staffing Report
2023-2024

Editors: Kelly Rodriguez and Chido Musoni

Publication date: June 2025 | Publication no. CCQI 499

CONTENTS

Any enquiries relating to this publication should be sent to us at:

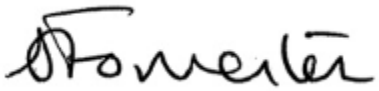
prisonnetwork@rcpsych.ac.uk

The artwork displayed on the front cover of this document was created by a patient at HMP Haverigg.

FOREWORD

Since its inception, a core activity of the Quality Network for Prison Mental Health Services (QNPMHS) has been the delivery, and regular updating, of prison mental health standards. For us, this is important work, because it enables us to understand how best to deliver equivalent care in complex prison settings, as well as understanding when services fall short, and when they go above or beyond what is expected. Yet none of this is possible without the commitment, dedication, and presence of staff.

For that reason, and because historically there are known variations in the quantity and type of staff provided across regions, we think it is important to provide a staffing update. While we acknowledge the limitations of this report, this work underscores the variations that have been found elsewhere and forms a useful starting point from which we can collectively build a consensus to understand what is required next.



Professor Andrew Forrester

Professor of Forensic Psychiatry

Co-Chair of the QNPMHS Advisory Group

BACKGROUND

The Quality Network for Prison Mental Health Services (QNPMHS) was established in 2015 to promote quality improvement within and between prison mental health services. It is one of over 27 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

This document aims to explore the staffing situation within prison mental health services along with good practice examples for staffing-related QNPMHS standards. The services included within this report have been assessed against the QNPMHS Sixth Edition Standards (2023).

The data in this report comes from 37 prison mental health teams who undertook their QNPMHS self-review and peer-review between 2023-2024. Together, they represent 13 Trusts and organisations across the UK and Ireland. Contextual data was obtained from the information completed by services at the beginning of their self-review period.

LIMITATIONS

QNPMHS acknowledges there are limitations in the use of data included in this report. This exercise provided QNPMHS an opportunity to review how staffing data is collected from services and the need for changes to be made to the questions asked.

This report aims to showcase the data available from member services. Judgements on prison mental health staffing on a national level are not made in this report.

QNPMHS intends to review how staffing data is collected and publish a follow up report when further data is available.

CONTEXTUAL DATA

This section provides an overview of the contextual information gathered from services reviewed against the QNPMHS standards between 2023 - 2024. We collect this information to help gain an overview of the prison population size, type and category as well as caseloads. The following data has been collected from those services that provided this information. Where the data has not been provided or is unclear, this has not been included in the figures.

PRISON INFORMATION

The data below shows the types and categories of prison services that were QNPMHS members. This indicates there were a larger number of male and category C prison services, with sex offenders as the most common additional specialism. It is worth noting some prisons were a mix of the different types, categories and specialisms.

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

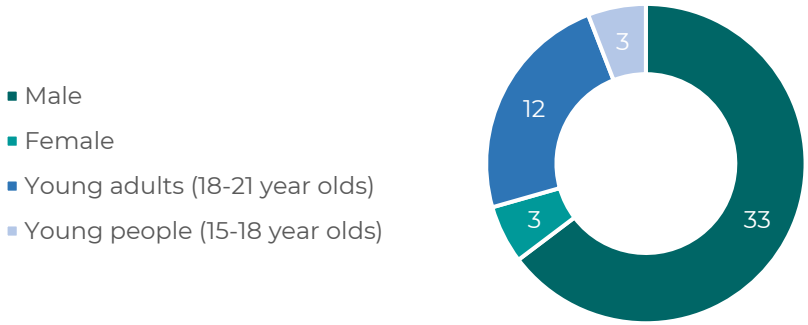


Figure 2: Category breakdown of services

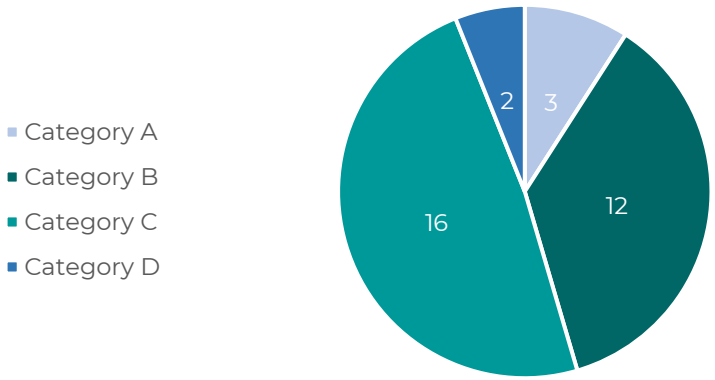
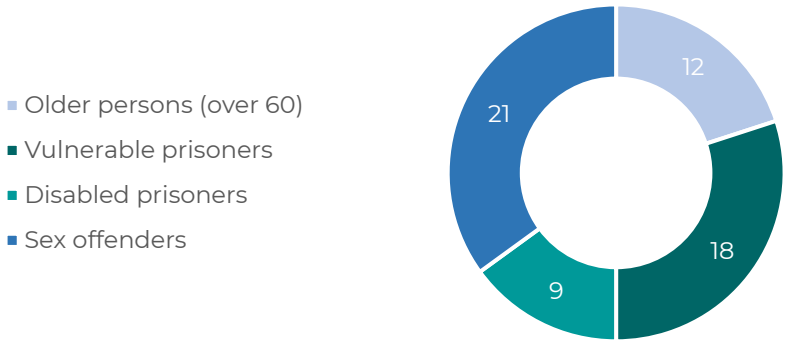


Figure 3: Specialism breakdown of services



CASELOADS

This section looks at a range of information provided by the mental health team, including prison population size, the number of patients on the prison mental health team's caseloads, waiting times between referral and assessment and between referral and treatment, and other data. This data is collected at self-review. The table below includes a breakdown of each category, including the average, highest and lowest data.

Category	Average	Lowest	Highest
Prison population size	727	80	2104
Patients on caseloads	115	17	650
Population on caseloads	18.43%	2.83%	65.71%
Average caseloads in past 6 months	85	13	275
Referrals accepted in past 6 months	72.02%	14%	100%
New patients seen in past 4 weeks	66	7	328
Days between referral and first assessment	8	1	140
Days between referral and treatment	29	2	334

This data has been divided by region, which provides an opportunity to highlight any similarities and differences in the caseloads of prison mental health teams. The following areas have not been included in the table below due to data only being available from one service: Republic of Ireland, East of England, South West and Northern Ireland. The following table highlights the average data in regions where data is available at the time of self-review.

Category	North East	North West	Scotland	South East	West Midlands	Yorkshire and the Humber
Prison population size	832	834	260	711	826	603
Patients on caseloads	172	94	21	63	207	76
Population on caseloads	21.98%	13.36%	14.04%	10.07%	28.37%	36.58%
Average caseloads in past 6 months	163	76	18	69	101	77
Referrals accepted in past 6 months	84.72%	62.25%	100%	78.89%	56.96%	57%
New patients seen in past 4 weeks	53	49	93	68	61	197
Days between referral and first assessment	7	5	4	5	4	5
Days between referral and treatment	27	66	9	20	14	6

The table shows West Midlands has the highest average number of patients on caseload. However, Yorkshire and the Humber is the region with the highest average percentage of prison population on their caseload.

When looking at referrals, Scotland is the only region who, on average, has accepted all referrals. Additionally, Yorkshire and the Humber have the highest average number of patients seen in a given four weeks, which equates to four times as many patients as the North West, with the lowest average number of patients seen, and over twice as many as Scotland, who has the second highest average number of patients seen.

Although the North West has the lowest average number of patients seen, this region has the longest average days between referral and treatment. On the other hand, Yorkshire and the Humber has the highest average number of patients seen, yet the lowest average days between referral and treatment.

STAFFING DATA

Data was collected on the staffing whole time equivalent (WTE) of each service. The average staffing numbers, including the highest and lowest numbers, can be seen on the table below:

Role	Average WTE	Lowest WTE	Highest WTE
Nursing	6.15	1	22
Social Work	0.27	0	1
Psychiatry	0.71	0	5
Psychology	1.01	0	4
Occupational Therapy (OT)	0.61	0	5
Support Workers (SW)	0.91	0	6
Admin	0.88	0	3.80

Some services highlighted having other staff as part of their team. Those who completed this information highlighted having access to housing support worker, advanced nurse practitioner, speech and language therapist, speech and language assistant therapist, higher assistant psychologist, high intensity cognitive behavioural therapy (CBT) therapist, health wellbeing coach, youth engagement coach, counsellor, senior psychological wellbeing practitioner, psychological wellbeing practitioner, trainee psychological wellbeing practitioner, nurse consultant, care navigator, perinatal advanced nurse practitioner, art therapist, psychosocial recovery practitioner and psychosocial lead.

This data has been divided by prison category, which provides a breakdown of the average mental health team composition per prison category. Female only prisons and Young Offender Institutions for young people (15-18 years old) have been excluded from the table below as data was only available from one service. The average WTE data can be seen on the table below:

Prison Category	Nursing	Social Work	Psychiatry	Psychology	OT	SW	Admin
Category A	3.67	0	0.77	0.33	0.33	1.67	0.60
Category B	7.93	0	0.70	1.12	0.69	0.58	1.12
Category C	5.83	0.47	0.90	1.13	0.83	1.26	0.71
Category D	4.00	0.50	0.17	0.33	0	0.47	0.97

The staffing data has additionally been divided by region, which provides an opportunity to highlight any similarities and differences in the composition of prison mental health teams. The following areas have not been included in the table below due to data only being available from one service: Republic of Ireland, East of

England, South West and Northern Ireland. The following table highlights the average WTE of each role in regions where data is available:

Region	Nursing	Social Work	Psychiatry	Psychology	OT	SW	Admin
North East	8.03	0	0.25	0.70	0.38	1	0.45
North West	7.75	0	1.03	1.32	0.17	0.50	1.27
Scotland	9.80	0	0.40	1.60	1.90	0.50	1.90
South East	5.39	0.50	0.71	1.25	1.27	1.72	0.68
West Midlands	5.87	0.44	0.86	1.11	0.06	0.49	0.94
Yorkshire and the Humber	6.60	0.50	0.35	0.10	0	0	1

The table shows Scotland has the highest average nursing, psychology, OT and admin WTE. It also indicates the lowest average social work WTE is in the North East, North West and Scotland. Further, the table shows the North East has the lowest average psychiatry and admin WTE and Yorkshire and the Humber has the lowest average psychology, OT and support worker WTE, although this region also has the highest average social work WTE.

When looking at regions in England, although the North East has the lowest average social work, psychiatry and admin WTE, this region also has the highest average nursing WTE. The South East has the lowest average nursing WTE but also the highest average OT and social worker WTE.

When comparing the average WTE of all member services to particular regions, the following comparisons can be made:

The following areas have above average nursing WTE:
North East, North West, Scotland and Yorkshire and the Humber.

The following areas have above average social work WTE:
South East, West Midlands and Yorkshire and the Humber.

The following areas have above average psychiatry WTE:
North West, South East and West Midlands.

The following areas have above average psychology WTE:
North West, Scotland, South East and West Midlands.

The following areas have above average OT WTE:
Scotland and South East.

The following areas have above average support worker WTE:
North East and South East.

The following areas have above average admin WTE:
North West, Scotland, West Midlands and Yorkshire and the Humber.

Finally, data looking at how many prisoners are looked after by nursing and psychiatry has been explored. This includes the average regional prison population size and mental health team caseload, as well as average nursing and psychiatry WTE:

Region	Average Prison Population	Average Caseload	Nursing WTE	Psychiatry WTE
North East	831.75	172.25	8.03	0.25
North West	833.50	94.17	7.75	1.03
Scotland	259.50	21	9.80	0.40
South East	710.80	63.33	5.39	0.71
West Midlands	826.11	207.44	5.87	0.86
Yorkshire and the Humber	602.50	75.50	6.60	0.35

SURVEY DATA

As part of the self-review and peer-review process, feedback is collected from staff in the form of online surveys. This section explores the 285 responses provided by prison mental health team members on standards that relate to staff experiences.

91.2% of staff feel able to raise concerns about standards of care being delivered by the mental health team.

87% of staff are able to quickly and effectively report incidents.

81.7% of staff received a full local prison induction within 28 days of employment.

79.6% of staff feel able to challenge decisions within the team.

76.8% of staff are always able to take their breaks.

75.5% of staff feel the service actively looks after staff health and wellbeing.

75% of staff receive clinical supervision at least monthly.

71.5% of staff have access to reflective practice sessions six-weekly.

67.4% of staff have been offered post incident support following a serious or distressing healthcare incident.

61.4% of staff receive line management supervision at least monthly.

QNPMHS STANDARDS

As part of the peer-review process, services were assessed against the QNPMHS Sixth Edition Standards (2023). This section explores workforce-related QNPMHS standards.

Standard 83:

The service has a mechanism for responding to low/unsafe staffing levels when they fall below minimum agreed levels, including:

- 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.

Overall, **97%** of services met this standard. Services noted different measures to ensure safe staffing. These include daily staffing meetings, setting up a prison-specific pool of bank staff, accessing additional staff members from other prisons within the region, monthly meetings to discuss overall staff numbers with the team, updating a risk register to report unsafe staffing, monthly escalation meetings with clinical leads and team managers as well as weekly huddles to identify hot spots in staff as well as looking at trends in leave, sickness and future demand.

Standard 87:

The service actively supports staff health and wellbeing.

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.

Overall, **59%** of services met this standard. Teams noted having access to counselling services, occupational health referrals, TRiM practitioners, away days, gym and wellbeing champions/leads. Services who were proactive in improving staff wellbeing had introduced “staff of the week” recognitions, wellbeing days, buffets, quizzes, appreciation hampers, a wellbeing notice board and a team shoutout box.

Supporting, visible and approachable managers were also described as supporting the team's wellbeing. Teams also described more personalised support received by their managers, including receiving check-ins when off sick, management being flexible with personal commitments, such as childcare, and management being proactive in pushing back at the wider prison establishment if the team are not able to accommodate requests due to workload.

Additionally, data shows: **62%** of services provide clinical staff with **clinical supervision** at least monthly; **47%** of services provide individual **line management supervision** at least monthly; **32%** of services provide access to **reflective practice** groups at least every six weeks; in **65%** of services staff are able to take **breaks** during their shift; and **47%** of services provide **post incident support** to staff who are affected by a healthcare related serious incident.

Standard 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.

Overall, **79%** of services met this standard. Staff highlighted being aware of whistleblowing and speak up guardian processes. Further feedback indicates feeling comfortable approaching managers and raising concerns, with some staff reflecting on managers being proactive by seeking the wider team's opinions and input when making decisions.

Other interesting data includes: **38%** of services have measures in place to **ensure staff are safe** when working with patients; **68%** of services have sufficient **IT resources** to provide all practitioners with easy access to key information; and staff who deliver therapies and activities are **appropriately trained and supervised** in **26%** of services.

CONTACT DETAILS

Contact Information

Chido Musoni, Project Officer

chido.musoni@rcpsych.ac.uk

0208 618 4083

Kelly Rodriguez, Programme Manager

kelly.rodriguez@rcpsych.ac.uk

0208 618 4063

Address

Quality Network for Prison Mental Health Services
Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

Website

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/prison-mental-health-services

Online discussion platform

Email prisonnetwork@rcpsych.ac.uk to join KnowledgeHub.

X (formerly Twitter)

@rcpsychQNPMHS

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

PRISON
QUALITY NETWORK FOR PRISON MENTAL HEALTH SERVICES

PRISON

The Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

CCQI
COLLEGE CENTRE FOR QUALITY IMPROVEMENT