RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

FORENSIC
QUALITY NETWORK
FOR FORENSIC
MENTAL HEALTH SERVICES

QNFMHS

Aggregated Report

Cycle 14-8 2021-2023

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Publication date: April 2025 | Publication no. CCQI 496

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FOREWORD

I am pleased to introduce this national report that aggregates the outcomes of peer reviews against the Royal College of Psychiatrists (RCPsych) Quality Network for Forensic Mental Health Services (QNFMHS) Standards for Medium and Low Secure Services. The report uses data collected from QNFMHS member services who completed their peer reviews against the 4th edition of the QNFMHS standards, published in 2021, to present an analysis of how they performed against those standards.

The report covers 120 services who underwent a full review between 2021 and 2023 (cycle 14 for medium secure services and cycle 8 for low secure services). Together, they represent 60 organisations across the UK providing tertiary forensic mental health services. These data have been gathered through our programme of supporting iterative improvements in quality through multi-disciplinary clinical peer-reviews, during which we have observed the extraordinary commitment of clinical staff in supporting patients and their families, despite challenges – some well recognised, some unprecedented. This report therefore not only describes how individual services fared in relation to the standards, but also innovations across service providers that enabled them to overcome obstacles to improving quality, from which there is learning to the benefit of other providers, patients and carers, and the wider system.

It has been some time since we have produced an aggregated report, and these data represent the achievements of services in the aftermath of the Covid-19 pandemic. During and since that time, there has been a considerable process of adjustment and readjustment as we resumed some activities in person, and the QNFMHS team has needed to be flexible in the way we engage with our membership. Elements of hybrid working have sustained, and we have been delivering full peer-reviews in person to half our member services, the others receiving a virtual developmental review, with the offer of open discussion sessions for services who, exceptionally, do not have the capacity to complete a full or developmental review. We have worked hard to calibrate our approach to this, and to provide our support in the most accessible way, acknowledging the pressures experienced by members that risk impacting their capacity to engage with the network.

Whilst this report is compiled using data reflecting the 4th edition of the QNFMHS standards, we are currently publishing the 6th edition, now looking very different, including the RCPsych College Centre for Quality Improvement (CCQI) core quality standards, mapped against sustainability principles. There has been considerable work undertaken to ensure that they represent consistency across adult mental health pathways, as well as setting essential, expected and desirable standards for the specific needs of tertiary mental health services. The standards have been subject to considerable stakeholder consultation and revision to best formulate this framework for excellent care, and since 2023, we have developed the option for a QNFMHS accreditation membership, working with a number of pilot member services.

Recent years have seen momentous milestones impacting forensic mental health pathways, notably the establishment of the Adult Secure Provider Collaboratives, responsibility for which will be delegated from NHSE to Integrated Care Boards (ICBs) from 1st April 2025. Most recently, I am writing this in the week that the Secretary of State for Health and Social Care has announced plans for very significant structural change to the NHS over the next two

years, including removing NHSE as an entity, merging some of its functions into the Department of Health & Social Care. In the short term, structural change can bring uncertainty and turbulence. I have found this an opportunity to reflect on the purpose and enormous value of the QNFMHS as a network that has been independently promoting improvements in quality within and between forensic mental health services since 2006. Embedded in the RCPsych CCQI, we are led and driven by clinicians passionate about working in collegiate ways to creatively define and improve the quality of care we provide to our patients and their families. The QNFMHS is well-placed to be a source of stability and consistency of experience over the coming years, to support our members and Provider Collaboratives with an accessible framework of excellent and aspirational standards for practice, within a collaborative culture of continuous improvement, co-production, equality and diversity.

I hope that this report will be a helpful resource for benchmarking between services and supporting quality assurance and improvement within the governance processes of Provider Collaboratives, whilst demonstrating the creativity and innovation alive in our pathways. I hope this will be a tool to support Provider Collaboratives to persistently build on the fundamentals of excellent care and maximise their potential to further develop quality, co-production, and shared learning in their networks and partnerships. Above all, I hope this report will support unwavering focus on what is most important – promoting, celebrating and sharing innovation and best practice across forensic pathways and promoting the best interests of our patients and their families.

I would like to express my sincere thanks to the QNFMHS team, my colleagues on the Advisory Group, and those members, patient, and carer representatives who work tirelessly to ensure the smooth running of the network and support our development work. I would also like to personally thank the many healthcare professionals, patients and carers who have taken part as QNFMHS reviewers. Being part of a review team and engaging in QNFMHS events is a hugely rewarding opportunity to network and learn fresh perspectives. We could not achieve this work without such fantastic commitment to continuous improvement in quality of services and excellent outcomes for people who need secure mental health care, their families, and friends.

Dr Jude Deacon

Chair of the Quality Network for Forensic Mental Health Services Advisory Group

WHO WE ARE AND WHAT WE DO

WHO WE ARE

The Quality Network for Forensic Mental Health Services (QNFMHS) was established in 2006 to promote quality improvement within and between medium and low secure forensic mental health services. It is one of over 30 quality, accreditation and audit programmes within the Royal College of Psychiatrists' Centre for Quality Improvement.

Member services are reviewed against the Network's published standards for medium and low forensic mental health services.

WHAT WE DO

We adopt a multi-disciplinary approach to quality improvement in forensic mental health services as part of a biennial review cycle. We report on the quality of mental health care provided in forensic settings and allow services to benchmark their practices against other similar services. We serve to identify areas for improvement through a culture of openness and enquiry. The model is one of engagement rather than inspection. We aim to facilitate quality improvement through a supportive network and peer review process. We review medium and low forensic mental health services in the UK and Ireland and involve the frontline staff, managers, patients and carers in this process.

Participation in the Quality Network is part of NHS England commissioning guidelines for secure services and members pay a fee to be a part of the process.

OUR ADVISORY GROUP

Development of the network is steered by a group of professionals who represent key interests and areas of expertise in the field of forensic mental health, as well as patients and carers who have experience of using these services. The group is chaired by Dr Jude Deacon, Director of Forensic Mental Health and Thames Valley Prisons Mental Health, Oxford Health NHS Foundation Trust. The group meets quarterly and includes representatives from NHS England, CQC, Ministry of Justice and other organisations.

JARGON BUSTER

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

MULTI-DISCIPLINARY: A multi-disciplinary team involves many different disciplines or professional backgrounds that work together to deliver care to a population of patients.

Ying and Yang created by a patient at The Humber Centre

THE REVIEW PROCESS

The review cycle is structured in two stages over a two-year period; the first stage is a full review visit and the second is a developmental review visit.

Full Reviews

As part of a full review, services complete a self-review workbook which includes a self-rated score and comment against each Quality Network standard and any supporting evidence. Questionnaires are distributed to staff, patients and carers.

A visiting peer review team meets with managers, frontline staff, patients and carers to explore their experiences and validate the information provided. A tour of the environment is completed. The service being reviewed receives preliminary findings at the end of the review, including any themes identified.

The data that is collected is then recorded in a service-level report, which summarises the areas of good practice and areas in need of improvement.

Developmental Reviews

As part of developmental review, services complete a shortened self-review focusing on their priorities, achievements and challenges.

During the online review day, the review team holds open discussion meetings with managers, frontline staff, patients and carers. This provides services with the opportunity to discuss their challenges in a supportive and open environment as well as sharing learning with other services.

A developmental review summary is produced following the review day, highlighting the actions taken since the previous review and the key areas of good practice and areas for improvement. Services then engage in further action planning to reflect on the feedback received.

Open Discussions

Open discussion sessions are an opportunity for services to meet with a review team for two hours online to discuss service priorities, achievements and challenges. These sessions are an option for services who do not have the capacity to complete a full or developmental review, and QNFMHS continues to offer these sessions in these circumstances.

During the open discussion sessions, the host team and review team share good practice examples and offer support to one another around any challenges they may have. A report is not produced following the discussion, although some services opt for a self-review report.

THIS REPORT

OVERVIEW

This national report uses the data collected from member services who completed their peer review against the Fourth Edition of Standards for Forensic Mental Health Services (2021). It is aimed at frontline staff, senior management, patients and carers as well as anyone who has an interest in forensic mental health services.

This report presents an analysis of how well member services are performing against standards. This was done by assessing whether they were marked as 'Met', 'Partly Met' or 'Not Met' against QNFMHS standards.

This report also includes key areas of achievement and areas for improvement gathered from qualitative data within service reports. Alongside this, are recommendations aimed at forensic mental health staff and senior management. The purpose of these recommendations is to support teams to review their own areas for improvement and to continuously improve the quality of care that they provide. Therefore, it is hoped that this report will help to increase the likelihood that individuals who use forensic mental health services will have a good experience.

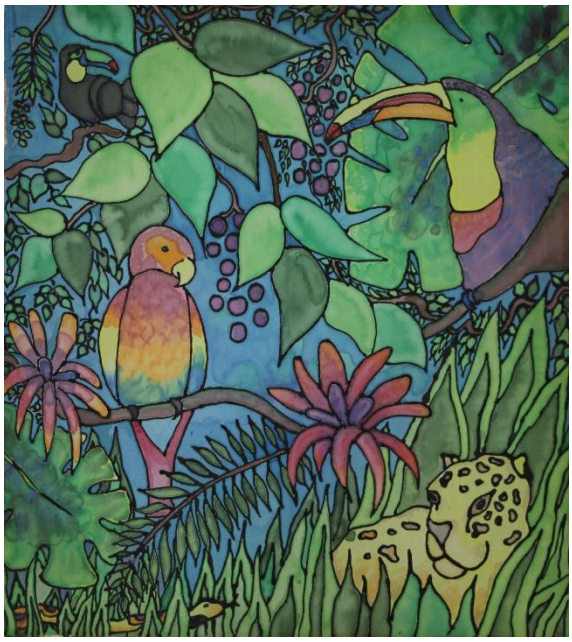
STANDARD TYPES

The standards are divided into three types:

Type 1: These are 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: These are expected standards that all services should meet.

Type 3: These are desirable standards that high performing services should meet.

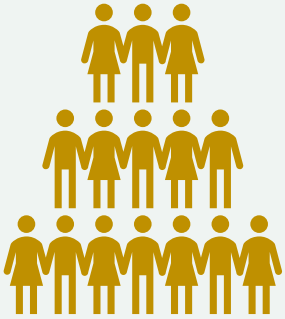


Artwork created by a patient at Wathwood Hospital

DATA COLLECTION

60

Trusts and Organisations



1,724

Patients completed questionnaires

4,410

Staff completed questionnaires

120

Services

515

Family and friends completed questionnaires

HOW WAS DATA COLLECTED?

The data in this report comes from 120 members who underwent a full review between 2021 - 2023. Together, they represent 60 Trusts and organisations across the UK.

Contextual data was obtained from the information completed by services at the beginning of their self-review period. Decisions as to whether a service had met, partly met or not met standards were made by the peer review teams based on evidence obtained from the self-review and subsequent peer review visit.

This evidence included:

- Discussions during the peer review
- Questionnaires
- Anonymised clinical notes
- Policy and documentation checks.

MEMBERSHIP

Between 2021 – 2022, 124 services in the UK and Ireland took part in Cycle 14-8. During this time, 48 full reviews took place, 66 developmental reviews took place, nine services opted for an open discussion and three reviews did not go ahead.

Between 2022 – 2023, 122 services in the UK and Ireland took part in Cycle 14-8. During this time, 64 full reviews took place, 43 developmental reviews took place, seven services opted for an open discussion and eight reviews did not go ahead.

You can see the geographical footprint of our member services in Figures 1 and 2.

Figure 1: Cycle 14-8 (2021-2022) Member Services

Figure 2: Cycle 14-8 (2022-2023) Member Services

EXECUTIVE SUMMARY

This section provides an overview of how services from Cycle 14-8 are performing against the QNFMHS standards.

Figures 3, 4 and 5 offer a breakdown of how medium and low secure services performed against the standards, in order of compliance. They illustrate the percentage of met, partly met and not met criteria per service.

The percentage of fully met criteria for medium secure services spans from 22% to 86%. The average compliance across the 49 medium secure services who were reviewed against the QNFMHS standards during Cycle 14-8 is 64%, as indicated by the first bar marked 'TNS' (total national sample) on the graph.

The percentage of fully met criteria for low secure services spans from 25% to 89%. The average compliance across the 98 services who were reviewed against the QNFMHS standards during Cycle 14-8 is 65%, as indicated by the first bar marked 'TNS' (total national sample) on the graph.

Figure 6 displays the average percentage of met criteria per domain for Cycle 14-8 for medium and low secure services. Overall, medium secure services performed strongest in the areas of 'Treatment and Recovery', 'Physical Security', and 'Safeguarding'. The areas in most need of improvement are 'Workforce', 'Governance' and 'Family, Friends and Visitors'. Low secure services performed strongest in the areas of 'Ward Environment', 'Physical Healthcare', and 'Safeguarding'. The areas in most need of improvement are 'Family, Friends and Visitors', 'Patient Experience' and 'Procedural Security'.

It is worth noting some similarities between the average percentage of met criteria per section for both medium and low secure services. Notably, 'Safeguarding' is a section both groups of services performed strongly. Similarly, 'Family, Friends and Visitors' as well as 'Workforce' are areas both groups of services are in most need of improvement.

Leap of Faith created by a patient at Birmingham and Solihull Mental Health NHS Trust

Figure 3: Percentage of met criteria by medium secure services

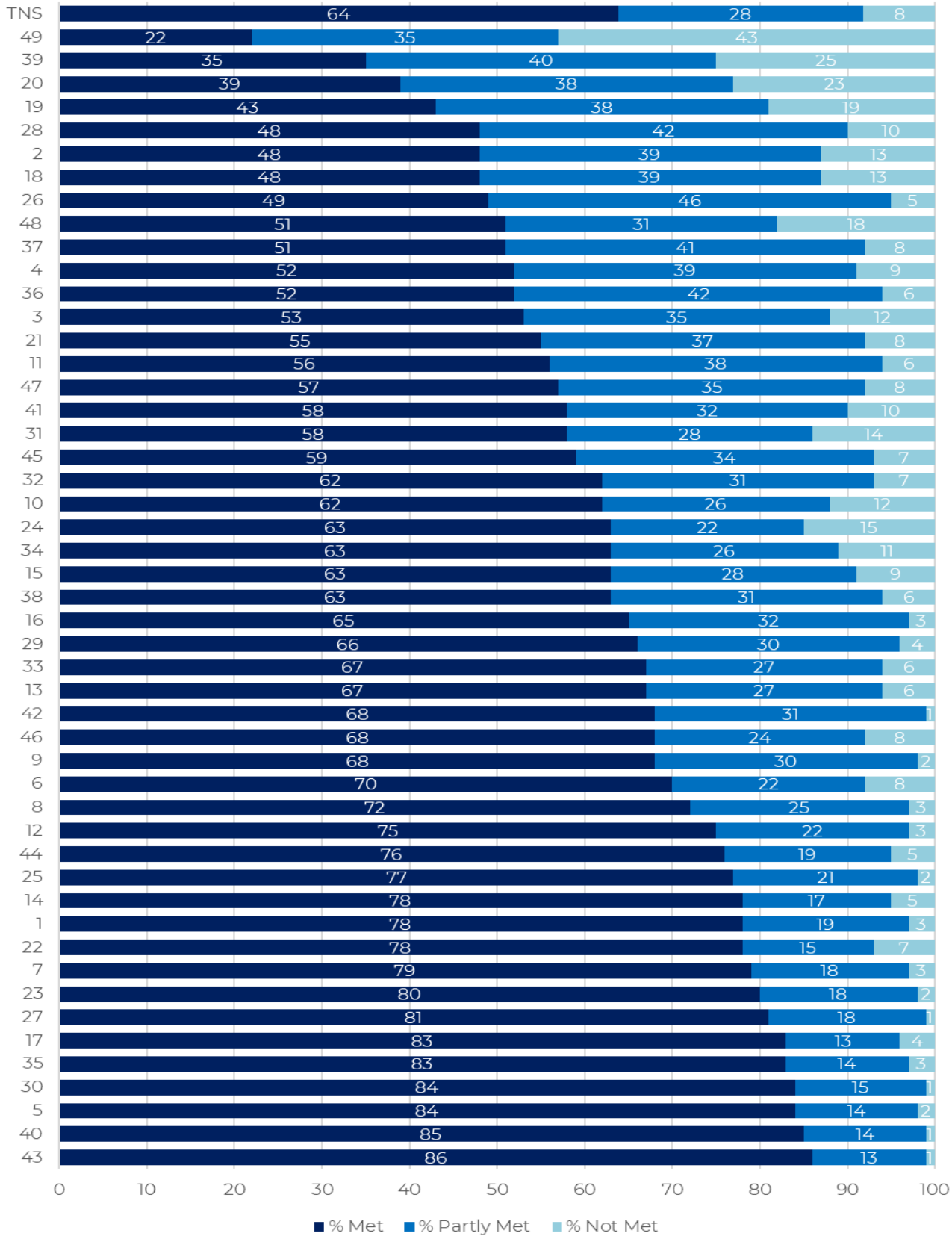


Figure 4: Percentage of met criteria by low secure services (part 1)

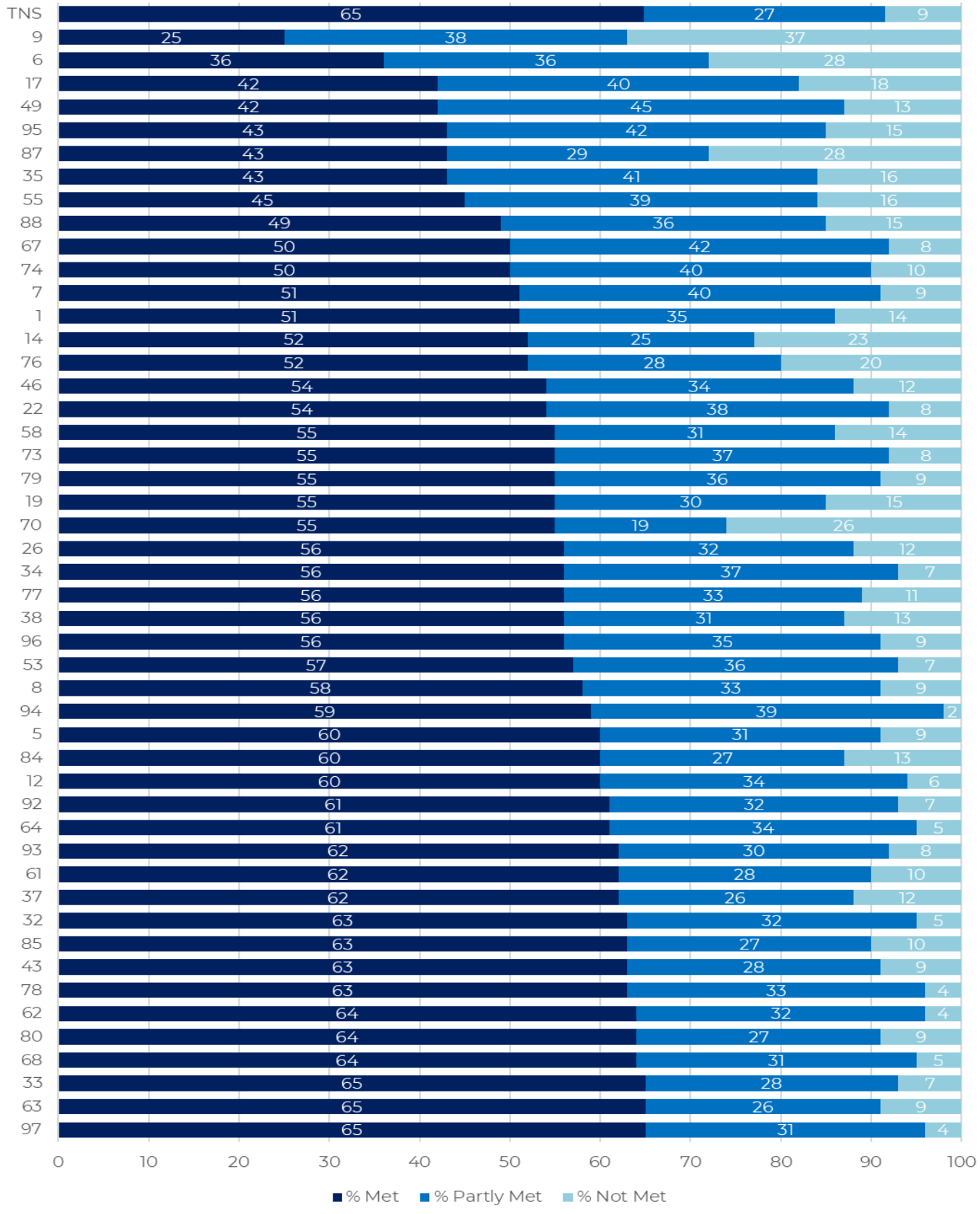


Figure 5: Percentage of met criteria by low secure services (part 2)

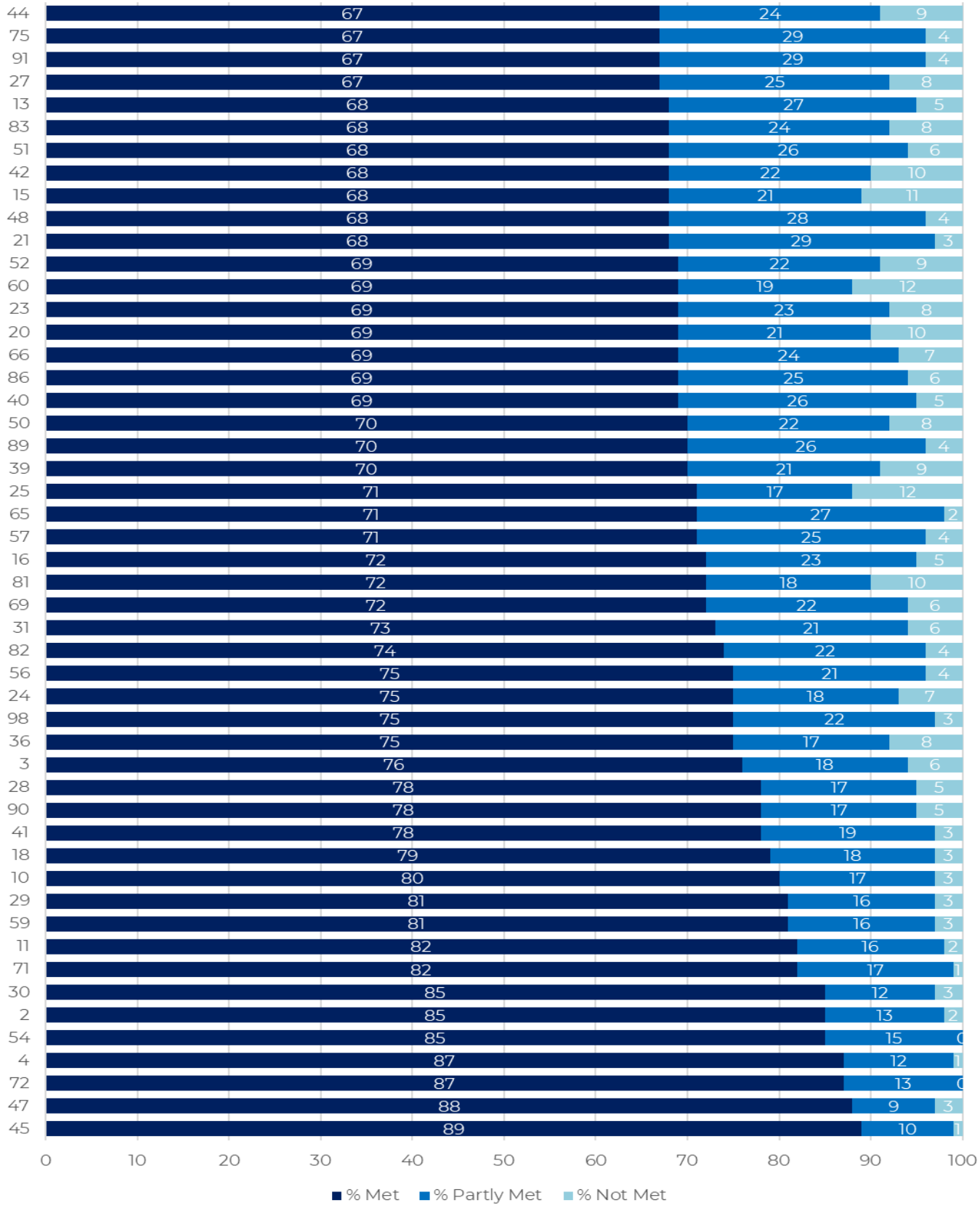
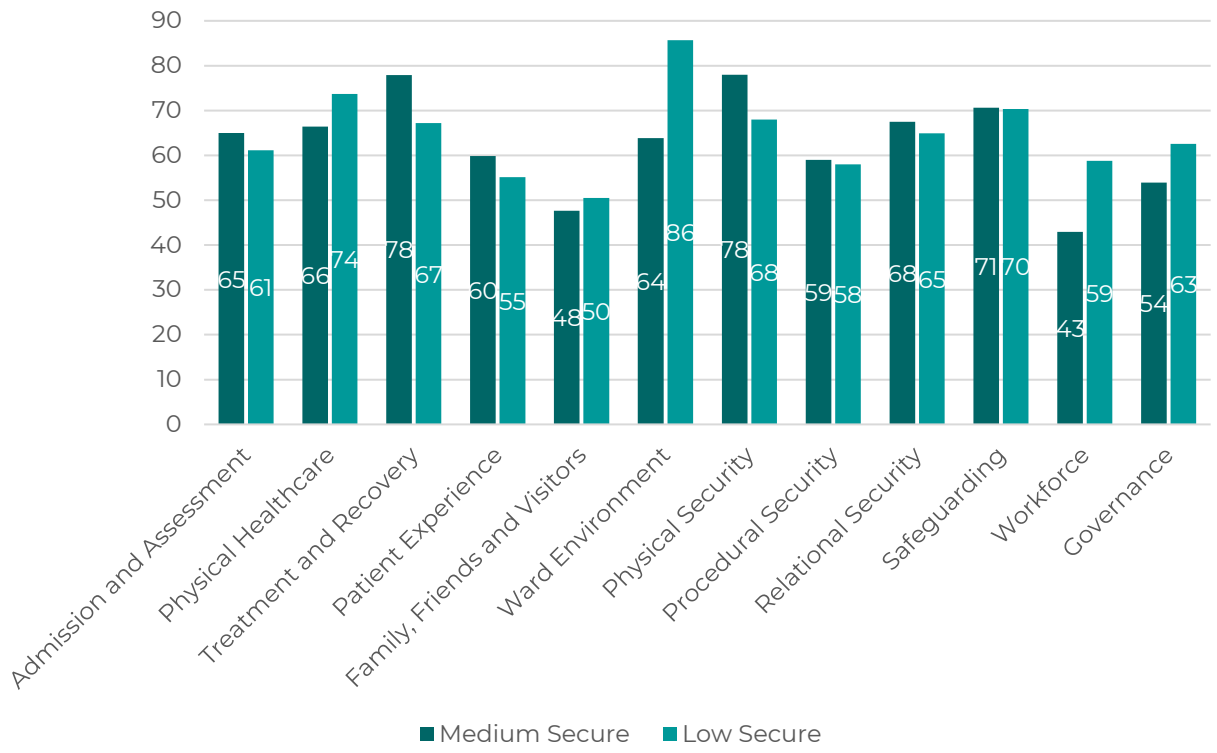


Figure 6: Average percentage of met criteria per domain for medium and low secure services



The next section provides a breakdown of each domain within the standards, highlighting the overall percentage of met standards for Cycle 14-8 (2021 – 2023), good practice examples, common areas for improvement and recommendations. It is important to note there is no section for Physical Security included below. This section is encompassed by one standard, stating '*The service manages physical security according to the standards stated in the QNFMHS Physical Security in Secure Care guidance*'. This standard assesses whether services are adhering to the QNFMHS Physical Security in Secure Care guidance and this was met by 71% of services.

ADMISSION AND ASSESSMENT

Overall, 73% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 1 [2] *Patients will receive a multi-disciplinary pre-admission assessment of need and risk that ensures admissions to the service are appropriate and the needs of patients are clearly identified.*

98% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 6 [2] *Clear information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners on: Admission criteria; Clinical pathways describing access and discharge; How the service involves patients and their carers; Contact details for the service.*

29% of services met this standard.

64% of patients

reported that they have been given a welcome pack.

47% of carers

reported that they have received a carers information pack.

82% of patients

reported that, when they arrived at the service, staff members introduced themselves and other patients and showed them around the ward.

GOOD PRACTICE EXAMPLES

The service begins engagement with referrals before admission, offering tours of the unit to new admissions before their arrival to ease the nerves of being in a new environment. New admissions are provided with welcome packs and information during this time. Pre-admission assessments inform care planning and provisional OT timetables.

Cygnet Hospital Derby, 2023

The service has a 'buddy system' in place that pairs up new admissions with longer standing service users to help them settle in and guide them. Patients mentioned that the welcome packs were left on their beds so that they could go through them in their own time and were easy to understand. It was reported that staff members also left small token gifts such as a mug and spoon on patient beds.

The Orchard Unit, 2022

The service involves their physical health lead to review any physical health needs of potential new admissions. During this assessment, the service will also consider proximity of family, victims' issues, faith and religion and dietary needs.

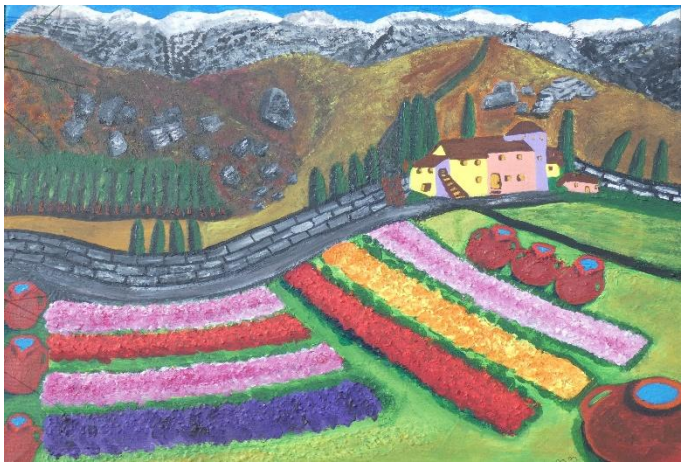
Farmfield Hospital, 2022

AREAS FOR IMPROVEMENT

- Patients do not always receive welcome packs on admission to services. This makes it difficult to adjust to the service as there is a lack of information available to them.
- Often the information given to patients does not include all the listed points in the standard. Commonly missed points include how to access their own health records and accessing a second opinion.

RECOMMENDATIONS

- Include within the admission checklist the provision of a welcome pack. Keep copies of the welcome backs in bedrooms so patients can refer to them at any point. Dedicated time should be provided during one-to-one meetings for patients to be able to ask any questions they might have about the welcome pack.
- Welcome packs should be co-produced with patients and carers to ascertain the information provided would be useful for them and this is easily understood. Supporting with this could be the role of a peer-support worker. Use the QNFMHS standards as a guide of what to include in the welcome pack.



Home Sweet Home created by a patient at Trevor Gibbens Unit

PHYSICAL HEALTHCARE

Overall, 74% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 13 [1] *Emergency medical resuscitation equipment (crash bag) is available within three minutes. The crash bag is maintained and checked weekly, and after each use.*

95% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 11 [2] *Care plans consider physical health outcomes and interventions in the following areas: Health awareness; Weight management; Smoking; Diet and nutrition; Exercise; Dental and optical needs; Any patient specific items.*

50% of services met this standard.

86% of services

had all records held by the service integrated into one patient record.

GOOD PRACTICE EXAMPLES

The physical health provision at the service is commendable. The GP visits at least twice a week and patients receive regular physical health checks. There is a physical health hub at the service with two physical health nurses in post. Patients are informed of and supported to access screening programmes in line with those available to the general population.

Caswell Clinic and Taith Newydd, 2023

To support patients to manage a healthy weight, staff have established a cycle club and a monthly communal meal shared between patients and the team. Dietician input was said to be very strong with an emphasis on realistic weight goals. Patients were well informed regarding the importance of a healthy diet and regular exercise and reported being encouraged to remain active. A full-time sport and exercise therapist is available, providing group and one-to-one sessions. Lastly, those with section 17 leave can also take part in 'Sports for Confidence' and Slimming World activities in the community.

St Andrew's Healthcare Essex, 2022

Patients felt supported to care for their physical health and valued the team's responsiveness to any related concerns. They receive regular physical health checks and discussed personal physical health goals at length. All patients felt encouraged to stay active and confirm receiving advice on keeping fit. Patients spoken to particularly enjoyed yoga, Pilates, and swimming at the local pool. A dietician consults on the menus, designing and implementing a traffic light system that was seen to be clearly displayed in dining areas. Further, patients recalled a group session dedicated to screening programmes, allowing them to ask any questions and clarify queries.

Cygnet Hospital Stevenage, 2023

AREAS FOR IMPROVEMENT

- Many patients were not aware of local screening programmes which should be in line with those available to the general population.
- Not all patients are offered a staff member of the same sex for physical examinations or overnight observations.

RECOMMENDATIONS

- Develop posters with relevant information and display them in patient areas. These could include information on diabetes, dyslipidaemia, hypertension, epilepsy and asthma. Additionally, introduce well-man/well-woman clinics discussing gender-specific issues.
- Remind all staff of the importance of offering chaperones for physical examinations. Where this is offered, the purpose should be explained to patients and recorded. Rotas for overnight observations should include flexibility to allocate staff of the same sex as patients.

TREATMENT AND RECOVERY

Overall, 69% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 16 [2] *The multi-disciplinary team develops the care plan collaboratively with the patient and their carer.*

93% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 15 [2] *The multi-disciplinary team develops the care plan collaboratively with the patient and their carer.*

37% of services met this standard.

71% of patients

reported that their planned pathway of care is realistic and takes account of their hopes and aspirations.

20% of carers

reported that they are always involved in developing their loved one's care plan.

GOOD PRACTICE EXAMPLES

Activity provision within the service is commendable. The service explained that, during the pandemic, they had to stop cross-ward groups, however, they adapted well by offering different sessions. The psychology department led on workshops such as mindfulness, coping with emotions, drugs and alcohol and understanding mental health. Frontline staff explained that engagement and activity provision for patients was important to keep the incident rates low. Patients stated they enjoy a variety of activities provided. There is an activity worker that helps to organize the sessions. Patients can play board games, table tennis, access yoga lessons, enter pool competitions, have personalised gym sessions with an instructor and have access to groups, including a movie and a YouTube group. Additionally, patients have an opportunity to work in a café onsite.

Shaftesbury Clinic, 2023

There is a wide range of psychological input available for patients, either as a group or individually, including dialectical behaviour therapy (DBT), cognitive behaviour therapy (CBT), schema therapy, psychodynamic therapy, systemic therapy, eye movement desensitization therapy (EMDR), cognitive analytic therapy (CAT) and compassion-focused therapy. The service has transitioned into a trauma informed model of care which is reflected in formulations and various policies at the service.

Newsam Centre, 2022

Both the carers and patients spoken to felt involved in and valued during care planning. Patients could clearly identify their next steps and the purpose of their medications and therapies and felt that these were attainable. Carers and patients both attend fortnightly ward rounds with the MDT (carers via videoconferencing) and find the MDT friendly and approachable. The same was reported for CPA reviews, with patients and carers also being provided with a report afterwards. Following these meetings, one carer felt that their loved one's psychiatrist is "the best psychiatrist [they have] had since first being admitted to hospital.

Clifton House, 2022

AREAS FOR IMPROVEMENT

- Many patients and staff reported that there are not enough activities on offer and these do not cover seven days a week, including evenings and weekends. Patients are also not always given personalised activity timetables with activities which support social inclusion, skills and therapeutic interventions.
- Feedback from patients and carers indicates they often do not feel involved in care planning and have not been offered a copy of their or their loved one's care plan. Patients are also often unaware of their pathway of care and what stage they are at.

RECOMMENDATIONS

- Audit the activities accessed by patients and utilise this information to review whether the activities on offer are of interest. Activities should be available seven days a week including evenings and weekends. Host regular planning meetings where patients are supported to update their personalised copy of timetables. This could be part of a Quality Improvement project.
- Services should ensure care planning processes are collaborative. This should include co-developing care plans and providing patients with space within their care plan to include their own views. Copies of care plans being offered should be recorded and audited. Discuss care pathways in weekly one-to-one sessions to ensure patients are aware of what stage they are at and what their next steps are. Where possible, develop a recovery roadmap that will provide clear information on this.

PATIENT EXPERIENCE

Overall, 54% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 36 [2] *Confidentiality and its limits are explained to the patient and their carers on admission, both verbally and in writing.*

94% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 42 [2] *Patients' preferences/views are taken into account when allocating staff members undertaking overnight observations in bedroom areas.*

32% of services met this standard.

47% of patients

reported that they feel they are always treated with compassion, dignity and respect.

84% of patients

reported that they know how to contact an advocate and know how they can help them.

GOOD PRACTICE EXAMPLES

Patients felt they were treated with compassion, dignity and respect, and felt listened to and understood by staff, summarising, "you can't fault them". Reflecting on previous admissions at different hospitals, one described how much more welcoming and compassionate staff had been. Patients appreciated staff involvement in competitive inter-ward activities such as football and badminton matches.

Priory Hospital Lincolnshire, 2022

Opportunities for patients to get involved in co-production are strong. There are regular community meetings that specifically aim to be collaborative and therapeutic by involving patients in discussions about the service and service developments. Staff and managers explained that there are clear mutual expectations set at community meetings that allow for effective co-production.

Marlborough House, 2023

The community meetings are well embedded in the service and occur regularly. Patients clearly understood the purpose of these meetings and reported they take place fortnightly. These were described as being chaired and minuted by patients and they feel they are able to communicate their feedback and views to the service.

Gateway Recovery Centre, 2022

Patient independence and support is a highlight for the service. Patients reported that the advocacy service available to them is very supportive. The advocates attend patient meetings which patients find helpful, and they can contact them easily. Similarly, patients stated the peer support service is a very positive experience. Peer support workers run sessions and current patients find their advice useful as they have been through services themselves.

North London Forensic Service, 2023

AREAS FOR IMPROVEMENT

- Food provision is a common challenge. Patients reported that the meals are of poor quality, are not varied, portion sizes are small and the options do not allow patients to have a healthy and balanced diet.
- Many patients feel that staff do not listen to them and understand them. This can be emphasised when patients raise issues and do not receive feedback on them.

The service has a well-established 'Working Together' group to enhance patient involvement in service delivery. Outcomes of the group include co-produced patient welcome leaflets for each ward, decoration of rooms, purchasing of unit bicycles and patient involvement in staff recruitment. Patients spoke about the group and it was clear that it was something they were invested in and felt a part of.

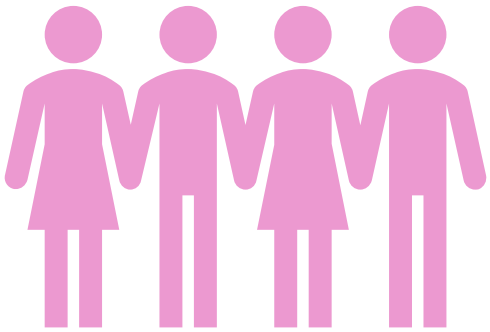
The Chichester Centre, 2022

RECOMMENDATIONS

- Discuss food options within community meetings. Encourage the catering team to attend the meeting to discuss feedback with patients directly. If not already in place, introduce a food group that meets regularly to discuss food feedback. This should include attendance from a patient representative. Where adjustments are made to menus, food tasting sessions should be introduced prior to changing menus where possible.
- Provide staff with patients' perspective training, co-delivered with patients, to enhance their understanding of the patient experience. When issues are raised in community meetings and ward rounds, add these to an action log and provide regular updates to patients.

FAMILY, FRIENDS AND VISITORS

Overall, 52% of standards in this section were met by services.



Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 61 [2] *The pathway of care considers victim issues and is developed in liaison with relevant supervisory agencies e.g. the responsible local authority, offender manager and/or MAPPA.*

96% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 52 [2] *Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency. Guidance: This is an opportunity for carers to discuss what support or services they need, including physical, mental and emotional needs. Arrangements should be made through the carer's local council.*

13% of services met this standard.

85% of carers

reported that they are made to feel welcome when they visit.

48% of carers

reported that they had their rights and responsibilities around consent in relation to their loved one's care and treatment explained to them.

GOOD PRACTICE EXAMPLES

The service has successfully improved their carer engagement work, largely supported by the introduction of a carers' liaison role. Carers confirm that they are able to talk to the family liaison officer on request, and recall being asked about the patient's background. They also appreciated that, following leave with their loved one, the family liaison officer calls to discuss how it went.

Ash Ward, 2023

Carers have access to an active carers group, which facilitates a "very powerful connection" to other carers. This is an autonomous group, but members appreciate the extensive support and communication provided by the service. The group has a "long-standing tradition" of meeting with the SMT three to four times a year and have regular contact with staff between meetings. This is usually facilitated via the social worker, who was praised highly for their carer engagement work.

Central Mental Hospital, 2022

Contact from the service is regular and individualised to the carer's needs and schedule, and they are able to contact the service when needed. Carers particularly appreciate, that when they do call, they do not feel rushed. If the staff member is unable to spend time on the phone at that moment, they explain this and arrange a time to follow up. Carers also value that their own needs are recognised, and that they can call just for someone to listen. Staff also offer to collect carers from the station when visiting. Visiting policies are also developed with visitors in mind. For example, there are no set visiting times, pets are welcomed into the garden, and a patient with building qualifications is being supported to draw up plans for a sheltered outdoor visiting space.

Francis Willis Unit, 2022

AREAS FOR IMPROVEMENT

- Not all carers have access to a carer support group or network. This includes not being signposted to other resources.
- Carers would appreciate more clarity surrounding consent procedures, and more information on the service in general when consent is withdrawn.
- Carers' visiting experiences can often feel unwelcoming due to the inflexibility of rules and visiting facilities.

RECOMMENDATIONS

- Facilitate carer support groups at the service where possible, either face-to-face or online. Seek advice from other QNFMHS member services via the use of KnowledgeHub on how they have set up their own carers' groups and other autonomous groups that carers could be signposted to. Information should be included in the carer's information pack.
- Develop guidance on what information can be shared with carers when their loved one withdraws consent. Share this with staff and ensure it is adhered to.
- Collect feedback from carers on their visiting experiences and develop an action log based on feedback. This could be part of a carer's champion role.

WARD ENVIRONMENT

Overall, 84% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 78 [2] *Patients can make and receive calls in private.*

96% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 81 [2] *There is a dedicated de-escalation space that is furnished for the purpose of de-escalation.*

63% of services met this standard.

75% of patients

reported that they can personalise their bedroom.

GOOD PRACTICE EXAMPLES

Patients have access to a multi-faith room with washing facilities, if patients want to wash their feet and hands before entering. Patients also have access to a music room, which contains instruments and recording facilities, as well as art rooms and a gym. Further, patients have a separate therapy garden to grow plants.

Ashford Unit, 2022

The service has calming suite rooms across the different wards. The calming suites act as supportive therapeutic environments geared towards improving the safety of staff and patients, whilst reducing the use of restrictive practices such as seclusion and restraint. Patients highlighted they have benefited from using the room to calm down when they become agitated.

Thornford Park, 2023

The service hosts an impressive outdoor environment. Patients can access large outdoor grounds, with a patient made chicken coop, fishpond and opportunities to get involved in caring for animals and gardening. Patients spoke positively about the horticulture area, which allows them to build a sense of pride and skills.

Suttons Manor, 2023

The team have co-produced an excellent sustainability initiative, upgrading their allotment site into a multifunctional, sustainable therapeutic space. The area features raised vegetable beds, green houses, a chicken coop and an indoor space used for recreational activities, section 17 leave assessments, and as a visitors area. When completed, the area will include a pond, aviary, sustainable cabin with toilet facilities, and a new hen house. A joint working party was set up to support the development, with representation from service users, external experts by experience, and EAP staff.

The Montpellier Unit, 2022

The facilities available at the service are commendable. Within the hospital grounds, patients are able to access a dentist, GP, gym, swimming pool, jacuzzi, sauna, a football pitch and a tennis court. There is also an area with a garden centre where patients engage in voluntary activities to learn skills, including woodwork, crafts and ceramic work. Further, there is a coffee shop on-site where patients and paid employees work together. Lastly, patients have access to a self-care therapist, a beautician who attends the service once a month to provide pampering sessions, hand massages, hand and feet care, as well as hairdressing as required.

St Andrews Low Secure & Specialist Rehabilitation Division, 2022

AREAS FOR IMPROVEMENT

- Ward layouts can often result in blind spots being in place in some services, which poses a risk to patient safety. Where blind spots are being addressed by staff positioning, this can further exacerbate staffing pressures.
- Confidential data is frequently visible outside of the nurses' station. Often, windows allow anyone who is standing outside the room to see computer screens and whiteboards with patient information.

RECOMMENDATIONS

- Following an environmental risk assessment, submit a bid to the organisation to install CCTV or parabolic mirrors to address the identified blind spots and reduce the use of staff positioning.
- Review the orientation of the computer screens in nursing offices. Where possible, orientate them facing away from the window so confidential data is not visible. Additionally, install privacy screens on computer screens. Where whiteboards are used, install winged whiteboards and educate staff on the importance of keeping the wings closed to maintain confidentiality.

PROCEDURAL SECURITY

Overall, 59% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 97 [2] *There are systems in place to assess staff knowledge of policies critical to their role.*

90% of services met this standard.

86% of staff

reported that policies, procedures and guidelines are accessible and easy to use.

The below standard is one of the least commonly met in this section:

Standard 94 [2] *The service's policies and procedures are developed, implemented and reviewed in consultation with patients, their carers and staff members. There is a process in place to enable patients and their representatives to view policies critical to their care.*

13% of services met this standard.

19% of carers

reported that they know how to access policies, procedures and guidelines about their loved one's care.

GOOD PRACTICE EXAMPLES

The team have embarked on a project to reduce restrictive practices at the service. So far, the team have worked to remove 11 blanket restrictions. The project has involved reviewing restrictive practices meetings with patients on a monthly basis. The team are also working to reduce violence and aggression by intervening early and working with PBS plans.

St Andrew's Medium Secure Service, 2022

Patients are risk-assessed by the MDT before being given access to the patient Wi-Fi and are asked to sign a patient contract agreeing to the safe use of the internet. Patients attend a digital safety course to ensure that patients are safe online and weekly security checks (cookies and internet history) are carried out by staff members, to monitor this.

Woodlands House, 2022

Patients shared that they have good access to technology and are aware of the policies in place around the use of technology. Patients reported that they can have smart phones in their bedrooms, on ground leave and section 17 leave. Patients can also use computers, laptops and iPads and have access to Wi-Fi within the service.

Waterloo Manor Hospital, 2023

The service is dedicated to positive risk-taking and reducing restrictive practice. For example, unsupervised internet access and mobile phones have recently been introduced. Care plans evidence positive risk-taking for individual patients, such as for self-administration of medication and keeping phone chargers in bedrooms.

Twynham Low Secure Unit, 2022

AREAS FOR IMPROVEMENT

- Staff, patients and carers are not always aware of how to access policies and procedures relating to their care and treatment.
- Patients and carers are often not involved in the development of policies and procedures relating to their care and treatment.

Staff spoke about having a positive relationship with the police whereby they are supported following incidents that require police involvement.

Three Bridges, 2023

RECOMMENDATIONS

- Put up posters in relevant areas, such as the ward boards and the visiting areas, highlighting what policies can be requested and how requests can be made. Alternatively, a folder with copies of relevant policies should be developed and placed in the visiting room for carers to access. A similar folder should be available on the ward for patients and patients should be informed of how this folder can be accessed, i.e. via community meetings, leaflets or posters.
- When policies relating to patients, family, friends or visitors are being reviewed, input from patient and carer representatives should be sought out. This could be the role of a peer support worker and carer champion.

RELATIONAL SECURITY

Overall, 63% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 99 [2] *There is a structure in place for direct care staff that supports ongoing skill development in the eight areas of relational security.*

69% of services met this standard.

81% of staff

reported being supported to develop in their knowledge of the eight areas of relational security

The below standard is one of the least commonly met in this section:

Standard 100 [2] *There are clear and effective systems for communication and handover within and between staff teams.*
Guidance: Relevant issues are identified using the relational security explorer wheel, are noted in handovers and audited.

56% of services met this standard.

91% of staff

reported receiving training in relational security as part of their induction

GOOD PRACTICE EXAMPLES

Staff highlighted their handover is effective and important information is handed over prior to start working on the wards, especially for those who work across multiple wards. An email is sent out at the end of the shifts to staff with important handover information to keep them informed.

Cygnet Hospital Bury, 2022

Staff feel that there are systems in place to support their understanding in this area, explaining that relational security is worked into the handover and regularly reviewed in supervision. The service has recently introduced the Essen Climate Evaluation Schema (EssenCES) survey to further monitor this, and the results of this survey were clearly displayed on the patient board in the ward area.

Kedleston Low Secure Unit, 2023

Staff on the women's ward have a particularly good understanding of relational security, developing care plans to support patients to relate to each other. Staff spoken to were mindful of a sense of 'safety' for the women and come across as patient-centred. Some carer feedback reflected that "the first thing that [the patients] are taught is kindness and empathy to the other patients and this means that they all support each other".

Arnold Lodge, 2022

There are regular relational security drop-ins for staff, and regular agenda items in community meetings covering 'Do staff listen to you?' and 'Are staff kind?'. Shortly before the review, the author of 'See Think Act' visited the ward to provide training in relational security. [...] The training came with a structure to assess patient mix. Staff explained that the form was adapted to their own ward requirements and used as a basis for an extensive review of patient mix on the ward.

Beech Ward, 2022

AREAS FOR IMPROVEMENT

- Staff awareness of relational security and how this differs from physical and procedural security could be improved. This could be due to relational security being part of the "security" induction rather than having its own dedicated section during inductions.
- A common challenge includes not being able to discuss all patients during handover in the time given, particularly for services who use bank/agency staff who are unfamiliar with handover processes. Additionally, handover does not always occur during high acuity and short staffing periods, leaving staff without up-to-date information about their patients.

RECOMMENDATIONS

- Dedicated time should be allocated as part of staff inductions to explore relational security. Additionally, services should consider how to further staff knowledge of relational security, for example, by jointly working with FrontFoot | Relational Security | See Think Act or introducing annual refresher sessions to all staff.
- Services should develop their own handover template sheets and provide appropriate training to staff on successful handovers. Where appropriate, managers should support the ward during handover sessions to ensure handovers take place. Key principles of successful handovers should be included as part of bank/agency staff inductions.

SAFEGUARDING

Overall, 71% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 102 [1] *There is a local designated safeguarding lead who can give advice and ensure that all safeguarding issues are raised and resolved, in line with local policy and external requirements of the Safeguarding Adults and Children Board.*

79% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 103 [2] *There is a system in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning. Guidance: An action plan is in place to address any issues raised, including where training needs are identified.*

61% of services met this standard.

83% of staff

reported the safeguarding protocol is easily accessible

2% of staff

reported feeling able to raise concerns about standards of care

GOOD PRACTICE EXAMPLES

Frontline staff spoken to feel safe and able to raise concerns. There is a 'green button' on the intranet which allows direct and confidential reporting of any concerns, thoughts, or ideas. In addition to a Freedom to Speak Up Guardian, there is an open-door culture and good support available via supervision.

Allington and Tarentfort Centres, 2022

Safeguarding processes are well-embedded at the service. The service has a social worker that is a safeguarding lead for the hospital as well as a director that is a safeguarding lead for the region. All staff across the service have a good awareness of safeguarding, including where to find the policies and how to report concerns should they have any.

St Mary's Hospital, 2022

A culture of openness and support is apparent at the service. Many staff feel comfortable raising concerns and describe managers as approachable. This open-door policy feels supportive for frontline staff. There are Freedom to Speak Up Guardians available and the trade union representatives are active on the wards.

Trevor Gibbens Unit, 2022

The social worker works closely with the safeguarding team and is available to help staff with matters regarding safeguarding and multi-agency public protection arrangements (MAPPA). Staff expressed feeling comfortable to discuss these matters with the social worker and collaborate to develop a safety plan.

Wheatfield Unit, 2022

AREAS FOR IMPROVEMENT

- Staff are frequently unaware of who the safeguarding lead is. Regularly, staff will report safeguarding concerns to their manager or the ward manager without being aware there is a designated person who can support them with this.
- Many staff do not know how to escalate concerns if an inadequate response is received to a safeguarding alert or referral.
- Services have processes in place to respond to themes and trends in safeguarding referrals. However, the mechanisms to share learning can be improved.
- Very few staff feel able to raise concerns about standards of care.

RECOMMENDATIONS

- Posters with safeguarding information, including the name of the lead, should be made available in staffing areas. Staff knowledge of who the safeguarding lead is should be part of the competency checklist during inductions.
- Bitesize training sessions should be made available to ensure all staff are aware of, and confident with, raising safeguarding concerns and how to escalate concerns if an inadequate response is received.
- Regular newsletters should be made available to staff with information on trends in safeguarding and other incidents. This should be part of other methods to share lessons learned.
- Add the whistleblowing number and other important information to the back of staff ID badges and appoint Freedom to Speak Up Guardians on each ward. Guidance on this role can be found here: Freedom to Speak Up Champions and Ambassadors

WORKFORCE

Overall, 58% of standards in this section were met by services.

Standard Highlights

The below standards are the most commonly met in this section:

Standard 110 [2] *All staff members receive an annual appraisal and personal development planning (or equivalent).*
Guidance: This contains clear objectives and identifies development needs.

92% of services met this standard.

Standard 105 [2] *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.*
Guidance: The team includes psychiatrists, nurses (including primary care), healthcare assistants, registered psychologists, allied healthcare professionals, social workers and educational professionals.

91% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 118 [2] *Patients and carers are involved in the design and delivery of face-to-face training.*

14% of services met this standard.

84% of staff

reported having access to support services to support their health and wellbeing, such as employee assistance programmes

72% of staff

reported having access to formal reflective practice sessions

67% of staff

reported having shadowed colleagues as part of their induction process

64% of staff

reported receiving monthly clinical supervision

GOOD PRACTICE EXAMPLES

Staff have access to, and feel encouraged to engage in, a wide range of training and development opportunities. Specific examples discussed included training in dysphasia, dialectical behaviour therapy and the Montreal Cognitive Assessment; the latter of which occupational therapy (OT) staff described as "really, really interesting". Frontline staff discussed the support available to undertake apprenticeships, explaining "they fund it for you and put you through the training and support you" and describing this support as "a helping step up".

All Saints Hospital, 2023

There is a strong emphasis on trauma-informed care and a positive trauma-informed approach throughout the service. This includes having an established trauma-response team and advanced nurse practitioners. The service have also recently been rolling out psychological first aid training for staff members to support the team in offering support to staff and patients.

Ardenleigh Women's Secure Blended Service, 2023

The MDT consists of a psychiatrist, social worker, pharmacist, non-medical prescriber, occupational therapist, GP and SALT. The team have also recruited a psychologist that is yet to start. SALT is essential to support patients with learning disabilities. The service is well-staffed and has not used any agency staff for over a year. Different disciplines are merged together and support each other. As an example, OT run group psychology sessions called 'Knowing me, knowing you' and social workers conduct reflective practice.

Amber Lodge, 2022

The hospital has a wellbeing team and wellbeing champions. Staff have access to a 'wellbeing hour' every two weeks, which is an hour break they can request to support their wellbeing. They have a 'green therapy' initiative which involves registering to take part in a gardening wellbeing activity. They also have access to occupational health and a Freedom to Speak Up team.

Bowman Unit, 2023

Staff have access to a variety of initiatives to improve wellbeing. Staff described access to a 'wobble room' which provides staff with a private space to relax and have refreshments following challenges. A physiotherapist also attends the wards to provide physiotherapy for aches, pains and knots. Staff further reported that there is an Employee of the Month and Year award, and they are encouraged to take refreshment breaks.

Cygnet Hospital Bierley, 2022

AREAS FOR IMPROVEMENT

- There is a lack of wellbeing support provided to staff, which in turn affects their feelings of burnout and affects services' vacancy rates. For many services, wellbeing initiatives are offered but staff are unable to leave the ward to access them.
- Although supervision sessions are available, these are often reported not to be purposeful or formal. Additionally, there is an apparent lack of showing appreciation to staff teams and providing appropriate training to carry out their roles safely.
- Staff shortages are apparent in many services, leading to an overuse of bank and agency staff. Although services are using familiar bank/agency staff as much as possible, there is a frequent use of unfamiliar temporary staff. This leads to the quality of care for patients being compromised as well as permanent staff feeling unable to take their breaks and feeling unsupported when incidents happen.

RECOMMENDATIONS

- Widely publicise wellbeing initiatives available through the organisation and locally. Add wellbeing as a standing item to discuss during supervisions and discuss with staff whether they will be interested in developing their own wellbeing plan: My Wellbeing Plan. Ideas on wellbeing initiatives to introduce can be found here: NHS England » Staff mental health and wellbeing hubs.
- Provide appropriate training to supervisors to ensure they provide purposeful sessions to staff. Tips on purposeful supervision can be found here: Supervision. Identify ways in which the service could recognise the hard work of staff. Examples can be found here: NHS England » Staff recognition framework. Conduct a training needs assessment to identify gaps in knowledge and skills for staff and utilise these findings to develop a programme of training to upskill staff. This could include in-house bitesize training sessions or training provided by the wider organisation.
- Many services have been successfully recruiting international staff and this has helped reduce vacancies and increase the quality of the service provided. Information on international recruitment can be found here: NHS England » Nursing workforce – International recruitment. Where possible, teams should block book bank/agency staff and provide them with appropriate training to fully support ward staff. The induction programme for bank/agency staff should be reviewed to identify gaps in training to ensure staff feel supported and patient care is not compromised. Resources can be found here: Induction best practice.

GOVERNANCE

Overall, 62% of standards in this section were met by services.

Standard Highlights

The below standard is one of the most commonly met in this section:

Standard 127 [2] *Staff members share information about any serious incidents involving a patient with the patient themselves and their carer, in line with the Statutory Duty of Candour (or equivalent).*

88% of services met this standard.

The below standard is one of the least commonly met in this section:

Standard 121 [2] *There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.*

35% of services met this standard.

94% of staff

understand their responsibilities in line with the Duty of Candour

87% of staff

reported always being able to report incidents quickly

GOOD PRACTICE EXAMPLES

The research output from Broadland Clinic is exceptional, both in terms of the quantity and the levels of patient involvement. The SALT department in particular has led some impressive projects. For example, they have invited peer listeners to gather patient input to inform post incident support procedures, and developed an easy read guide on what this should entail.

Broadland Clinic, 2023

There are a number of quality improvement projects currently ongoing. This includes staff health and wellbeing, therapeutic community, healthy wards, looking at hotspots within the ward where serious incidents occurred and reducing inequalities. The forensic assessment and support team (FAST) are also looking at the cultural impact on African and Caribbean families when their loved one is admitted to a forensic service. This has enabled the service to start a family therapy session specifically for African and Caribbean families.

Edenfield Centre and Lowry Unit, 2021

Post-incident support has been highlighted as an achievement within the service. Staff reported that incident investigations are led by a ward manager from a different ward. This is to ensure staff and patients feel comfortable and encourages transparency and objectivity.

Clee Unit, 2022

The governance structure available to patients is positive. Staff reported patients have a robust debrief process available to them which includes a debrief sheet for the patient. The debrief sheet is written by staff detailing the incident and the patient can add their reflection on the incident, i.e. if anything could have been different.

Heatherwood Court, 2022

AREAS FOR IMPROVEMENT

- Post-incident support processes are inconsistent. Some services provide immediate debriefs after incidents without a follow up, whereas others are unable to provide immediate debriefs due to a combination of high acuity and short staffing, which leaves staff feeling unsupported. Additionally, feedback highlights communication after incidents can be improved, with staff feeling no feedback is provided on learning and actions taken.
- The process for raising concerns could be made more accessible. Feedback highlights that barriers to staff feeling able to raise concerns include defensiveness from more senior staff, a lack of confidence, previous negative experiences and not feeling listened to, particularly when no changes are made and no explanation is provided.

RECOMMENDATIONS

- Support after incidents should take place immediately after the incident to check that those involved feel safe and, after time has passed, to check in again and provide an opportunity for reflection. Guidance on post-incident debriefing can be found here: RRN Post-Incident Debriefing and Support Toolkit – Restraint Reduction Network. Include information on incidents and next steps as part of the usual lessons learned sharing channels, such as a staff newsletter. This can also be part of regular reflective practice sessions and team meetings.
- Review the current systems by which staff are able to raise concerns with a view to make them more inclusive and welcoming. Where a concern is raised, managers should exercise receptiveness and, if changes are unable to be made, explanations should be provided. Services should consider becoming an Enabling Environment: EE values and standards.

EVENTS

Annual Forums

Two QNFMHS Annual Forums took place during Cycle 14-8. The first one ran on 12 July 2022 and took place online. Speakers covered topics such as See, Think, Act, restorative justice, Hospital Rooms and the Safety Incident Response Accreditation Network (SIRAN). The afternoon was filled with workshops focusing on 'Peer Support Access for Patients and Carers', 'Co-production within Secure Services' and 'Access to Technology'.
The second Annual Forum ran on 22 June 2023. This was the first in person event since COVID-19. Speakers covered topics such as 'The Empowerment of Co-production', speech and language therapy in forensic learning disability services and the national HOPE(S) NHSE Collaborative. The workshops focused on 'Sustainability in Mental Health', 'Working with Family and Friends' and 'Forensic Specialisms'.

Peer reviewer Training

Peer reviewer training is a free event for staff from a service that is a member of the Quality Network. The training prepares clinicians for the role of peer reviewer and build skills in group facilitation and delivery. It is a great learning experience for those who are interested in participating in peer reviews of forensic mental health services. The training takes place online via MS Teams. Over Cycle 14-8 (2021 – 2023), 10 training sessions were run with a total of 328 delegates.

Standards Consultation Event 2023

The QNFMHS Standards Consultation Event was held in April 2023 which provided member services, the advisory group and patient/carer representatives the opportunity to review the existing standards. The aim was to collect feedback on the standards and whether these were still fit for purpose, reflecting current best practice and measure the quality of care received by patients. The fifth edition of the standards was published in July 2023.

Newsletters

The network publishes a number of newsletters a year which focus on specific topics. The most recent editions have focused on 'Patient Safety' and 'Relational Security'. Previous editions can be found on our website or KnowledgeHub.

Artwork and Creative Writing

The network hosts an annual artwork and creative writing competition for patients. All artwork and creative writing is showcased in our newsletters and the winners of the artwork competition are used on publications such as reports. Winners of the artwork competition have been used on the cover of this report and throughout. Additionally, the network runs a festive card competition on a yearly basis, which also includes entries from patients.

In partnership with our sister network Quality Network for Prison Mental Health Services (QNPMHS), a creative writing booklet was compiled to showcase the fantastic entries for the 2021 competition.

Pearly Flowers created by a patient at Northgate House

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