



Quality Network for Forensic Mental Health Services

ANNUAL REPORT

LSU CYCLE 5 2016-2017

Editors: Daniella Dzikunoo, Anita
Chandra, Joanna Parketny, Megan
Georgiou, Annabel Choyce, Holly Lowther
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FORENSIC
QUALITY NETWORK FOR FORENSIC
MENTAL HEALTH SERVICES



This publication is available at:

www.qnfmhs.co.uk

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

lsu@rcpsych.ac.uk

Artwork displayed on the front cover of this report:

'Deep Beyond'

Patient from Northgate Hospital, Northumberland, Tyne and Wear NHS Foundation Trust
2017

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- Dr Quazi Haque and the Advisory Group for their support and guidance.
- The staff in member services who organised and hosted peer-review visits.
- Those individuals who attended visits as part of a peer-review team.
- The patients and family and friends that participated in the review process.

Preface

I am delighted to introduce the fifth low secure annual report from the Quality Network for Forensic Mental Health Services. In total 109 low secure services across the UK and Ireland participated in the review process. It is encouraging to see such passion and motivation to provide high quality care within these services.

We are all aware of the pressures being faced by mental health services with the challenges being reported in the news regularly. The shortages of frontline staff in services has been highlighted by many observers and has impacted on forensic mental healthcare providers. By being a part of this process, our member services have been able to share innovative solutions to overcome some of these challenges.

The core work of the Quality Network is summarised in the introduction and executive summary to this report. Highlighted throughout the report are areas of achievement and challenge across the participating services. They are presented by standard area and services can use the graphs to identify how they are performing against other services that are a part of the Network, and benchmark themselves against the national average.

The Quality Network provides an opportunity for services to learn from each other and to share ways of enhancing the care they provide. The contact details of each service is presented in the appendix of this report to allow for interested parties to find out more about a particular area or practice.

Our programme of work is outlined within the introduction of this report and the benefits of being a member of a quality improvement initiative are presented throughout. The Quality Network engages staff, managers, patients and carers in the process to ensure a proactive and inclusive approach is taken to improving the quality of mental healthcare in forensic services, in order to promote the sharing and learning of best practice. A number of events were held through the year, newsletters have been produced and a dedicated email discussion group has been established to promote continued quality improvement within secure services.

I hope you will find this report useful and I hope you are proud of what your teams have achieved. It is inspiring to see so many individuals committed to and passionate about quality improvement.



Dr Quazi Haque, Consultant Forensic Psychiatrist and Chair of the Quality Network for Forensic Mental Health Services

Who We Are and What We Do

The Quality Network for Forensic Mental Health Services: Low Secure (QNFMHS – LSU) was established in 2012 to promote quality improvement within and between low secure forensic mental health services. It is one of over 20 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

Member services are reviewed against published specialist standards for forensic mental health services (RCPsych, 2016). Core standards for inpatient mental health services (RCPsych, 2015) also appear alongside the specialist standards. A separate aggregated report for learning disability, women and deaf care providers, offers a more detailed description of the achievements and challenges identified from these specialist services.

Our purpose is to support and engage individuals and services in a process of quality improvement as part of an annual review cycle. We report on the quality of forensic mental health services and allow members to benchmark their practices against other similar services. We promote the sharing of best practice and support services in planning improvements for the future.

We review both low and medium secure services in the UK and Ireland. 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.

The Quality Network is governed 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 Quazi Haque with representatives from NHS England, CQC, Royal College of Nursing, Ministry of Justice and other organisations (full details of the advisory group can be found in appendix 5).

The Review Process

The Quality Network uses a cyclical process in order to engage services in continued improvement using nationally agreed standards (figure 1).

Their first step is to reflect on their own practices during a period of self-review, providing evidence against each of the standards. As part of this stage, each service is expected to distribute surveys to staff, patients and carers in order to gain feedback about the quality of their service. This is followed by a peer-review visit whereby colleagues from similar services review their practices using the evidence provided.

The information collected during the self-review and peer-review stages are collated into a detailed review summary. This reports on the service's compliance with each standard and identifies the key areas of achievement and challenge, whilst also making recommendations for the future. Services are required to produce an action plan to outline what steps they are taking to plan improvements for the next cycle.

The preliminary data from this cycle's reviews was presented at the Network's LSU Annual Forum (June 2017) and published in this report.

Figure 1: The Peer-Review Process



Benefits of Membership

- Involvement in the development of nationally agreed standards;
- The opportunity to visit other services to learn and share good practice;
- A detailed service report and a national aggregated annual report;
- The ability to benchmark practices with similar services;
- Free attendance at Network events, workshops and training to enable learning and information sharing;
- Access to a dedicated annual forum;
- Opportunities to present at events and workshops;
- Access to a dedicated email discussion group for those working in forensic mental health services;
- A regular newsletter and the opportunity to contribute articles;
- Valuable networking opportunities.

Introduction

Membership

109 low secure forensic mental health services from across the UK and Ireland participated in cycle 5 of the Network (Figure 2).

Figure 2: Map of Member Services



Participation

As part of peer-review visits, 341 staff from forensic mental health services participated as reviewers. The Network held two training sessions on how to participate in and lead a peer-review visit. A representative from the Network attended all visits for guidance and consistency in the review process. Additionally a patient reviewer and a family and friends representative attended a majority of reviews to ensure the patient and carer experience was captured.

Network Activities

The Quality Network have organised a number of initiatives for our member services during this cycle:

Special Interest Day

This year the Network held a special interest day on staff support and wellbeing. The event was attended by a range of professionals and there were a number of excellent presentations. Discussion topics included: an in-depth look at SafeWards; staff support and trauma response; a mindfulness service for staff; and psychodynamic and socio-political aspects that impact on the experience of frontline staff. The event programme can be found in appendix 3.

Annual Forum

In June, the Network hosted its fifth low secure annual forum to promote good practice and service developments among attendees. Delegates were once again treated to a wide variety of topics and thought-provoking presentations. Presentation topics included new care models and the obesity crisis within secure services, and a range of service-led workshops on areas such as expected and unexpected deaths in secure care, relational security, physical healthcare, recovery and outcomes, patient involvement, patients pathways, and family and friends involvement. This evoked strong discussion from delegates sharing good practice and seeking support with common challenges. The event programme can be found in appendix 3.

Newsletter and Discussion Groups

The Quality Network published three newsletters, with contributions from staff belonging to member services, and patient and carer representatives. This cycle's themes included: 'exploring patient pathways', 'least restrictive practice' and 'what is community?'. All editions are available online at: www.qnfmhs.co.uk.

The Network also facilitates an email discussion forum to support services in seeking advice, discussing current issues and policies, debating relevant research articles, and advertising upcoming events and conferences. From cycle 5, popular discussion topics included: reducing restrictive practices, e-cigarettes, access to social media and mobile phones. A summary of the discussions can also be found on our website. To join the group, please email the word 'join' to lsu@rcpsych.ac.uk.

This Report

This report is structured around the four key domains of the Quality Network for Forensic Mental Health Services' Standards for Medium and Low Secure Care (2016). The findings are broken down into the following 14 sections:

Patient Safety

- Physical Security
- Procedural Security
- Relational Security
- Safeguarding

Patient Experience

- Patient Focus
- Family and Friends
- Environment and Facilities

Clinical Effectiveness

- Patient Pathways and Outcomes – Admission
- Patient Pathways and Outcomes – Treatment and Recovery
- Patient Pathways and Outcomes – Medication
- Patient Pathways and Outcomes – Leave and Discharge
- Physical Healthcare
- Workforce

Governance

- Governance

The body of the report highlights areas of good practice and provides recommendations to common challenges identified for each section.

The benchmarking graphs provide an overview of how services have performed in relation to the national average as well as each other. The graphs are coded to display the percentage of standards met, partly met and not met for each section. Graphs are ordered by level of compliance within that standard area, highest to lowest, and the average score has also been highlighted. The final bar on the graph (TNS – total number of services) provides the average compliance across the 109 participating services.

For anonymity purposes, each service has been assigned a unique data label. The key contact for each service has been provided with this.

Executive Summary

This section provides an overview of the findings from this cycle. It will explore the key findings identified in terms of how services are performing against the 14 sections, as well as reporting on the main areas of challenge and achievement across the Network.



Artwork: 'Better Days', Patient from Cygnet Hospital Beckton, Cygnet Healthcare

Overview

On average, member services fully met 84% of standards.

Figure 3 offers a breakdown of how each member service performed this cycle, in order of strongest compliance. The range of met criteria achieved, ranges from 55% to 98%.

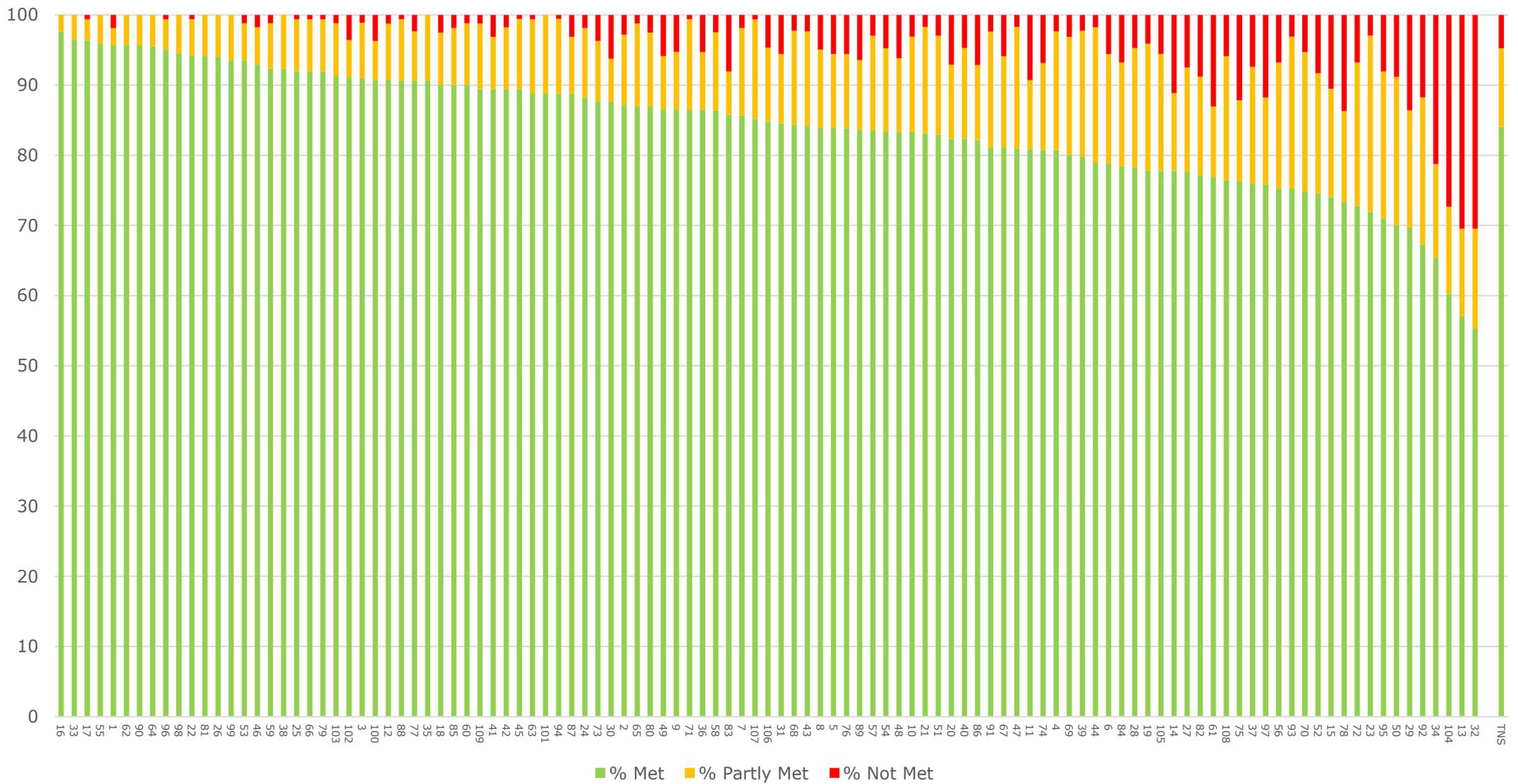


Figure 3: Percentage of Criteria Met, Partly Met and Not Met by Service.

Figure 4 displays the average percentage of met criteria for each section. Member services scored most highly in the areas of Leave and Discharge, Safeguarding and Medication and Physical Healthcare. The areas in most need of improvement are Workforce, Patient Focus and Family and Friends.

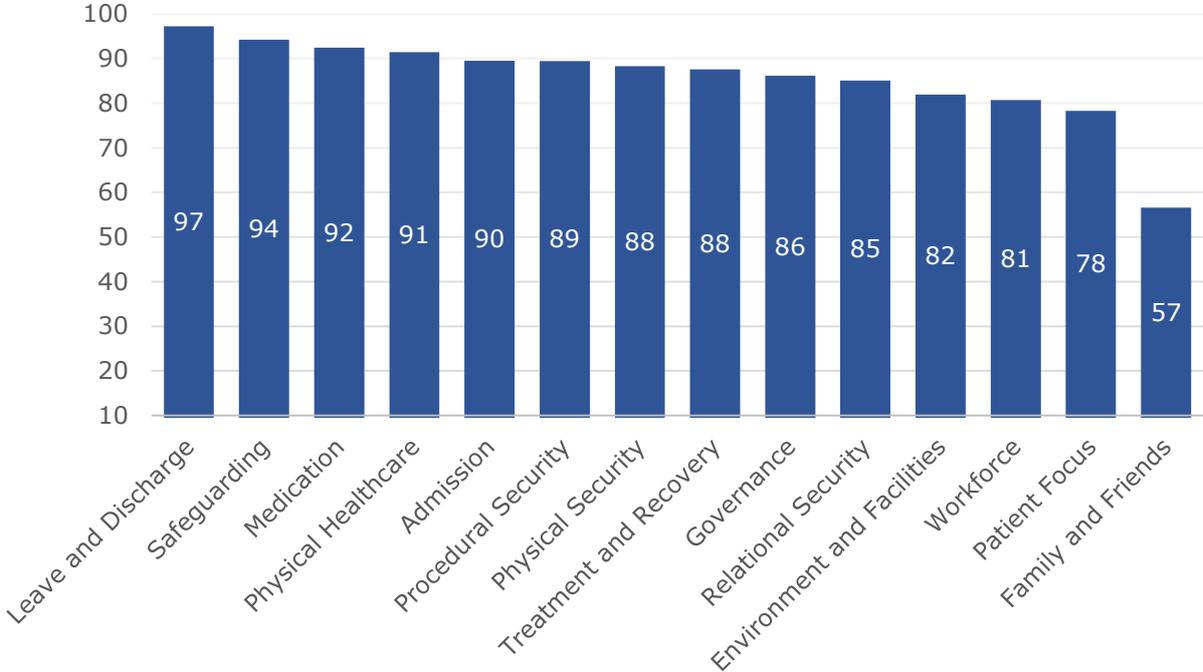


Figure 4: Average Percentage of Met Criteria per Section

Patient Safety: Physical Security

On average, services fully met 88% of standards in this area.

- Services varied in their use of physical security mechanisms to ensure a safe and therapeutic environment is maintained.
- The majority of services have systems in place to monitor prohibited, restricted and patient accessible items.
- Not all services have a robust key management system in place.
- The secure perimeter of several services is not in line with the planning specification for low secure services.
- Not all perimeters are protected against climbing.

Patient Safety: Procedural Security

On average, services fully met 89% of standards in this area.

- The majority of services update contingency plans, policies and procedures at regular intervals.
- On the whole, services have policies in place that describe what is expected from staff in practice. These policies are also outlined in the procedural security index document (PSID).

- Only 72% of services evidenced that the PSID contained all of the appropriate policies, such as patient monies, an agreed protocol with local police, restrictive practices and more.

Patient Safety: Relational Security

On average, services fully met 85% of standards in this area.

- Staff have access to reflective practice forums in order to discuss concerns relating to relational security.
- Only 18% of services do not have systems in place to monitor how the service performs against standards relating to relational security.
- For a small percentage of staff within secure services, training on relational security is not available either at induction or as part of an annual refresher course.

Patient Safety: Safeguarding

Overall services excelled in this area and fully met 94% of standard.

- A majority of services have a designated safeguarding lead to advise on any safeguarding concerns identified by staff.
- Services have robust systems in place for responding for the safeguarding of adults and children.

Patient Experience: Patient Focus

On average, services fully met 78% of standards in this area.

- Over 90% of services encourage patients to take part in community meetings to feed back on their experiences whilst on the ward.
- Patients' preferences for medication, therapies and activities are taken into account when discussing their mental health needs in a majority of services.
- Accessible information on patients' rights regarding care and treatment, advocacy, accessing interpreters, second opinions and their own health records is an area noted as in need of improvement.
- Access to quality and nutritionally balanced meals, which take into consideration dietary, cultural and religious needs, is a challenge for most services.

Patient Experience: Family and Friends

The involvement of family and friends has been an ongoing challenge for secure services. On average, services fully met 57% of standards in this area.

- Most services have a protocol in place for responding to carers when the patient does not consent to their involvement. However, many services would benefit from a more formalised process.
- Access to support groups and carer networks is not established in a majority of services. The services with established carer liaison roles were commended by family and friends as a single point of contact for consistent support.
- Only 32% of services are able to support carers to access a statutory carers' assessment.

Patient Experience: Environment and Facilities

On average, services fully met 82% of standards in this area.

- Patients have access to a range of facilities and entertainment resources to support their treatment and recovery. However, for some services limited space results in multi-functional therapeutic spaces rather than dedicated areas.
- In around 60% of services, seclusion rooms meet the Mental Health Act Code of Practice. It was observed that a number of seclusion rooms are in need of refurbishment to ensure it is a safe and secure environment.
- Lines of sight due to building design or restricted observation points are in need of improvement.

Clinical Effectiveness: Patient Pathways and Outcomes – Admission

On average, services fully met 90% of standards in this area.

- Nearly all services are able to make independent decisions regarding admissions, transfers and discharging patients.
- Various clinical models are used to describe preferred modes of treatment.

Clinical Effectiveness: Patient Pathways and Outcomes – Treatment and Recovery

On average, services fully met 88% of standards in this area.

- Multi-disciplinary teams regularly meet to review and update care plans in consideration of the patient's clinical needs.
- Over 90% of services have outlined a realistic pathway of care for patients that take into account their goals and aspirations.
- Patients regularly have a CPA meeting in a majority of services. Patients are proactively encouraged to lead on these meetings in some units.
- Patients are not regularly provided the opportunity to review their care plan.

Clinical Effectiveness: Patient Pathways and Outcomes – Medication

On average, services fully met 92% of standards in this area.

- All services ensure that when medication is prescribed, treatment targets are set and the risks and benefits are outlined to the patient.
- For patients prescribed mood stabilisers or anti-psychotics, these are reviewed in accordance with NICE guidelines.
- In 20% of services, patients that experience side effects from their medication do not always have a management plan in place to support with this.

Clinical Effectiveness: Patient Pathways and Outcomes – Leave and Discharge

On average, services fully met 97% of standards in this area.

- In 100% of services, patients and their carer are involved in decisions regarding discharge planning.
- A majority of services have mechanisms in place to support patients with housing and financial management. Some services are able to provide patients with a graded transition to the community.

Clinical Effectiveness: Physical Healthcare

On average, services fully met 91% of standards in this area.

- All services follow a protocol for the management of an acute physical health emergency, and a majority of services have good links with local general hospitals, liaison nurses and other healthcare specialists.
- Mental health teams were also noted to provide targeted lifestyle advice to patients. However, 19% of services did not routinely assess patients' physical healthcare needs on admission and six-monthly thereafter.

Clinical Effectiveness: Workforce

On average, services fully met 81% of standards in this area.

- Strong multi-disciplinary working was seen within a majority of teams. Services hold regular multi-disciplinary meetings to holistically review patients care and treatment. In a number of services this includes healthcare assistants and support workers attending ward rounds.
- Staff are supported to effectively manage violence and aggression within a secure setting. The use of advance directives and Positive Behavioural Support (PBS) plans are an example of the many initiatives in place to support staff and patients to manage challenging behaviours.
- Only 49% of services actively involve patients and carers in devising and delivering training.
- Services could do more to support staff to access training, and provide regular supervision and developmental opportunities.

Governance

On average, services fully met 86% of standards in this area.

- Outcome data are used regularly by services to ensure key performance indicators are monitored and used as part of service development and staff supervision.
- With least restrictive practice being recognised as a CQUIN, it was evident that over 90% of services have mechanisms in place to audit restrictive practices and face-down restraints.
- Continued engagement of patients and carers in choosing priority audit topics to support service development was only observed in 58% of services.

Key Recommendations

Recommendation 1: Improve the involvement of family and friends

- Each service should have a formal process on how they engage with the family and friends of patients. This process should be informed by known carers of that service.
- Carers should be supported to access a statutory carer's assessment.
- Services should provide carers with literature relevant to them and the care being provided to their loved one.
- Services should host support groups or signpost individuals to a local service until a group is established.
- Services should invest time and resource in developing a constructive relationship with the family and friends of patients, where consent has been provided. For instance, by assigning a point of contact within the service or developing a dedicated role to ensure the needs of carers are met.

Recommendation 2: Enhance patient experience

- Information should be made easily available to all patients on their care and treatment and any other relevant services, for instance how to access an advocate or how to obtain a second opinion. All ward areas should display information in an accessible format and patients should be verbally informed of key information at regular intervals throughout their care.
- Patients and their carers, where consent has been given, should be supported to be involved in the development of care plans.
- Patients and their carers, where consent has been given, should be offered a copy of their care plan.
- Patients should be supported to understand the value of participating in therapies and activities and how it may benefit them.

Recommendation 3: Review the service environment

- All seclusion rooms should meet the requirements of the Mental Health Act Code of Practice for the safe management of challenging behaviour.
- Services should install measures to reduce blind spots and maximise lines of sight.
- Patient bedroom doors should be fitted with observation panels with integrated blinds/obscuring mechanisms. The panels should be operational by patients from within the room and an external override feature should be in place for staff.
- Services should conduct environmental audits annually, as a minimum, to identify and remove furnishings, fixtures and fittings that may compromise patient safety.

Recommendation 4: Review and update policies and procedures

- All policies and procedures should be reviewed and updated every three years as a minimum.
- Staff should be fully informed of all policies and procedures directly relevant to their role and they should easily be able to gain access to these at any time. There should be systems in place to assess their knowledge of these.
- Changes to policies and procedures should be consulted upon by patients, carers and staff.

- Patients and their representatives should be able to view policies critical to their care.

Recommendation 5: Improve staff support

- Managerial and clinical supervision should be received by all staff on a monthly basis.
- Reflective practice should be accessible to staff for personal and/or group reflection.
- Services should involve patients, carers and staff members in devising and delivering face-to-face training.

Quality Network for Forensic Mental Health Services

KEY FINDINGS

LSU CYCLE 5 2016-17

Patient Safety: Physical Security

On average, services fully met 88% of standards in this area, ranging from 23% to 100% compliance.

Key Management Systems

For a majority of services, there is a robust system in place to account for all secure keys.

In 74% of services, keys are on a sealed ring and attached to staff at all times whilst within the secure perimeter. Additionally, a majority of services had mechanisms in place to ensure keys were prevented from leaving the secure perimeter.

Good Practice Examples

The service has a biometric key system in place with finger print recognition to robustly manage secure key passes.

Cygnets Hospital Stevenage

There is a robust electronic key management system in place to ensure keys are securely managed throughout the service. Keys are robustly managed to ensure safe access and egress throughout the building.

Tasman Unit

Secure Environment

Nearly all services have a dedicated security lead to support with maintaining a secure environment. In 91% of services CCTV was also used to monitor the external perimeter.

In 97% of services, there are processes in place to risk assess, control and monitor patient accessible items. For 18% of services, the secure perimeter was not protected against climbing.

Good Practice Examples

The service are piloting body worn cameras and have recently published an article on the effectiveness of the pilot phase.

Wheatfield Unit

Ligature risk maps form part of the induction for new staff and the service ensures that bank staff are also familiar with the maps.

Saddlebridge and Alderley Unit

Least restrictive practice is well embedded within the service with a number of initiatives being undertaken.

Cygnets Hospital Woking

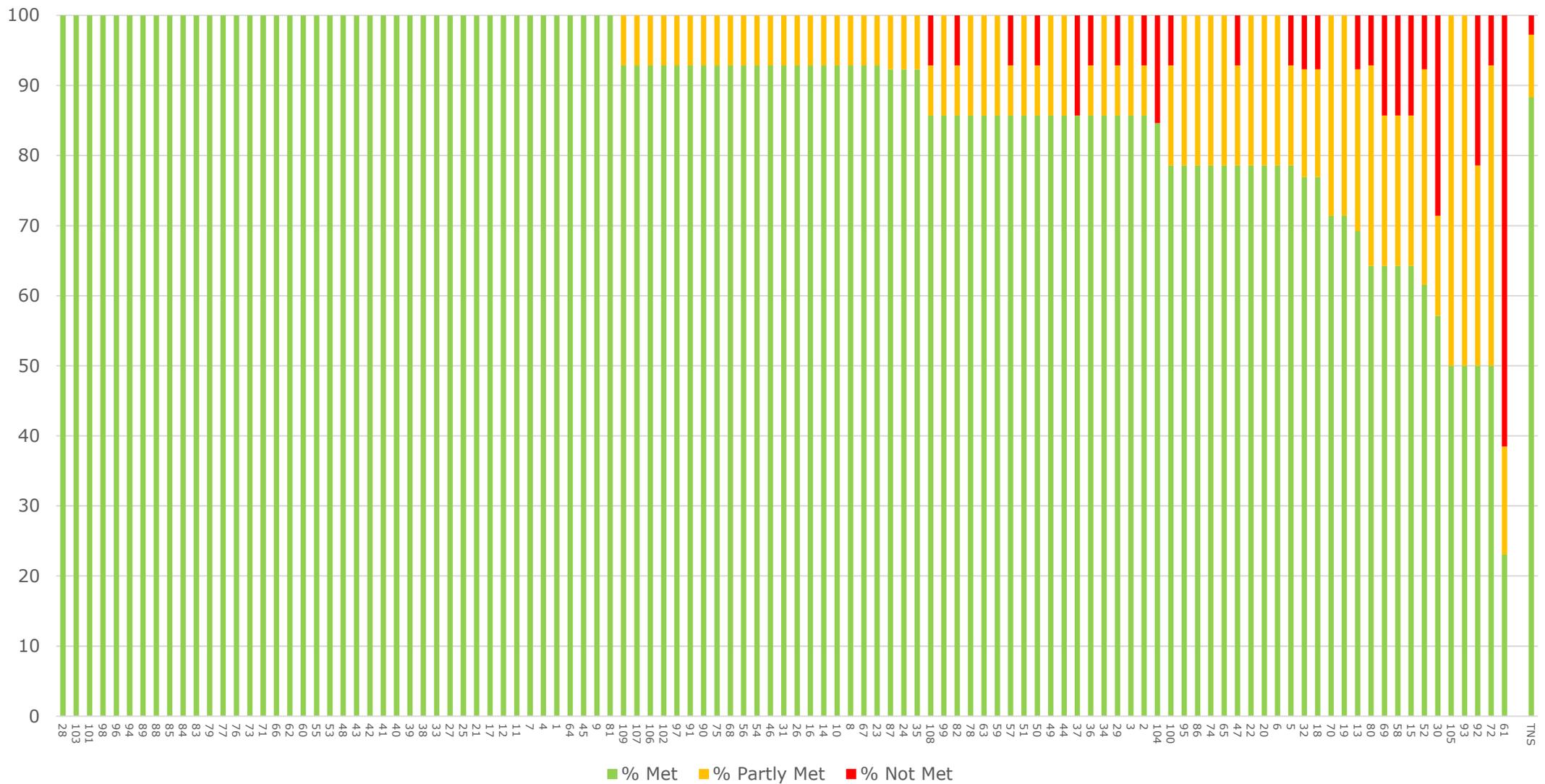


Figure 5: Percentage of Criteria Met, Partly Met and Not Met by Service for Physical Security.

Patient Safety: Procedural Security

On average, services fully met 89% of standards in this area, ranging from 25% to 100% compliance.

Policies and Procedures

For a majority of services, policies describe what is expected of staff in practice and are easily accessible.

Only 6% of services currently do not review their policies, procedures and contingency plans every three years as a minimum.

72% of services have a procedural security index document in place that includes all appropriate policies.

Good Practice Examples

Policies are reviewed regularly, accessible to all staff via an intranet system and written in such a way that expected practice is easy to identify.

North London Clinic

The service has introduced scenario training every six weeks and have incorporated the use of de-escalation techniques as a way of managing aggression and violence. The frontline staff also felt this was very beneficial to them.

Saddlebridge and Alderley Unit

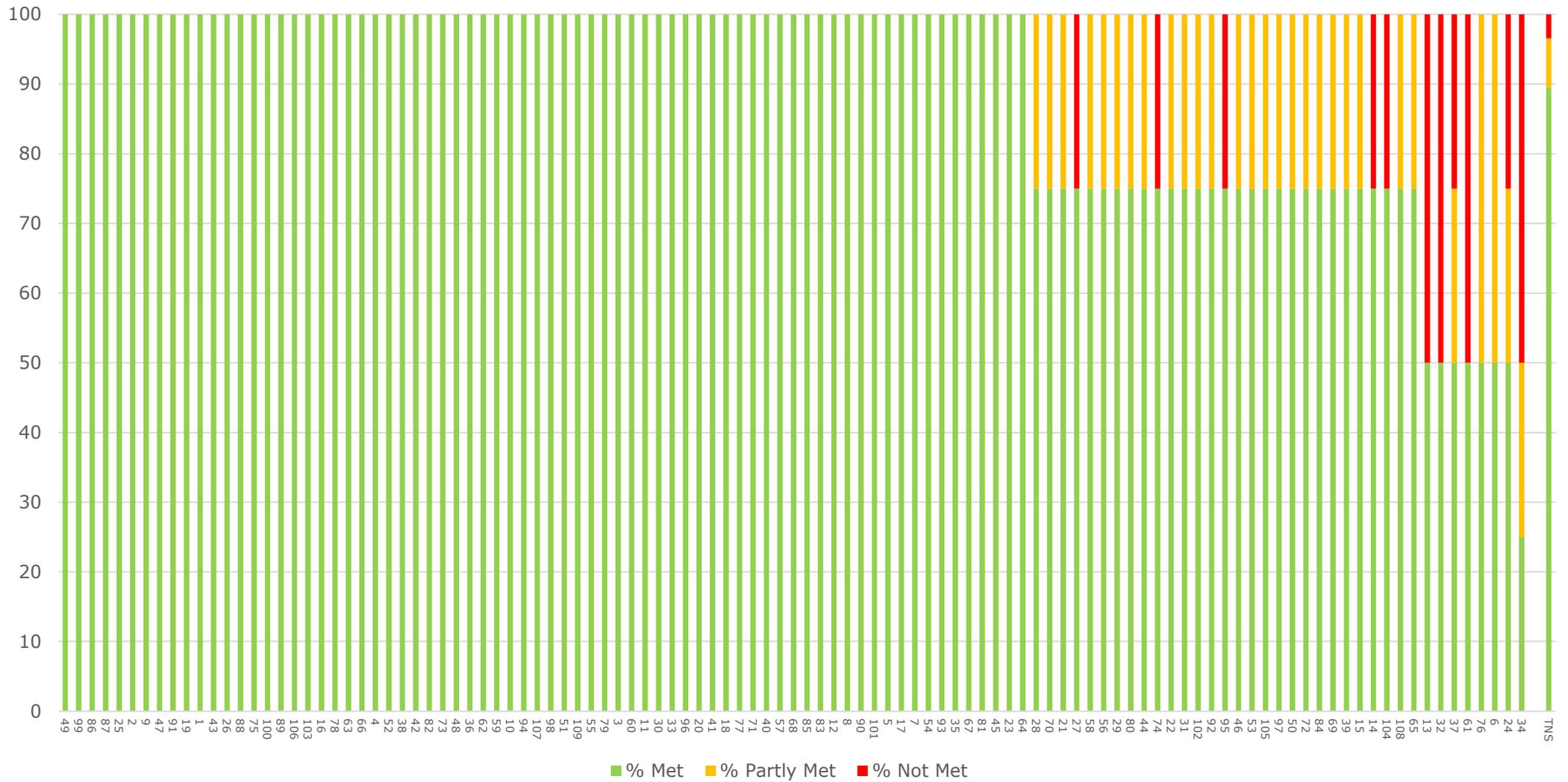


Figure 6: Percentage of Criteria Met, Partly Met and Not Met by Service for Procedural Security.

Patient Safety: Relational Security

On average, services fully met 85% of standards in this area, ranging from 25% to 100% compliance.

Training and Monitoring

Staff regularly receive training in relational security that is supported by See, Think, Act, (2nd edition) both at induction and as part of their annual training programme.

For 18% of services monitoring their performance against items relevant to relational security was highlighted as an area in need of further improvement.

Good Practice Examples

Relational security is well embedded in the culture of the wards. See, Think, Act posters were visible throughout the service.

St John's House

The service is developing their own e-learning package on See, Think, Act.

Tatton Unit

The relational security board is an innovative tool and easy for staff to keep up-to-date with the dynamics on the ward.

West Drive Low Secure Service

Reflective Forums

Most services have clear and effective handover systems in place to share information between and within staff teams.

For 92% of services, there are regular forums for staff to discuss any concerns they may have relating to relational security.

Good Practice Examples

Staff have numerous forums to discuss relational security including monthly reflective practice sessions that are facilitated by staff external to the wards.

Taith Newydd

Daily 'make our services safer' meetings occur and have been well received, resulting in fewer incidents and the ward environment feeling safer.

4 Bowlers Green

The four steps initiative has increased understanding of relational security and engaged both staff and patients in regular discussions.

Langdon Hospital

There are regular multi-disciplinary forums to discuss elements of relational security such as reflective practice forums, staff forums and patient formulation meetings.

Thames House and Wenric Ward

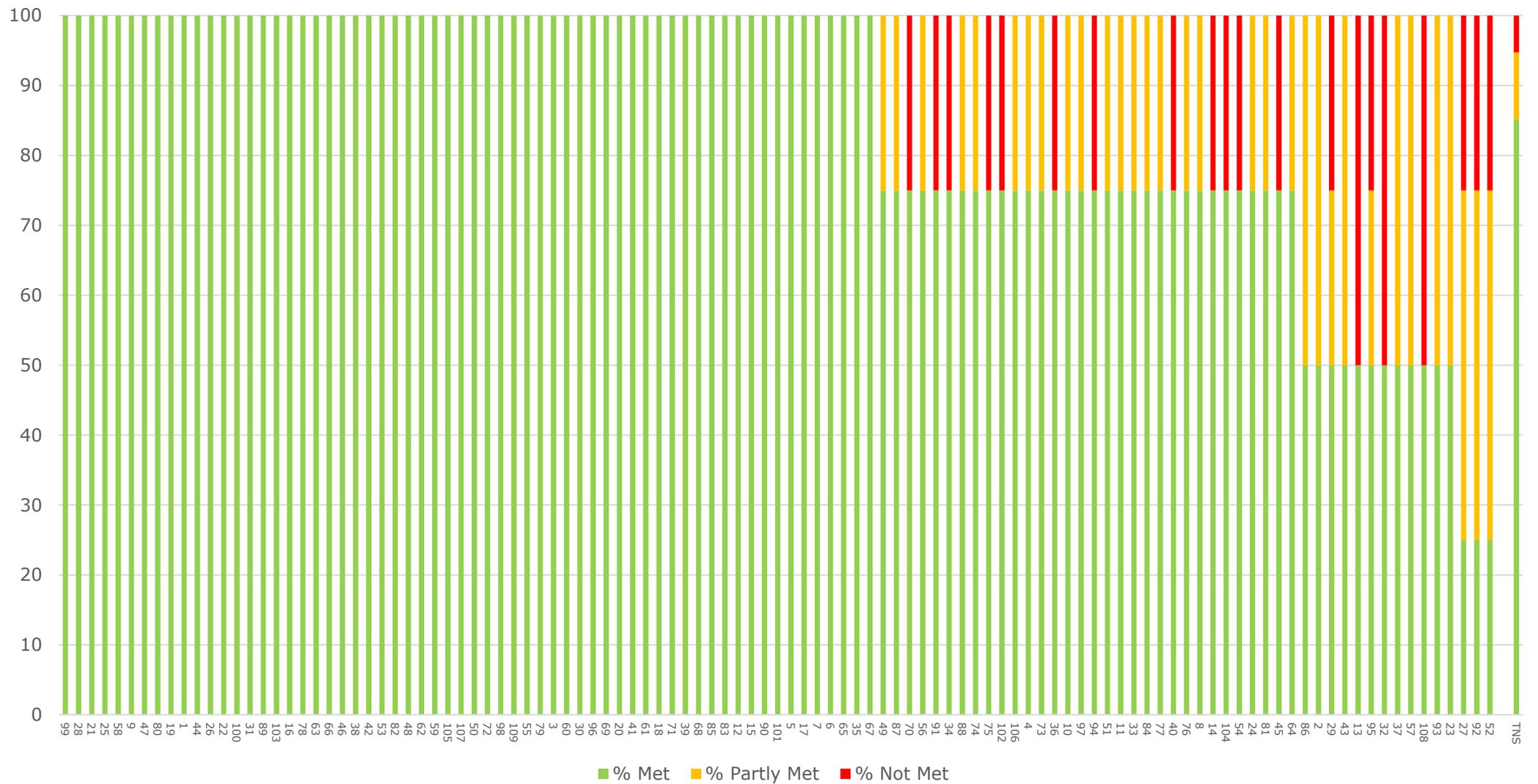


Figure 7: Percentage of Criteria Met, Partly Met and Not Met by Service for Relational Security.

Patient Safety: Safeguarding

On average, services fully met 94% of standards in this area, ranging from 0% to 100% compliance.

Safeguarding Systems

Nearly all services have a designated safeguarding lead in place to support staff to raise concerns related to safeguarding adults and children. Additionally, there are formal protocols in place to support staff.

Systems for responding to themes in safeguarding referrals and disseminating any learning to the wider staff group, were not in place for 10% of services.

Good Practice Examples

There is a patient representative for safeguarding on the ward.

Kemple View

Staff have a good awareness of safeguarding and knowledge of appropriate procedures to raise and escalate concerns.

Mildmay Oaks

Staff follow protocols to report any safeguarding concerns, which can then be sent on to the safeguarding lead who responds accordingly.

Bretton Centre and Newhaven

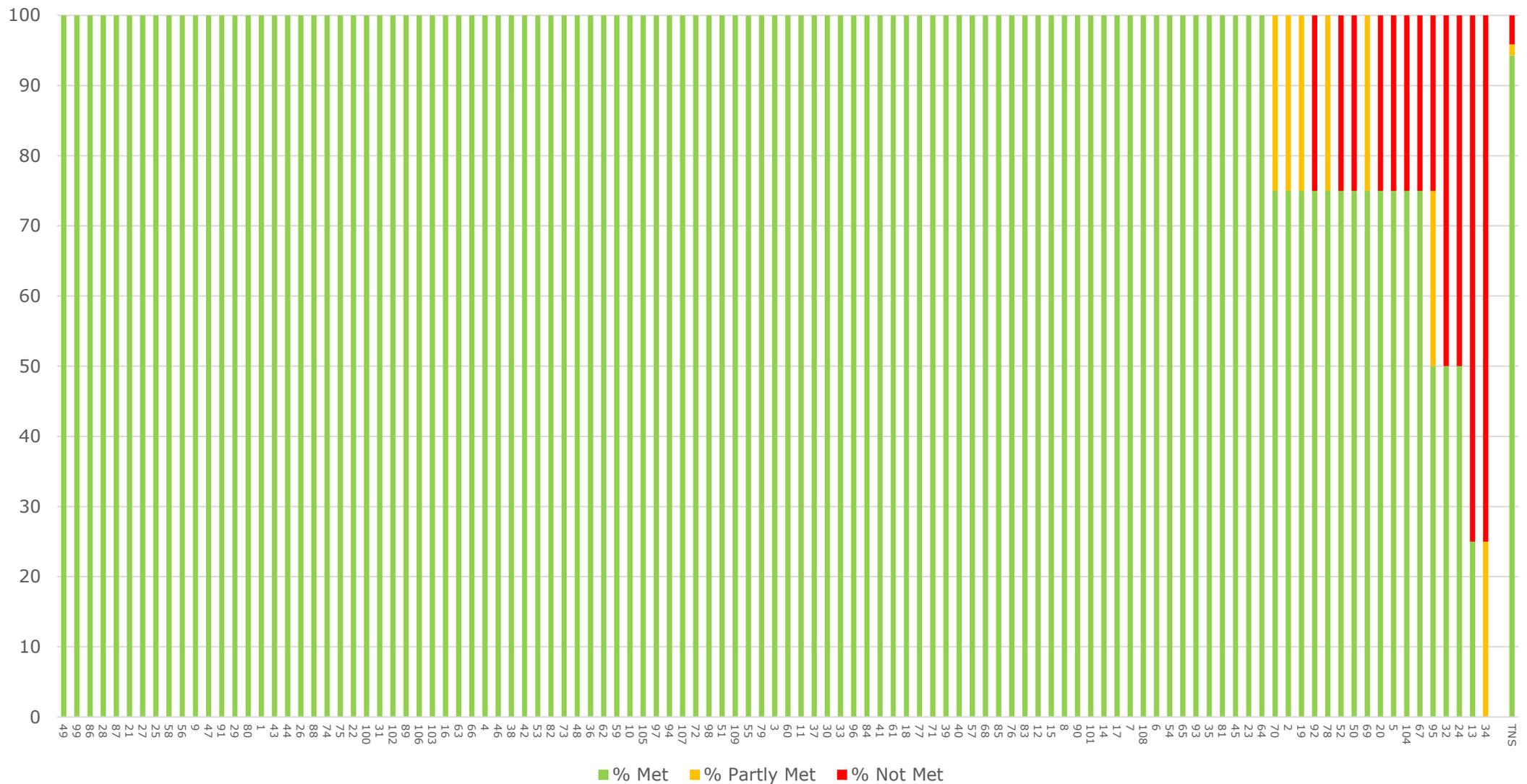


Figure 8: Percentage of Criteria Met, Partly Met and Not Met by Service for Safeguarding.

Patient Experience: Patient Focus

On average, services fully met 78% of standards in this area, ranging from 37% to 100% compliance.

Patient Care

In over 90% of services, detained patients are read their rights under the Mental Health Act.

Patients were noted to have access to a range of resources with their preferences being taken into account during the selection of medication, therapies and activities in 82% of services.

However in only 61% of services, patients are provided information on a range of services and stakeholders such as advocacy, second opinion and how to access their own records.

Access to freshly made quality meals that cater for the dietary and cultural needs of patients varied with only 52% of services, meeting this standard.

Good Practice Examples

Patients valued developing their skills through cooking and cleaning on their ward community, with rotas in place to support this.

Burston House

There are great facilities within the Kingswood Centre and the service has formed links with similar community organisations to ensure that patients are able to continue to take part in therapeutic activities once they have been discharged.

North London Forensic Service

The service holds open days for the local community which was seen as an innovative and a positive way to break down barriers between the patient population and the community.

Meadow View

The service has good links with local organisations and charities, which provide patients with opportunities to engage with the local community and develop essential life skills.

Brockfield House

Patient Involvement

62% of services proactively sought patient feedback regarding their experiences at the service. Additionally, 71% of patients felt listened to and understood by staff.

Over 90% of services held regular community meetings that were attended by staff and patients to discuss service developments.

Good Practice Examples

Patients are actively involved in interviewing new members of staff.

Kneesworth House Hospital

There is a buddy system at the service, whereby new patients are assigned a volunteer buddy to help them with any concerns.

Hellesdon Hospital

Advocates are accessible and patient focused.

Robin Pinto Unit

The service has a 'timeline' module for patients' pathway which allows patients to see exactly how much progress they have made.

Moorlands View

There is a 'stress less' box on every ward. This is a part of SafeWards where patients have unlimited access to de-stress items such as colouring books and loom bands.

Heatherwood Court

The service holds 'champions' meetings which are attended by both staff and patients. These meetings review patient requests and complete qualitative reviews of current provisions.

Guild Lodge

Upon risk assessment, patients are allowed graded access to mobile phones and iPads.

Bradley Woodlands

Patients have mobile phone and email access.

Cygnets Hospital Harrow

Patients have many opportunities to develop their skills, including working in the onsite Badgers Café.

Hellingly

Regular events are held for patients and staff, including the summer and Christmas social events, the annual diversity event, and the annual Shaftesbury Oscars to celebrate achievement.

Hume Ward

All patients have certificates in food hygiene and help to cook daily.

Wood Lea Clinic

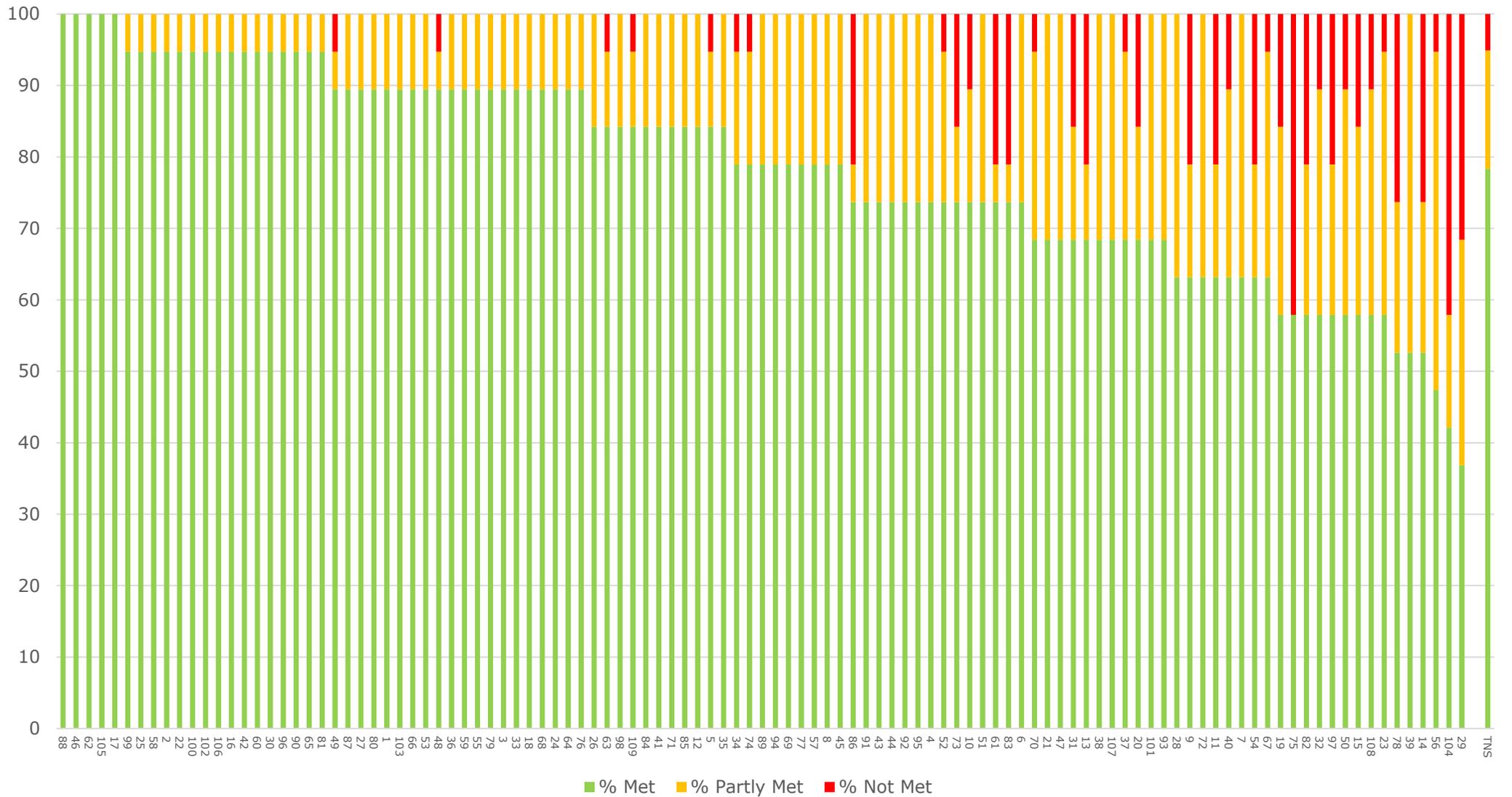


Figure 9: Percentage of Standards Met, Partly Met and Not Met by Service for Patient Focus.

Patient Experience: Family and Friends

On average, services fully met 57% of standards in this area, ranging from 0% to 100% compliance.

Family and Friends Involvement

75% of services have a written protocol in place for how staff should respond to carers if the patient does not consent to their involvement.

Only 37% of services regularly provide family and friends access to support groups and only 56% of services provide carers with specific carers' information.

In 67% of services, carers were not provided with information on how to access a statutory carers' assessment.

Good Practice Examples

The service successfully implements the 'triangle of care' principles and endeavours to build and maintain positive relationships with carers and encourage their involvement in patients' care.

Clifton House

iPads are used for carers to complete questionnaires and provides direct feedback to the service.

George McKenzie House

Overnight accommodation is provided for visitors who have travelled a long distance.

Cygnets Hospital Kewstoke

The service holds monthly meetings for carers and will maintain contact with carers throughout the patient's admission.

Foxhall House

For family visits, children receive a child friendly feedback form. These are available in the family visiting room to obtain feedback on how to improve their experience.

Rathbone Low Secure Unit

Staff offer one-to-one sessions with carers to further engage them in discussions about their loved one's recovery.

Suttons Manor

The service holds large events for family and friends such as the Christmas event, which was highly praised by all and was well attended.

The Clee Unit

Carer magazines are produced quarterly which have articles written by both patients and carers.

Three Bridges

The service has a full time forensic social worker working for the service. They also run a monthly forensic psychology family intervention group.

Morris Ward

Carers are very positive about the service and feel involved in their loved ones' care.

Lee Mill Unit

The service user and carer participation manager has established excellent contact with the carer group.

Maplewood

The service has allocated carer champions to each ward to enable better contact with carers.

Newsam Centre

A carers' council and forum are available, and carers are provided opportunities to have one to one time with staff.

Woodlands House

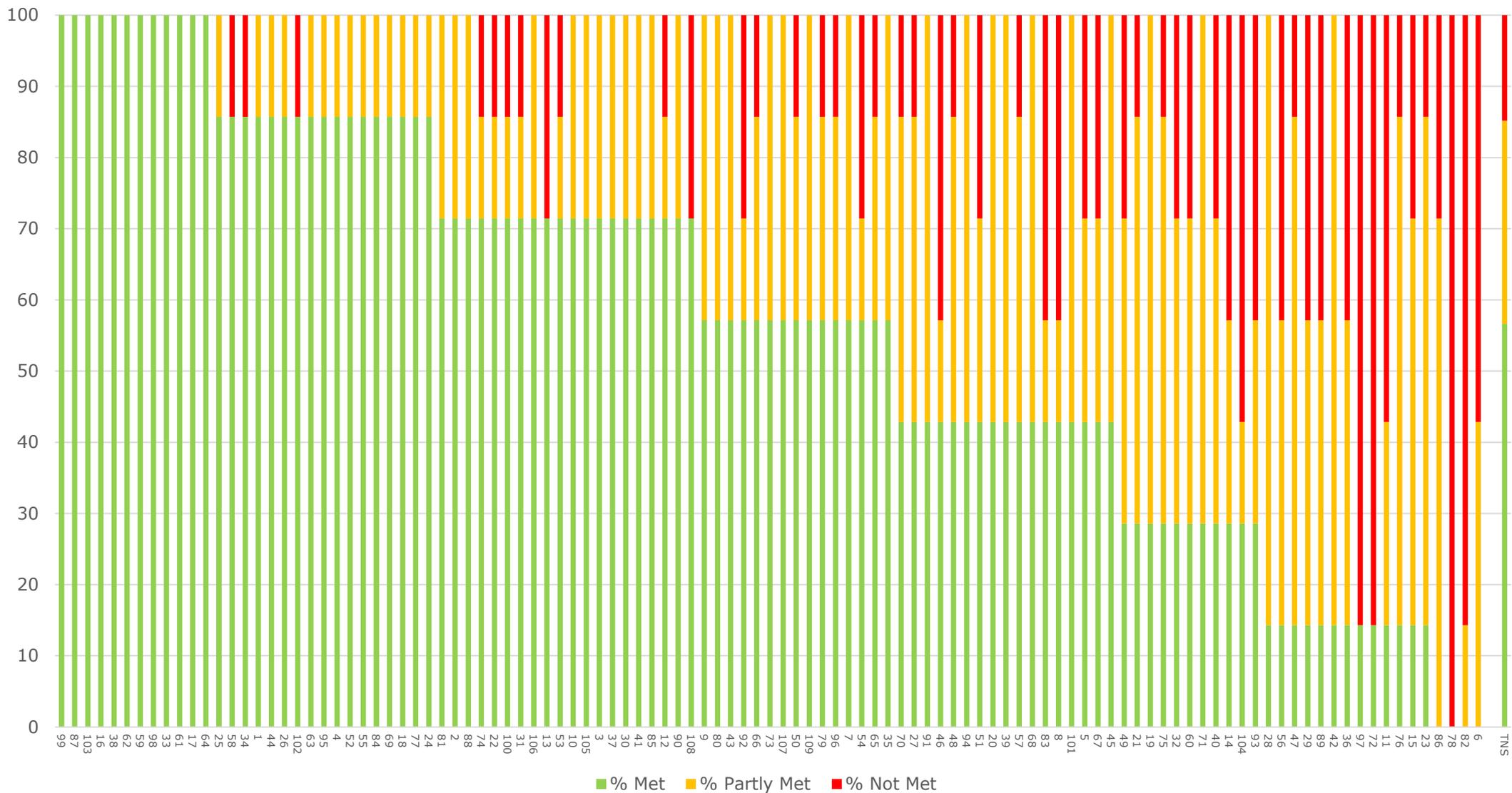


Figure 10: Percentage of Criteria Met, Partly Met and Not Met by Service for Family and Friends.

Patient Experience: Environment and Facilities

On average, services fully met 82% of standards in this area, ranging from 50% to 100% compliance.

Patient Facilities

In 98% of services, laundry facilities were available for patients, and 95% of services had a range of entertainment resources that patients could access.

Only 58% of services had observation panels and integrated blinds that could be operated by both patients and staff.

Good Practice Examples

The service has a garden area where they are able to grow vegetables, which they then subsequently use for cooking.

Francis Willis Unit

There was a positive atmosphere on the ward with a chalkboard where patients are encouraged to write something nice about each other anonymously.

Cygnets Hospital Bury

Patients are involved in the Equip programme and the Restorative Justice programme.

Allington & Tarentfort Centre

Patients have access to education and vocational services alongside the onsite farm and café.

Kneesworth House

Advocacy is well embedded in the service and they are very proactive and easily accessible.

Beech Unit

Patients are provided with the opportunity to access fire warden and first aid training and once certified, can take up roles as ward champions.

Cambian Ansel Clinic

The service has very good OT and education facilities, including an impressive music room.

St Andrew's Essex

The sensory room creates a calming space to be accessed by all patients.

St Magnus Hospital

Physical Environment

In 96% of services, patients were able to personalise their bedrooms and 97% of services offered patients daily access to outdoor space.

28% of services had some furnishings which could be used as weapons, barriers or ligature points.

In services where seclusion is used, only 60% have a designated room that meets the requirements of the Mental Health Act Code of Practice.

Good Practice Examples

The service has a patient 'meet and greet' initiative at reception to welcome visitors. This created a welcoming atmosphere and provided patients greeting their peers with an additional opportunity to gain work experience.

Arbury Court

There is a lot of patient art work on the walls creating a more homely atmosphere. There is a message tree on the ward which the patients see as inspirational.

Wickham Unit

Patients have made decisions about the way their bedrooms are decorated and have had a choice in the colours used.

George Mackenzie House

Rooms at the service have been decorated by patients, which created a homely environment.

Hillis Lodge

The ward environment was very homely and patient artwork on display throughout. The service has also created a walkway around the site for patients.

Hollins Park Hospital

The garden area creates a therapeutic environment and offers collaborative horticultural opportunities for patients and staff.

Oaktree Manor

The Spinney Meadow, for which the service won a Britain in Bloom award, is an excellent recreational and vocational resource for patients to take part in horticulture and animal care.

The Wells Road Centre

Visiting Facilities

In 85% of services, child visits were facilitated and there was a visiting room available within the secure perimeter in 81% of services.

Nearly all services had facilities for visitors to store prohibited and restricted items away from patient areas.

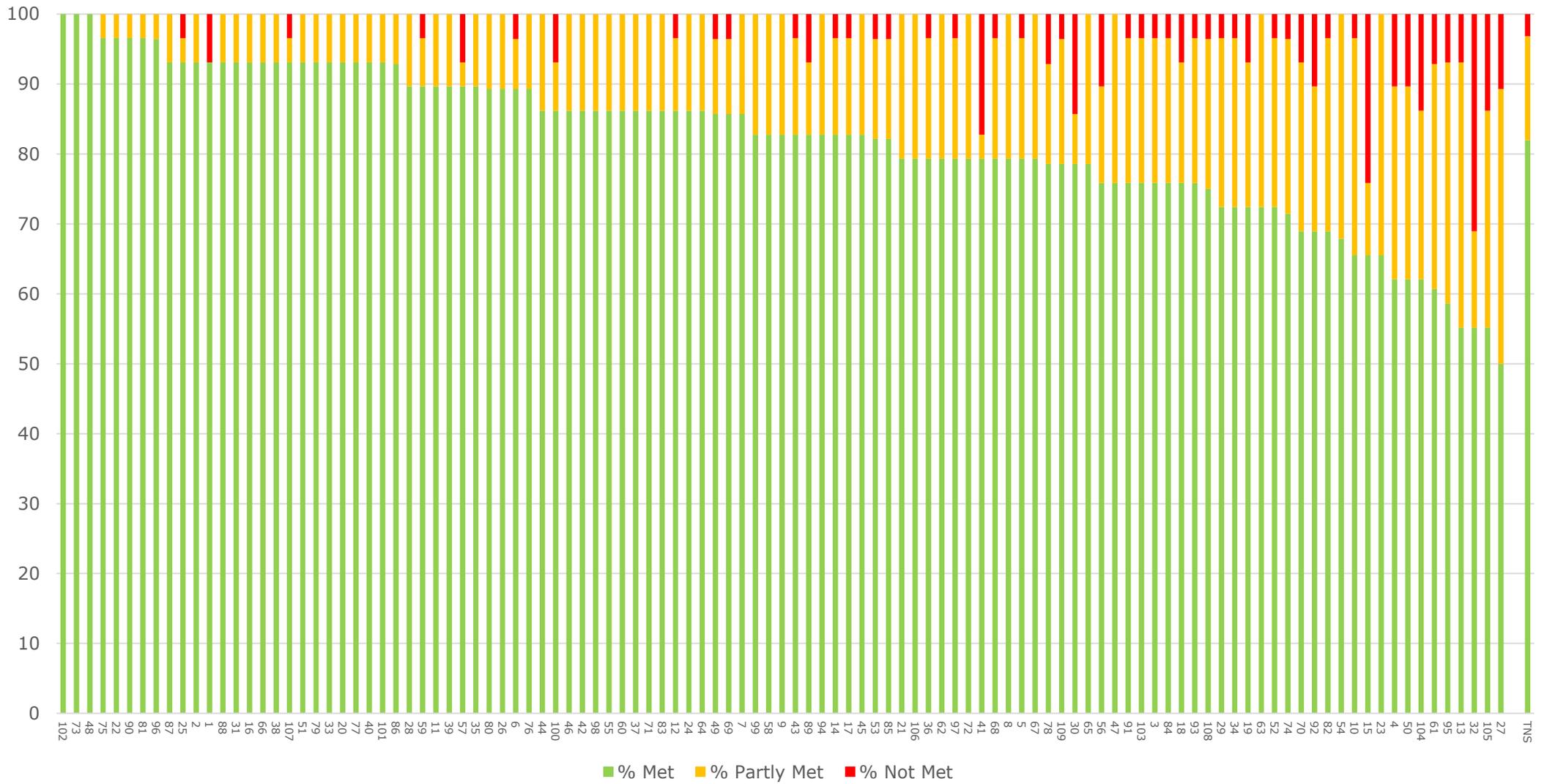


Figure 11: Percentage of Criteria Met, Partly Met and Not Met by Service for Environment and Facilities.

Clinical Effectiveness: Patient Pathways and Outcomes – Admission

On average, services fully met 90% of standards in this area, ranging from 40% to 100% compliance.

Admissions Process

Senior clinicians are able to make joint decisions regarding admissions and transfers in 99% of services.

There are a variety of clinical models utilised outlining the clinical approach used to support patients in their treatment and recovery. Only 14% of services were not able to fully evidence the clinical model in place.

Only 71% of services provided patients, carers and other stakeholders with clear and comprehensive information about the service.

Good Practice Examples

The welcome pack is extremely detailed and the basic amenities pack offered to patients on admission was seen as innovative. This provides patients with a good orientation to the ward.

Beech Unit

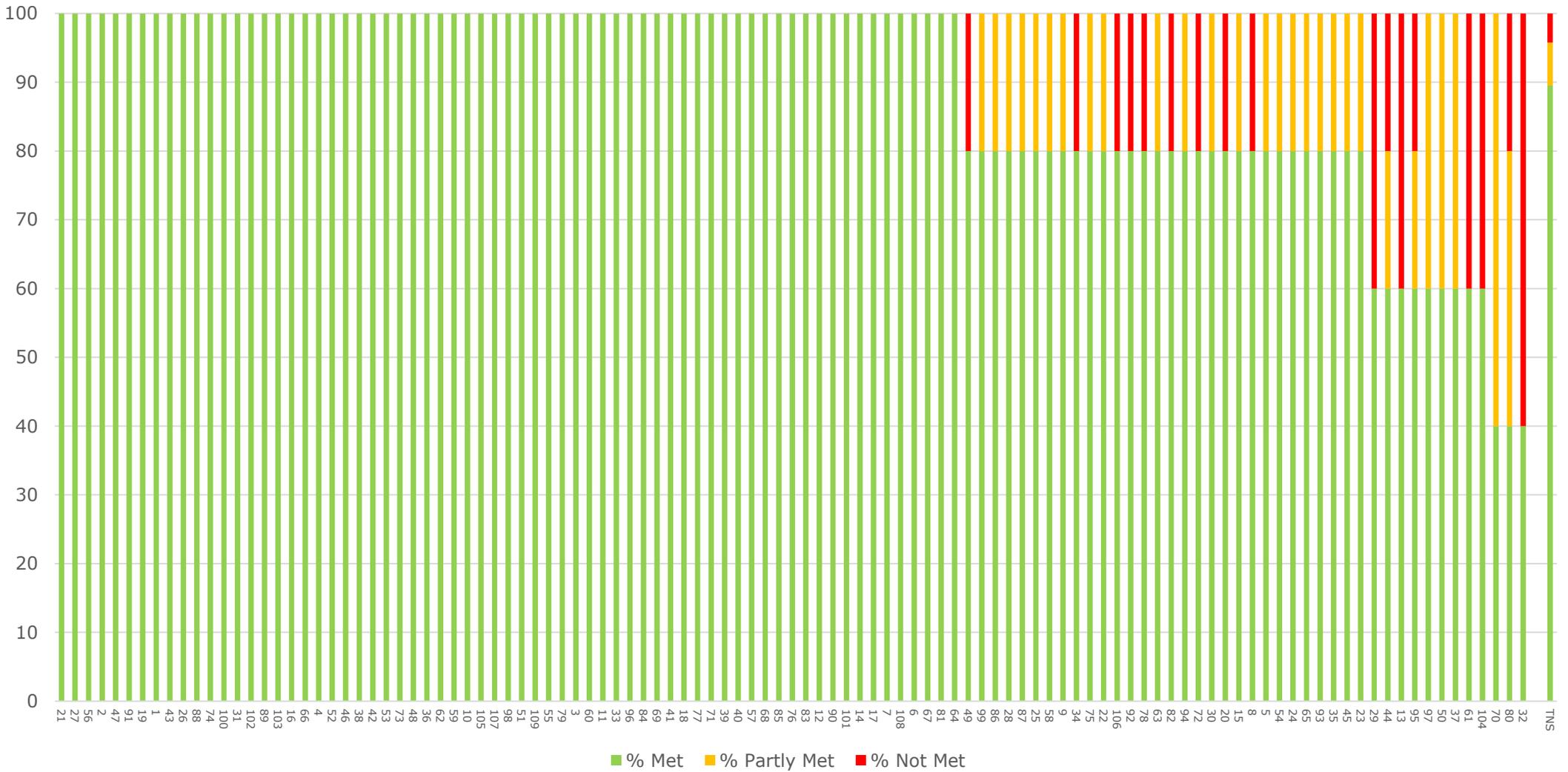


Figure 12: Percentage of Criteria Met, Partly Met and Not Met by Service for Admission.

Clinical Effectiveness: Patient Pathways and Outcomes – Treatment and Recovery

On average, services fully met 88% of standards in this area, ranging from 33% to 100% compliance.

Care Planning

In a majority of services, multi-disciplinary teams regularly review and update care plans to ensure they meet the clinical needs of patients. However, only 69% of services regularly offer patients and their carer's a copy of the care plan.

28% of services do not always involve patients and their carers when developing care plans.

Good Practice Examples

All patients have their own file with information regarding their care and treatment. Patients are able to hold this information to ensure they are able to access their care plans and review them prior to all meetings.

Cygnets Hospital Godden Green

The PathNav system linked with CareNotes/Iris allows patients to take more initiative about care, leading to a more patient-centred approach to care planning.

Llanarth Court

The achievement ladder for patients is a great way of detailing patients' progression through their pathway and identifying what they need to do to progress to the next level of their care.

The Orchard

In order to improve engagement and participation in care planning patients are offered training in this process to support their understanding.

Cambian Ansel Clinic

Patients are involved in their care planning and have a clear understanding of pathway critical steps to move on.

Chaffinch Ward

Positive behaviour support plans are effectively used.

St Andrew's Birmingham

Therapies and Activities

Most services offer evidence based psychological and pharmacological therapies to patients. For 20% of services, patients do not always receive a personalised therapeutic activity plan. Additionally, not all patients were able to establish a connection between the activity and its therapeutic benefit.

For 85% of services, staff support patients to access community organisations and voluntary opportunities.

Good Practice Examples

The psychologist at this service provides a range of group and individual support to staff and patients. Staff praised the supervision structure and formulation sessions held by the psychologist.

Kedleston Unit

The patient goal group "Get Me Out of Here" was seen as innovative and made goals accessible to patients.

All Saints Hospital

There is a range of real paid work opportunities within the service, such as running a mindfulness group, gardening and developing a newsletter for the service.

Annesley House

A wide range of therapeutic groups are offered, including open access to the Bright Ideas group and mindfulness sessions.

Edward House

This service has a seven day therapy programme for all patients, which has led to a high level of participant engagement.

Eaglestone View

Staff at this service have adapted therapy groups, such as managing fire setting, to benefit the patient population and take into account any communication difficulties.

Ellesmere House

The unit strives to enhance patient experience and optimise their pathway through individual/group recovery work, wellness recovery action plan sessions and the garden project.

Southfield Low Secure Unit

Patients have held a Christmas party at the local community centre to raise awareness of the service.

The Spinney

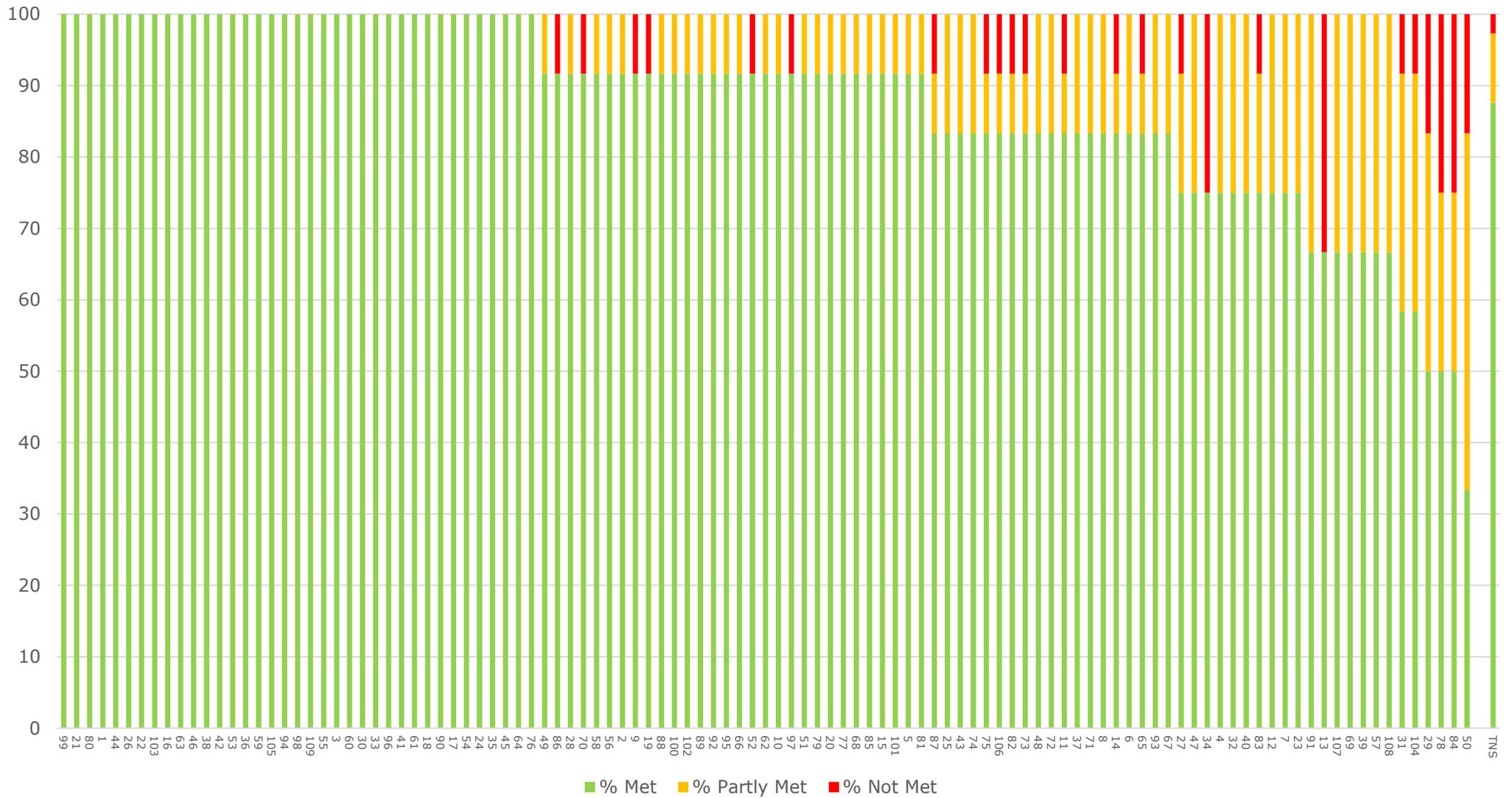


Figure 13: Percentage of Criteria Met, Partly Met and Not Met by Service for Treatment and Recovery.

Clinical Effectiveness: Patient Pathways and Outcomes – Medication

On average, services fully met 92% of standards in this area, ranging from 60% to 100% compliance.

Pharmacological Interventions

All services ensure that when medication is prescribed, treatment targets are set and the risks/benefits are reviewed in consultation with the patient.

Patients prescribed mood stabilisers or anti-psychotics are reviewed in accordance with NICE guidelines in 97% of services.

For patients who experience side-effects from their medication, only 80% of services collaboratively provide management strategies to support the patient.

Good Practice Examples

Patients who self-medicate are able to safely store their medication in their bedrooms.

Cygnets Hospital Bierley

This service has a five-staged process for patients who self-medicate, including patients collecting their own medication from the pharmacy.

Lowry Unit

The MDT make collaborative decisions with the patient when prescribing anti-psychotic medication.

Hazelwood House

Patient medication is reviewed formally on a monthly basis in MDT meetings, and it is reviewed weekly in one-to-ones with the named nurse, and daily if the need arises.

The Woodhouse Hospital

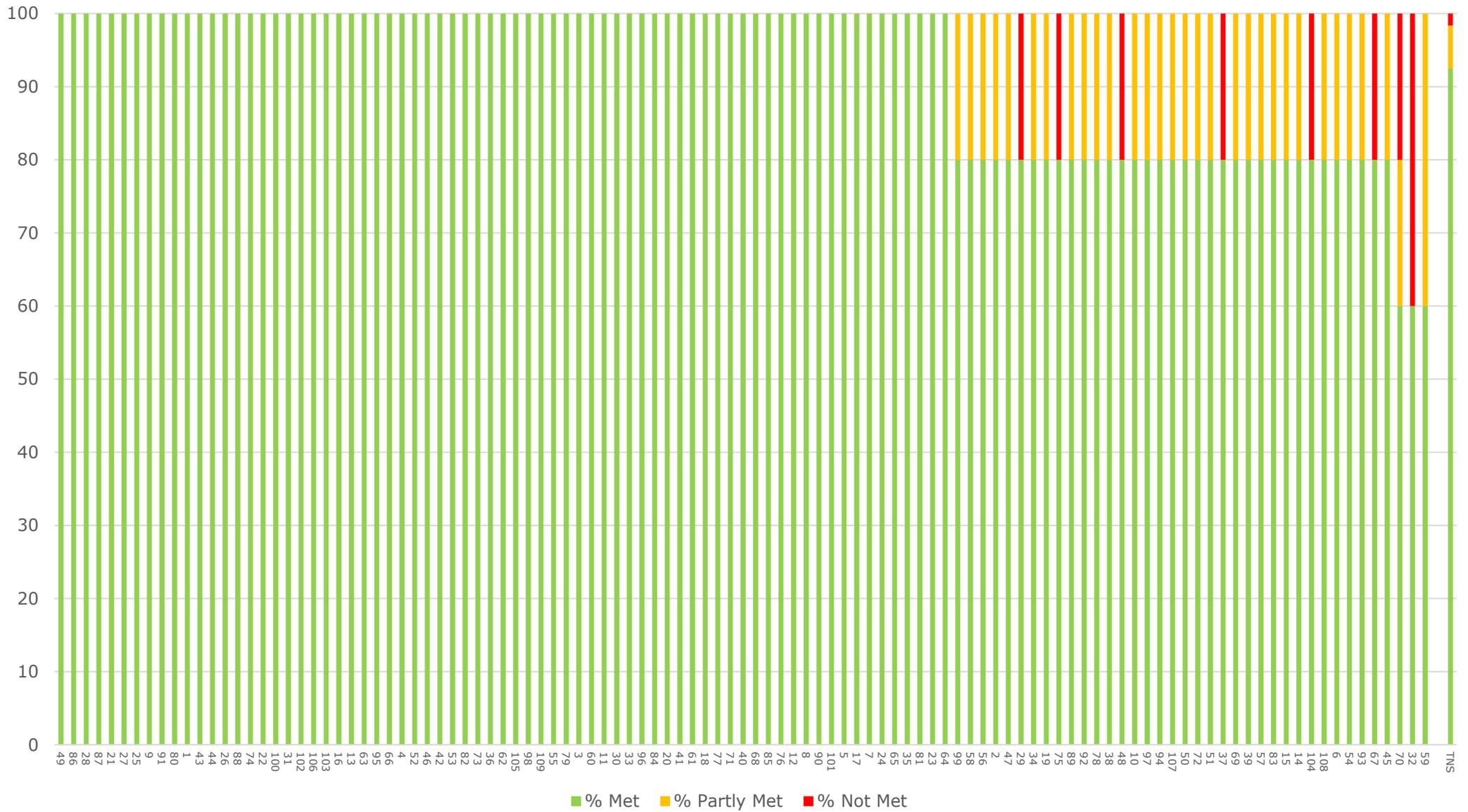


Figure 14: Percentage of Criteria Met, Partly Met and Not Met by Service for Medication.

Clinical Effectiveness: Patient Pathways and Outcomes – Leave and Discharge

On average, services fully met 97% of standards in this area, ranging from 80% to 100% compliance.

Leave and Discharge

All member services involve patients and their carer during the discharge process and were able to address any immediate concerns they may have transitioning to other services or the community.

8% of services do not always allow patients to plan their leave jointly with the MDT.

Good Practice Examples

Patients are accompanied to their discharge location by staff via a staged plan and the service provides shadowed leave where patients work towards unescorted leave.

Avesbury House

Each ward has access to its own vehicle, improving access to leave.

Brooklands Hospital

The service has blank printed leave plans on all wards to allow patients to access these and take an active role in planning their own leave.

St Andrew's Healthcare Nottingham

This service has strong community links, in particular with patients being able to access the voluntary sector.

Gerry Simon Clinic

Patients carry hospital identity cards when they go on leave that contain the contact details of the service.

St Andrew's Northampton Women's Service

The Independent Living Area (ILA) within the social inclusion ward prepares patients for their release into the community.

Prospect Place

The service has a dedicated team who support patients to access a range of organisations and activities in the community.

The Montpellier Unit

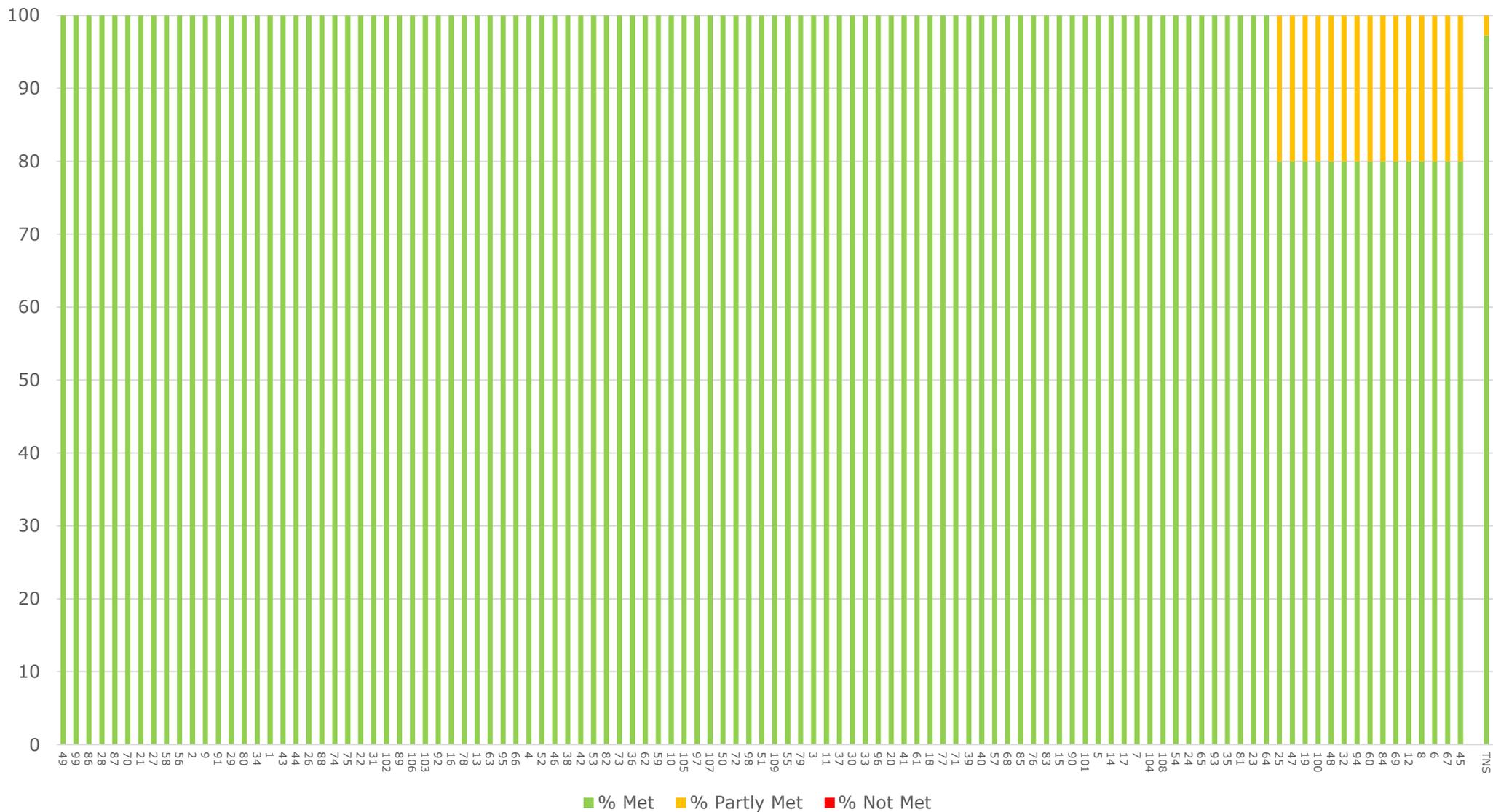


Figure 15: Percentage of Criteria Met, Partly Met and Not Met by Service for Leave and Discharge.

Clinical Effectiveness: Physical Healthcare

On average, services fully met 91% of standards in this area, ranging from 60% to 100% compliance.

Patient Healthcare

Nearly all services provide patients with lifestyle information and health promoting activities.

In 19% of services, physical health is not always assessed on admission and every six months thereafter.

Good Practice Examples

The healthy lifestyle officer encourages patients to take part in exercise and promotes a healthy lifestyle.

Ash Ward

The service has good links with the local football club, Doncaster Rovers. The football team regularly provide sporting activities for patients.

Cheswold Park Hospital

The service has a very good primary health care provision including GP, podiatrist, dietician and many more.

Cygnets Hospital Derby

The service has a health hub on site available for all patients with two registered general nurses, an Associate Practitioner/Health Trainer and two GP sessions. The clinic room is equipped with a dental chair.

Humber Centre

This service has good physical health monitoring systems in place and some nursing staff are dual trained in mental and physical health.

Cygnets Hospital Sheffield

Ridgeway has a proactive physical healthcare department that works closely with the forensic mental health and learning disability pathways. The service also has good links with Macmillan to support with end of life care.

Ridgeway

The service has regular access to a dietician to promote healthy living and education around diet and health.

St Nicholas Hospital

The provision of care is tailored to the requirements of an older population with the emphasis being placed on physical healthcare and dementia support.

Thornford Park Hospital

An exercise promotion programme for patients called 'Mission Fit' encourages patients to keep a fitness diary and enables them to track their fitness progress.

Ty Cwm Rhondda

There is a patient lead for physical healthcare.

Ty Catrin

Emergency Healthcare

All services have and follow a protocol to manage an acute health emergency. In 92% of services, a joint working protocol with primary health and specialist health teams is in place.

4% of services cannot access the emergency crash bag within three minutes.

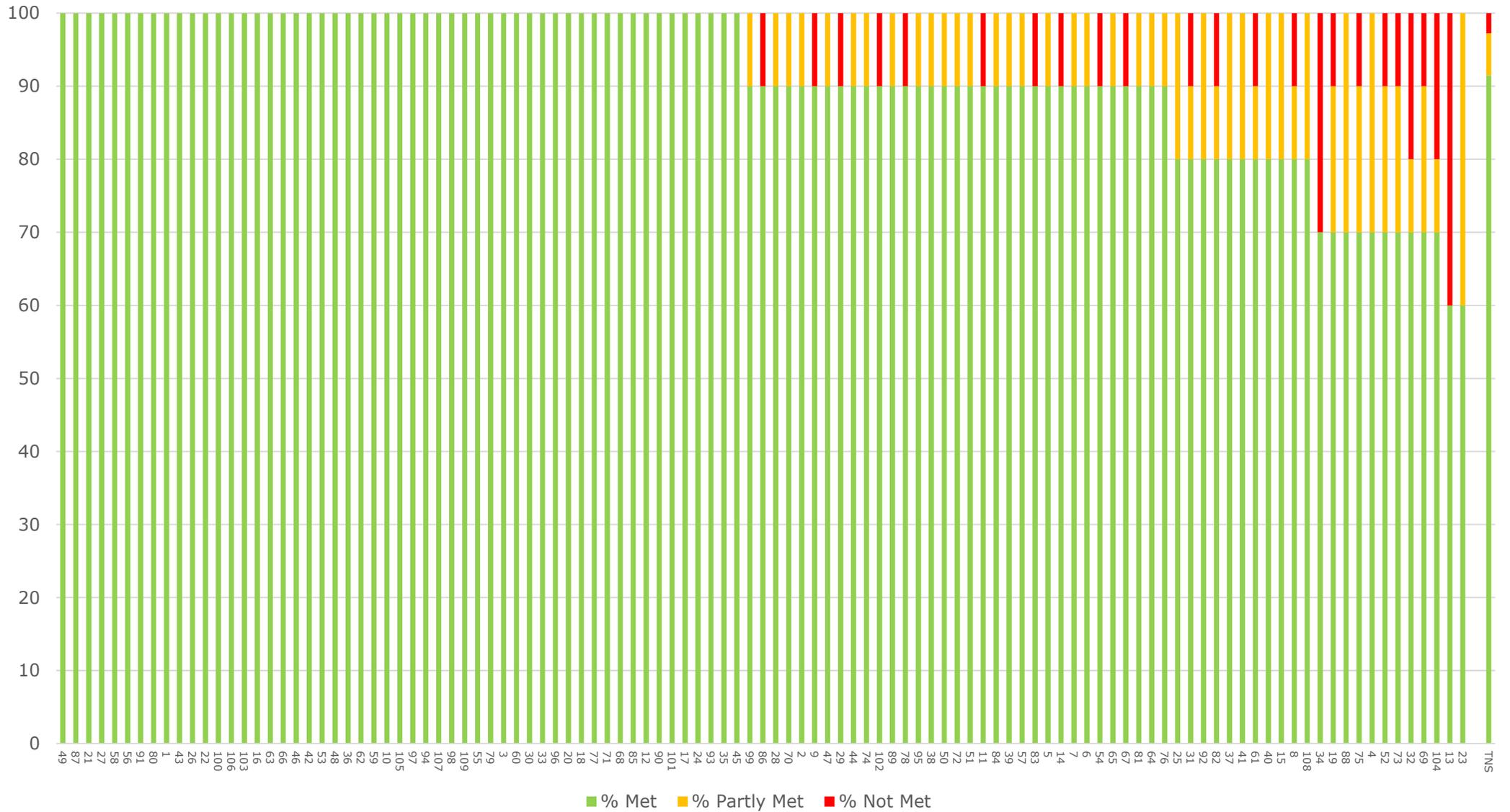


Figure 16: Percentage of Criteria Met, Partly Met and Not Met by Service for Physical Healthcare.

Clinical Effectiveness: Workforce

On average, services fully met 81% of standards in this area, ranging from 30% to 100% compliance.

Workforce

The majority of services have a cohesive team consisting of multiple disciplines meeting the needs and requirements of their patient population.

In 16% of services, their use of bank and agency staff is not monitored on a monthly basis.

Good Practice Examples

A 'grow your own' scheme supports staff who join the service as a support worker but wish to progress to become qualified nurses.

Ashley House Hospital

The service has high staff morale and staff retention. There is also a buddy system for new staff members.

Cygnets Hospital Beckton

The service offers an interactive scheme to promote attendance and staff retention.

St Mary's Hospital

Supervision and Support

Staff in 67% of services receive an annual appraisal and/or personal development planning.

In 37% of services, staff do not receive regular managerial supervision. Clinical supervision is also not provided regularly in 28% of services.

77% of services provide regular reflective practice sessions for staff. Nearly all staff in services are supported with their health and wellbeing.

Good Practice Examples

The service is proactive in providing regular supervision of a high quality despite not having a full complement of nurses. Reflective practice sessions are fully also embedded.

Amber Lodge

Service managers provide frontline staff with additional cover to ensure that all staff can attend reflective practice sessions.

Hazelwood House

Staff have access to regular reflective practice sessions that are facilitated by psychologists from a different ward, ensuring that reflective practice and relational security awareness are well embedded in the culture of the service.

Thornford Park Hospital

Staff members are extremely positive about the reflective practice sessions and how they enable them to be completely open and honest.

Bracton Centre and Memorial Hospital

Staff feel supported in their wellbeing and reported having a good occupational health package, a specialist trauma counsellor and access to a confidential helpline.

St Andrew's Northampton

The hospital director holds monthly breakfast club meetings with staff.

The Dene

Training

Clinical staff in nearly all services receive training to perform as competent practitioners.

91% of services provide training on effectively managing aggression and violence.

In 51% of services, patients carers and staff are not regularly involved in devising and delivering face-to-face training.

Good Practice Examples

There are two core training weeks on the ward, one in April and one in October of every year, where staff training is refreshed.

Clare Ward

All members of staff have been trained in substance misuse.

Cygnets Hospital Blackheath

The service provides training sessions for staff on a weekly basis and staff have protected time to attend these.

Ashford Unit

There is a positive culture around staff training and development along with a level of creative autonomy.

Wolfson House

Staff have access to recovery college courses that promote staff wellbeing and health. This also includes aromatherapy sessions.

Forest Lodge

The input of a counselling psychologist at the service to support staff and patients post incident was seen as an asset.

Ashley House

There is a daily, hospital wide MDT meeting which ensures that all areas of the service are kept up to date with developments.

Farmfield Hospital

There are good opportunities available for staff including the 'grow your own' nurse training programme.

Cedar House

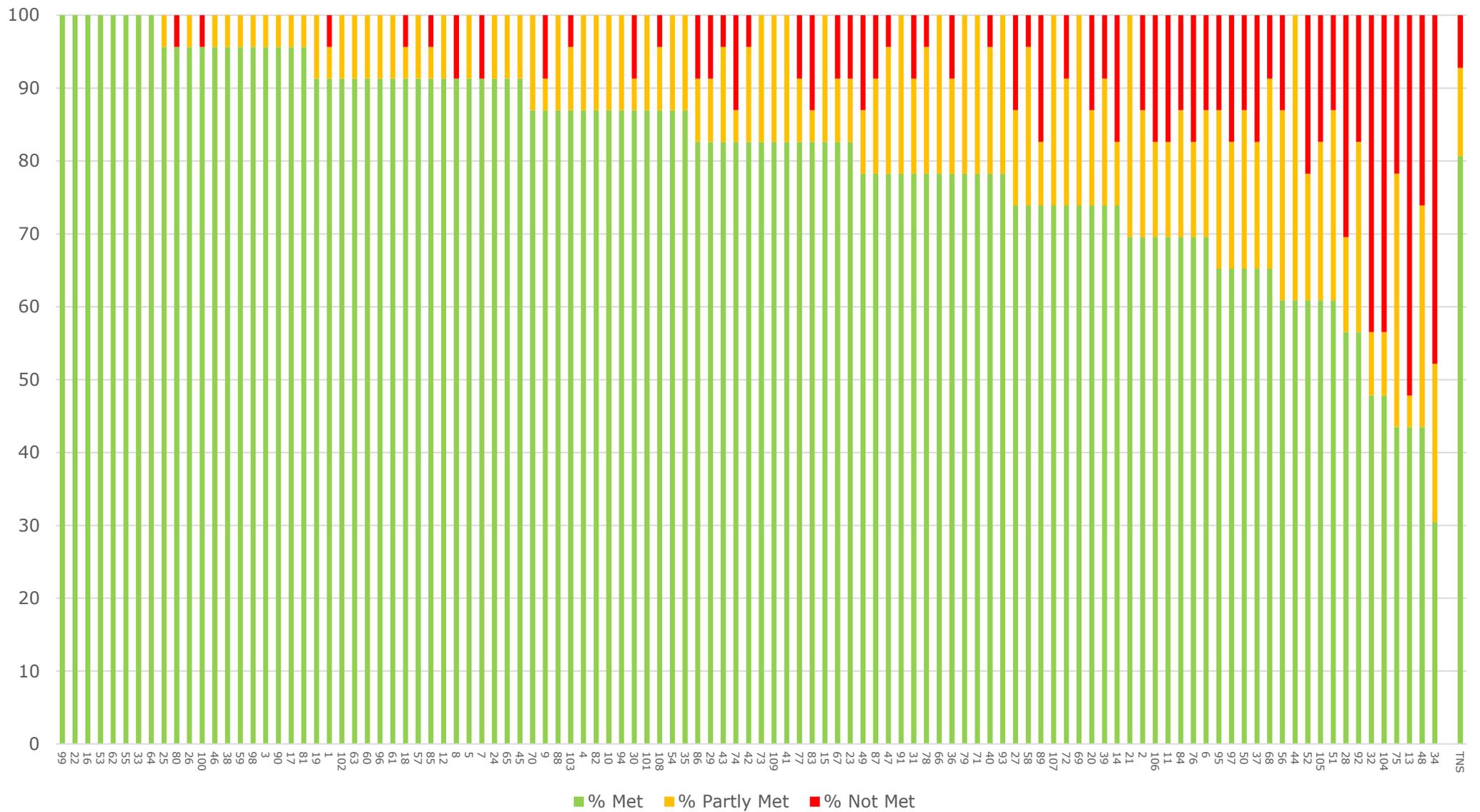


Figure 17: Percentage of Criteria Met, Partly Met and Not Met by Service for Workforce.

Governance

On average, services fully met 86% of standards in this area, ranging from 33% to 100% compliance.

Complaints and Investigations

For the majority of services, there is a complaints procedure which is accessible and the reporting of incidents is efficient.

In 72% of services, all stakeholders are kept up to date of the progress of their complaints made and involved in the process throughout.

Most services have robust processes in place whereby findings from investigations are shared and lessons can be learned.

Good Practice Examples

A new role was created for an ex service-user to ensure the patient voice is represented within the senior management team and that there is a clear pathway for communication between the patient group and service management.

Chichester Centre

The communication tools used by staffing teams, such as the safety brief to ensure that all staff are aware of both service wide issues and ward specific concerns on arriving on each ward, were praised.

Rohallion

Governance Mechanisms

Nearly all services keep patient information in line with information governance.

In 60% of services, all stakeholders involved in the service feel policies and procedures are developed in consultation with them.

For 42% of services, there is no clear strategy on how external stakeholders are engaged with.

Good Practice Examples

Each month, a policy is sent out to staff for review and they must sign off that they have read it, to ensure that they are kept up to date.

Bowman Ward

Service Development

The majority of services utilise outcome data to improve their service as well as during staff supervision and caseload feedback.

Stakeholder involvement in identifying priority audits topics is variable across services, with 58% of services involving staff, family and friends and patients in these decisions.

Good Practice Examples

A robust leadership structure across the site encourages open discussion and shared decision making.

Northgate Hospital

Patients are involved in service development and governance.

Ridgeway

Patients have a clinical audit group and they are trained on how to carry out audits.

St Andrew's Healthcare Nottinghamshire

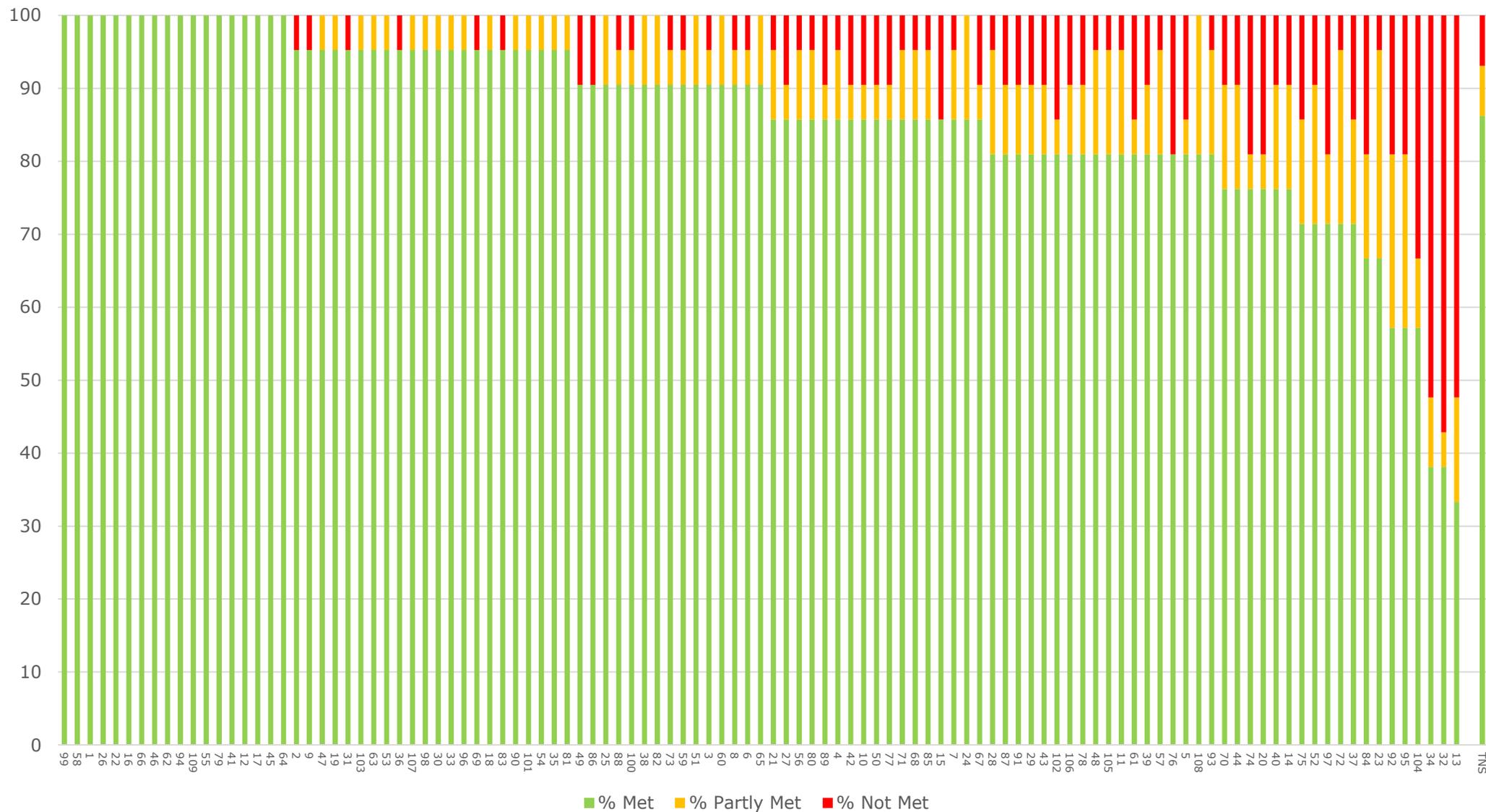


Figure 18: Percentage of Criteria Met, Partly Met and Not Met by Service for Governance.

Looking Forward

The Network values feedback from its members. For cycle 6, we have changed some of our processes to maximise the benefits received by member services.

Standards

Clarity

We received feedback that there was a lack of guidance to support the standards. A second edition of the standards was published in June 2017 to act on feedback provided and to reduce ambiguity when interpreting them. Some standards were also reworded to be more specific in what they were asking for.

Number of standards

Some services found that there were too many standards and some were quite repetitive. In the second edition, standards have been removed or combined. The idea is that this change will help ease the flow of discussions had on the review day.

Specialist standards

The specialist standards for deaf, learning disabilities and women have been incorporated into the core forensic standards.

Peer-review Visit

A two year review cycle

After an in-depth consultation with members of the Network and discussions with the Advisory Group, the review process will move to a two year cycle to enable services to fully implement recommendations and discuss key issues relevant to their practice. Moving forward, services will alternate between a QI visit one year and a full review in the other. More information about the revised review process can be found on the website: www.qnfmhs.co.uk.

Training

To help aid the usefulness of attending reviews as well as being a part of them, we offer reviewer training throughout the cycle. Following feedback from this cycle, the role of a lead reviewer has been removed to allow all members of the peer-review team to contribute equally. We regularly hold reviewer training days and we encourage services to put forward individuals to attend. More information about the training and upcoming dates can be found on the website: www.qnfmhs.co.uk.

Process

Patient involvement

Patient reviewers form a valued part of the review team and we endeavour to have one present on every visit. Currently, we work with 12 patient reviewers, of which two sit on our Advisory Group. They play a vital role in guiding our work in this area.

We are also hosting a focused patient event in March 2018 which will be planned in collaboration with our patient reviewers.

Carer involvement

We currently work with six family and friend representatives to ensure our work is informed by the carers' perspective. To encourage more meaningful discussions around carer involvement, we have introduced a dedicated session on our new QI visits for our representatives to meet with the carers of your service.

Evidence

Amount of evidence

Feedback indicated that the amount of evidence that was required from services during the self-review process could be reduced. We have tried to accommodate this, however documented evidence will still be required in order for some standards to be scored as 'met'.

Survey responses

This cycle, survey responses were solely used to score some standards and after careful consultation this will no longer be the case from next cycle. Surveys will still be distributed to patients, staff and family and friends involved in the service, and the collated data will be a part of the peer-review workbook for both full reviews and the QI visits.

Appendix 1 – Member Services’ Contact Information

Service Name	Key Contact Details	Patient Population
All Saints Hospital	Ronald Morris Hospital Manager RonaldMorris@stgeorgehealthcaregroup.co.uk 01616 224 220	Men, LD & Deaf
Allington & Tarentfort Centre	Dr Sohail Tariq Consultant Psychiatrist sohail.tariq@kmpt.nhs.uk 01322 622 222	Men & LD
Amber Lodge	Andrea Vincent Service Manager/ Modern Matron andrea.vincent@rdash.nhs.uk 01302 798 110	Men & LD
Annesley House	Annie Booth Hospital Director AnnieBooth@priorygroup.com 01623 727 900	Women
Arbury Court	Desmond Loo Clinical Nurse Manager desmond.loo@elysiumhealthcare.co.uk 01925 400 600	Women
Ash Ward	Colin Reynolds Ward Manager colin.reynolds@sompar.nhs.uk 01278 454 131	Men
Ashford Unit	Chris Davy Clinical Ward Manager Christopher.Davy@southernhealth.nhs.uk 02380 874 495	Men
Ashley House	Alan Malin Hospital Director alan.malin@huntercombe.com 01630 674 800	Men, Women & LD
Avesbury House	Marc Sycamore Hospital Director MarcSycamore@priorygroup.com 0208 803 7316	Men
Beech Unit	Frances Sheehan Team Leader frances.sheehan@hpft.nhs.uk 01923 682 062	Men

Bowman Centre	Darren Nye Ward Manager darrennye@nhs.net 01208 251 307	Men
Bracton Centre and Memorial Hospital	Keith Soper Service Director keith.soper@nhs.net 01322 294 300	Men & Women
Bradley Woodlands	Hannah Cowdroy Deputy Manager hannah.cowdroy@lighthouse-healthcare.co.uk 01472 875 800	Men, Women & LD
Brockfield House	Denise Cook Director of Specialist Services denise.cook@eput.nhs.uk 01268 243 508	Men & Women
Brooklands Hospital	Alex Dobbys Pathway Manager / Matron alexandra.dobbys@covwarkpt.nhs.uk 01213 294 989	Men & LD
Burston House	Fungai Nhiwatiwa Hospital Director FungaiNhiwatiwa@priorygroup.com 01379 649 989	Men & LD
Cambian Ansel	Kimberly Mullen Hospital Manager Kimberley.Mullen@cambiagroup.com 01159 457 070	Men
Caswell Clinic and Taith Newydd	Sian Dolling Service Manager sian.dolling@wales.nhs.uk 01656 662179	Men & Women
Cedar House	Emma Harrison Hospital Manager emma.harrison@huntercombe.com 01227 833 700	Men, Women & LD
Chadwick Lodge and Eaglestone View	Charlotte May Director of Clinical Services charlotte.may@elysiumhealthcare.co.uk 01908 593 000	Men & Women
Cheswold Park Hospital	Vanessa Blanshard Admissions & Contracts Officer vblanshard@cheswoldparkhospital.co.uk 01302 762 875	Men & LD
Chichester Centre	Timothy Wellington General Manager tim.wellington@sussexpartnership.nhs.uk 01243 791 946	Men & Women

Clifton House	Bekki Whisker Matron bwhisker@nhs.net 01138 555 000	Men & Women
Cygnets Hospital Beckton	Anthony Aigbe Acting Manager anthonyaigbe@cygnethealth.co.uk 0207 511 2299	Women
Cygnets Hospital Bierley	Laura McDonagh Clinical Manager lauramcdonagh@cygnethealth.co.uk 01274 686 767	Men & Women
Cygnets Hospital Blackheath	Jayne Tucker Clinical Manager jaynetucker@cygnethealth.co.uk 02086 942 111	Men
Cygnets Hospital Bury	Fanuel Zendera Clinical Service Manager cfanuelzendera@cygnethealth.co.uk 01617 627 200	Men, Women & Deaf
Cygnets Hospital Derby	Mark Varney Hospital Manager markvarney@cygnethealth.co.uk 01332 365 434	Men & Women
Cygnets Hospital Godden Green	Sean Cheetham Ward Manager seancheetham@cygnethealth.co.uk 01732 763 491	Men
Cygnets Hospital Harrow	Navin Ramgolam Clinical Manager Navinramgolam@cygnethealth.co.uk 02089 667 000	Men & LD
Cygnets Hospital Kewstoke	Mike Kambasha Ward Manager mikekambasha@cygnethealth.co.uk 01934 428 989	Women
Cygnets Hospital Sheffield	Dr Vinaya Bhagat Consultant Forensic Psychiatrist vinayabhagat@cygnethealth.co.uk 01142 793 383	Women
Cygnets Hospital Stevenage	Jemma Lacey Office Manager jemmalacey@cygnethealth.co.uk 01438 342 914	Men & Women
Cygnets Hospital Woking	Jo Sherman Hospital Manager josherman@cygnethealth.co.uk 01483 795 100	Men & Women

Edenfield and Lowry Unit	Janice Greenwood Interim Network Operational Manager janice.greenwood@gmmh.nhs.uk 01613 581 410	Men & Women
Edward House	Michael Odell Interim Clinical Manager Michael.Odell@nhs.net 01245 315 606	Men
Eric Shepherd Unit and 4 Bowlers Green	Sonia Ritson Modern Matron sonia.ritson@hpft.nhs.uk 01923 684 606	Men & LD
Farmfield Hospital	Malcolm Campbell Hospital Director Malcolm.Campbell@elysiumhealthcare.co.uk 01293 787500	Men
Forest Lodge	Dr Ajay Pawar, Consultant Psychiatrist Ajay.pawar@shsc.nhs.uk 01142 716 051	Men
Foxhall House	Brian Davis, Deputy Service Manager Brian.davis@nsft.nhs.uk 01473 322 200	Men
Francis Willis Unit	Jocelyne White, Ward Manager jocelyne.white@lpft.nhs.uk 01522 573 625	Men
Fromeside and Wickham Unit	Paula May Managing Director paula.may1@nhs.net 01173 784 100	Men, Women & LD
George Mackenzie House	Anne Marie Paul Service Manager anne-marie.paul@cpft.nhs.uk 07980 911 979	Men & Women
Gerry Simon Clinic	Dr Joseph Vella Consultant Psychiatrist joe.vella@bcpft.nhs.uk 01216 128 425	Men & LD
Guild Lodge	Lee Drake Matron Lee.drake@lancashirecare.nhs.uk 01772 406 622	Men
Hatherton and Ellesmere House	Dr Jayanth Srinivas Consultant Forensic Psychiatrist jayanth.srinivas@nhs.net 01785 221 346	Men, Women & LD

Hazelwood House	Palmer Chinosengwa Registered Manager palmerchinosengwa@priorygroup.com 01246 856 565	Men & LD
Heatherwood Court	Carla Rawlinson Registered Manager carla.rawlinson@lshealthcare.co.uk 014434 904 380	Men & Women
Hellesdon Hospital	Brian Davis Deputy Service Manager Brian.davis@nsft.nhs.uk 01603 421 646	Men & Women
Hellingly and Southview Low Secure Unit	Anita Lambert Matron anita.lambert@sussexpartnership.nhs.uk 03003 040 767	Men
Hollins Park Hospital	Sue Lee Modern Matron sue.lee@nwbh.nhs.uk 01925 664 000	Men, Women & LD
Humber Centre	Dave King Security Lead dave.king@nhs.net 01482 336 200	Men & LD
John Howard Centre and Wolfson House	Dr Paul Gilluley Head of Service paul.gilluley@elft.nhs.uk 02085 102 401	Men, Women, LD & OPD
Kedleston Low Secure Unit	Rebecca Mace Senior Nurse rebecca.mace@derbyshcft.nhs.uk 01332 623715	Men
Kemple View	Mark Haslam Director of Clinical Services markhaslam@priorygroup.com 01254 243 000	Men
Kneesworth House Hospital	Gary Stobbs Hospital Director garystobbs@priorygroup.com 01763 255 700	Men, Women & LD
Langdon Hospital	Julie Donaghue Business Manager j.donaghue@nhs.net 01626 884 475	Men
Lee Mill Unit	Emily Rowe Manager emilyrowe1@nhs.net 01752 314 805	Men

Llanarth Court Hospital	Dr Stephen Hunter Responsible Clinician stephenhunter@priorygroup.com 01873 840 555	Men, Women & LD
Maplewood	Lynne Kirwan Operational Support Manager lynne.kirwan@merseycare.nhs.uk 01254 821 966	Men, Women & LD
Meadow View	Palmer Chinosengwa Hospital Director palmerchinosengwa@priorygroup.com 01427 666 080	Men
Mildmay Oaks	Lee Houghton Hospital Director LeeHoughton@priorygroup.com 01252 845 826	Male & LD
Moorlands View	Amanda Barker Clinical Manager amanda.barker@bdct.nhs.uk 01274 228 200	Men
Morris Ward	Kristoff Bonello, Lead Psychologist & QI Project Lead kristoff.bonello@nelft.nhs.uk 0300 555 1200	Men
Newsam Centre	Mark Dodd, Matron mark.dodd2@nhs.net 01138 555 000	Men & Women
Newton Lodge, Bretton Centre & Newhaven	Catherine Eaves General Manager catherine.eaves@swyt.nhs.uk 01924 316 108	Men & Women
North London Clinic	Joe Thomas Hospital Director JoeThomas@priorygroup.com 020 8956 1234	Men
North London Forensic Service	Claire Wells Head of Business Management claire.wells@beh-mht.nhs.uk 02087 025 993	Men, Women & LD
Northgate Hospital	Dennis Davison Service Manager Dennis.davison@ntw.nhs.uk 01670 394 049	Men, Women & LD
Oaktree Manor	Beatrice Nyamande Hospital Director beatrice.nyamande@priorygroup.com 01255 871 017	Men, Women & LD

Oxford Clinic, Thames House and Wenric Ward	Helen Ayres Matron helen.ayres@oxfordhealth.nhs.uk 01865 902 014	Men & Women
Prospect Place	Michael Liffen Unit Manager michael.liffen@nhs.net 01706 676 131	Men
Rathbone Low Secure Unit	Jena Davies Ward Manager jena.davies@merseycare.nhs.uk 01514 717 995	Men
Reaside and Hillis Lodge	Matt Thomas Clinical Nurse Manager Matthew.Thomas@bsmhft.nhs.uk 01213 013 227	Men & Women
Ridgeway	Stephen Godwin Deputy Head of Service stephen.godwin@nhs.net 01642 837 341	Men, Women & LD
River House and Chaffinch Ward	Julie Heyward Deputy Director – Nursing and Forensic Offender Health julie.heyward@slam.nhs.uk 02032 284 472	Men, Women
Robin Pinto Unit	Michael Benson Integrated Clinical Lead michael.benson@eput.nhs.uk 01582 657 500	Men
Rohallion	Patricia Kettles Senior Nurse Clinical Standards and Governance Pkettles@nhs.net 01738 562419	Men
Saddlebridge and Alderley Unit	Beverly Trafford Modern Matron bev.trafford@cwpc.nhs.uk 01625 862 511	Men & LD
Shaftesbury Clinic and Hume Ward	Richard Stiles Forensic Services Matron richard.stiles@swlstg-tr.nhs.uk 02035 136 065	Men
Shannon Clinic and Clare Ward	Noel McDonald Operations Manager Noel.mcdonald@belfasttrust.hscni.net 02890 637 922	Men & Women

Southfield Low Secure Unit	Sue Hayward Modern Matron sue.hayward3@nhs.net 02380 874 555	Men & Women
St Andrew's Birmingham	Catherine Vichare Modern Matron cevichare@standrew.co.uk 01214 322 121	Men & Women
St Andrew's Healthcare Essex	Lesley Dolby Compliance & Administration Manager ldolby@standrew.co.uk 01268 723 821	Men & Women
St Andrew's Northampton – Men's Service	Claire Jones Compliance and Administration Manager cjones@standrew.co.uk 01604 616 317	Men & LD
St Andrew's Northampton – Women's Service	Iain Holland-Hay Nurse Manager iholland-hay@standrew.co.uk 01604 745 976	Women & LD
St Andrew's Nottinghamshire	Philip King Interim Service Director pking@standrew.co.uk 01623 665337	Men & LD
St John's House LDS	Fungai Nhiwatiwa Hospital Director FungaiNhiwatiwa@priorygroup.com 01379 649 989	Women & LD
St Magnus Hospital	David Munns Clinical Governance Manager dmunns@stmagnus.co.uk 07769 167 739	Men
St Mary's Hospital	Christine Walker Deputy Hospital Manager christinewalker@stgeorgehealthcaregroup.co.uk 01925 423 300	Men & Deaf
St Nicholas Hospital	Dennis Davison Service Manager Dennis.davison@ntw.nhs.uk 01670 394 049	Men
Suttons Manor	Rebecca Pye Hospital Director RebeccaPye2@priorygroup.com 01992 814 661	Men
Tasman Unit	Denise Cox Operations Manager denise.cox1@nhs.net 02089 554 515	Men

Tatton Unit	Michelle Davis, Unit Manager Michelledavis3@nhs.net 01617 163 795	Men
The Clee Unit	Jayanth Srinivas, Clinical Director jayanth.srinivas@nhs.net 01785 221 346	Men
The Dene	Janet Syder Governance Manager janetsyder@priorygroup.com 01444 231 035	Women & LD
The Montpellier Unit	Sarah Campbell, Unit Manager sarah.campbell11@nhs.net 01452 894 579	Men
The Orchard	Arthur Chiwandire Senior Nurse Arthur.Chiwandire@wlmht.nhs.uk 02083 548 603	Women
The Spinney	Rena Henderson, Lead of OT & Education rena.henderson@elysiumhealthcare.co.uk 01942 885 637	Men
The Woodhouse Hospital	Simon Reed Hospital Manager simon.reed@lighthouse-healthcare.co.uk 01538 755 623	
Thornford Park Hospital	Dawn Jeffries, Deputy Hospital Director dawn.jeffries@elysiumhealthcare.co.uk 01635 860 072	Men
Three Bridges	Sachendra Beeraje, Senior Nurse sachendra.beeraje@wlmht.nhs.uk 02083 548 462	Men
Twynham Ward	Dave Walker Ward Manager dave.walker1@nhs.net 01202 492 405	Men
Ty Catrin	Stuart Mayne Security/TMVA Lead stuartmayne@priorygroup.com 02920 556 300	Men & Women

Ty Cwm Rhondda	Therisa Galazka, Hospital Manager Therisa.Galazka@partnershipsincare.co.uk 01873 840 555	Men
Wells Road	Mark Taylor Clinical Director mark.taylor@nottshc.nhs.uk 01159 691 300	Men, Women & LD
West Drive	Lynne Kirwarn, Operational Support Manager lynne.kirwan@merseycare.nhs.uk 01254 821 966	Men & LD
Wheatfield Unit	Charles Chikandwa Ward Matron charles.chikandwa@nhft.nhs.uk 01604 685 458	Men
Wood Lea Clinic	Michael Benson Integrated Clinical Lead michael.benson@eput.nhs.uk 01582 657 500	Men & LD
Woodlands House	Preeteema Gungah Matron preeteema.gungah@oxfordhealth.nhs.uk 01865 901 073	Men & Women

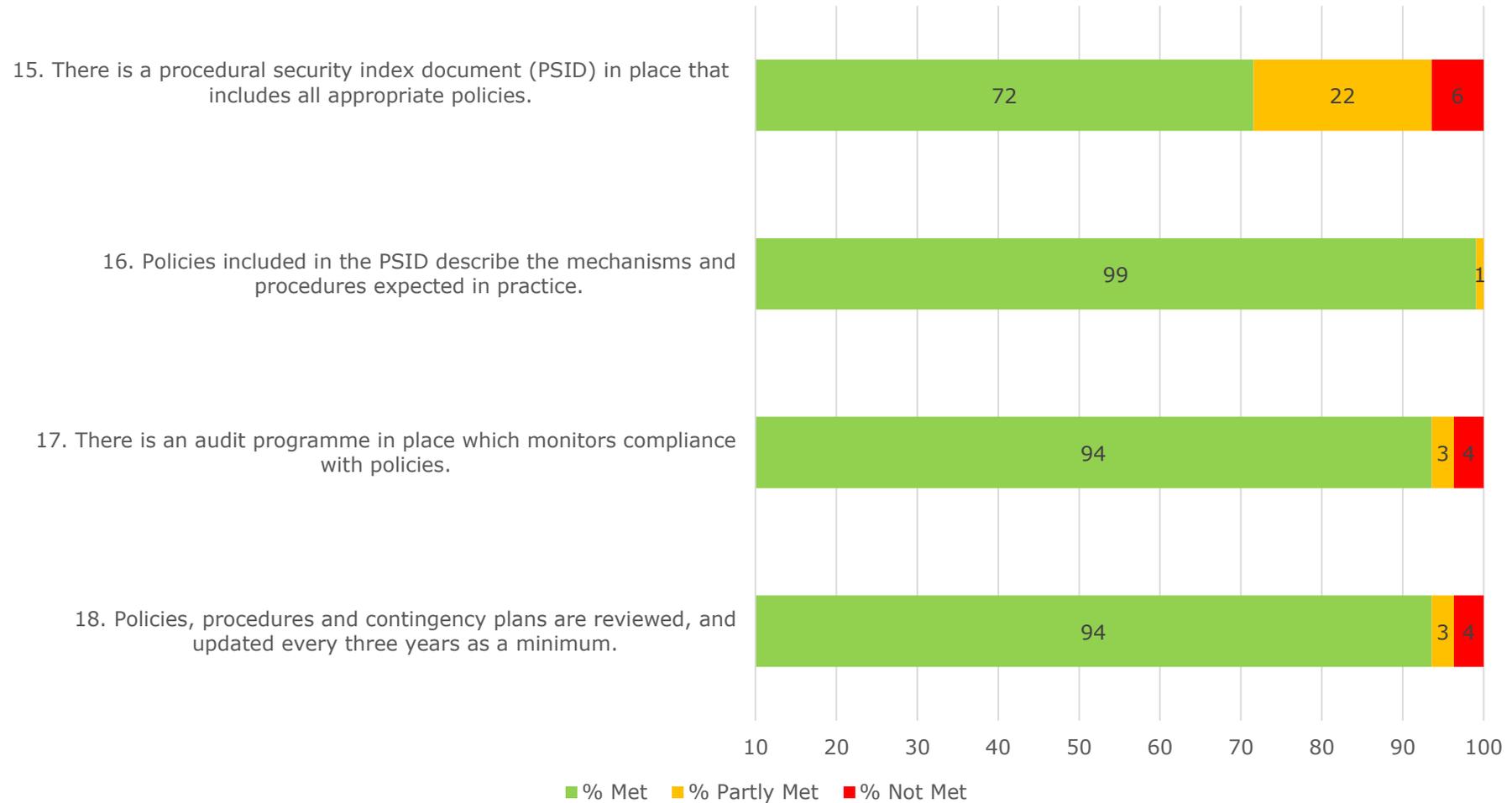
Appendix 2 – Aggregated Data by Standard

The following tables illustrate overall service compliance for each standard. The wording of the standards in this section has been condensed for the purposes of presentation. For a copy of the published standards (first edition), please visit our website www.qnfmhs.co.uk.

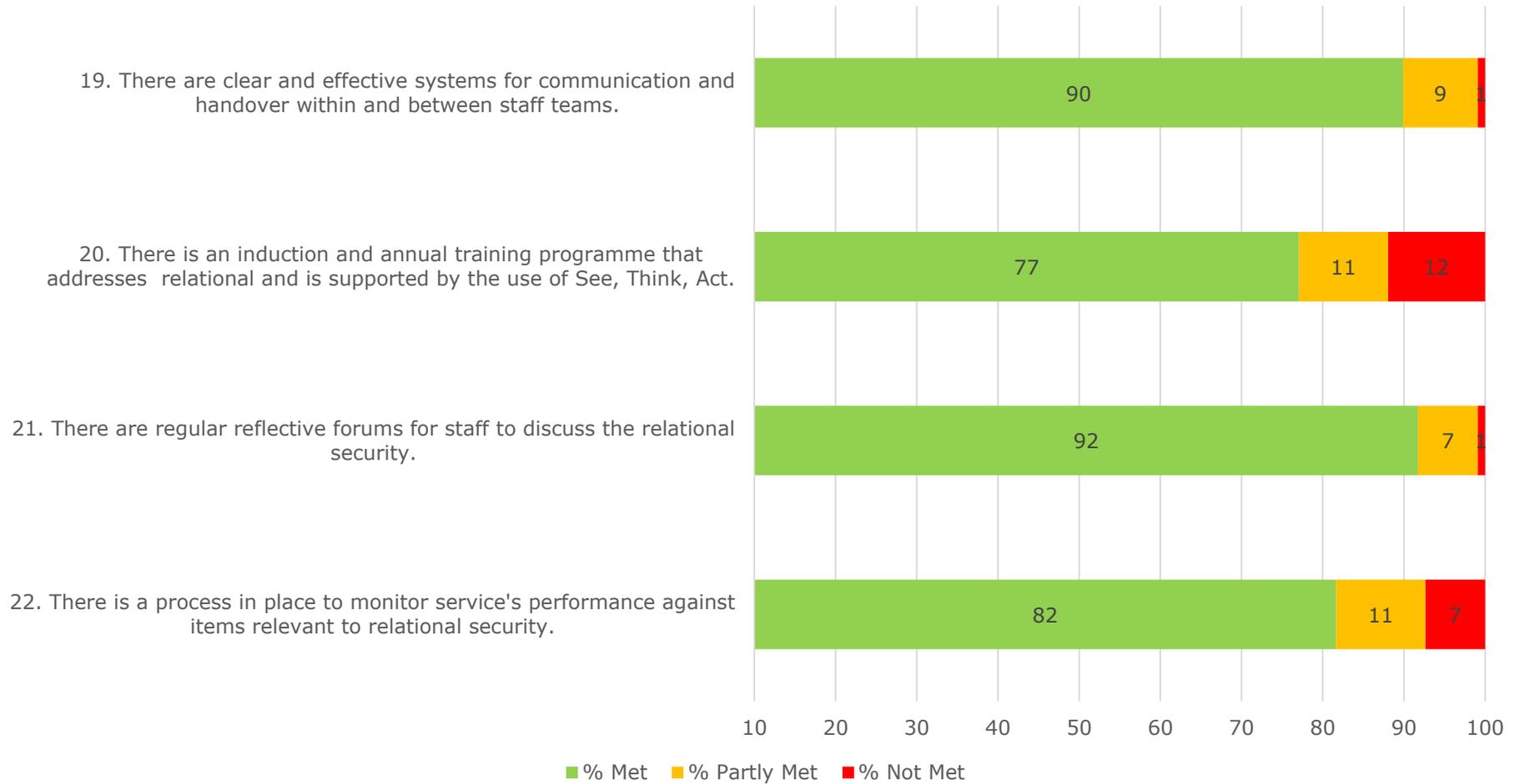
Patient Safety: Physical Security



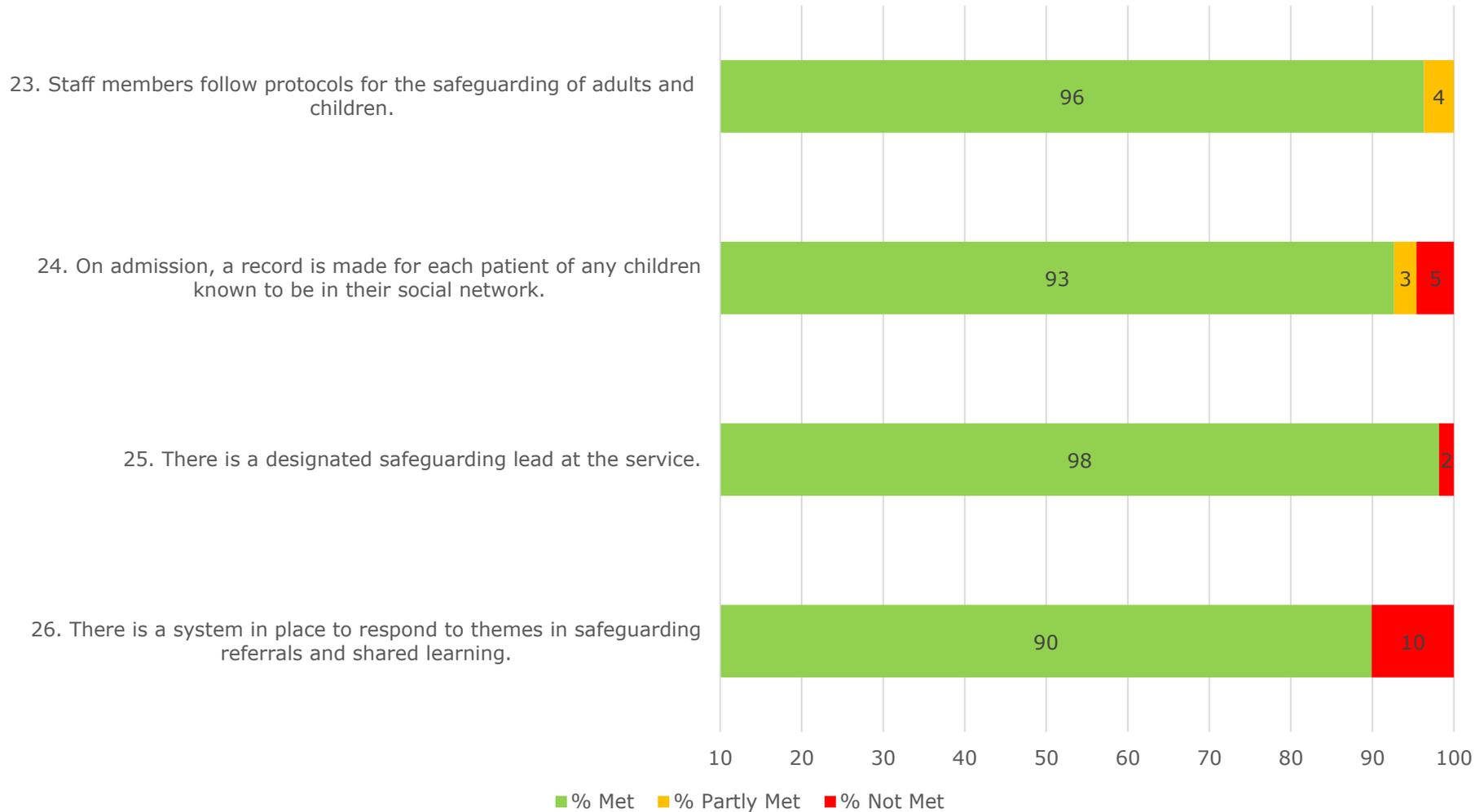
Patient Safety: Procedural Security



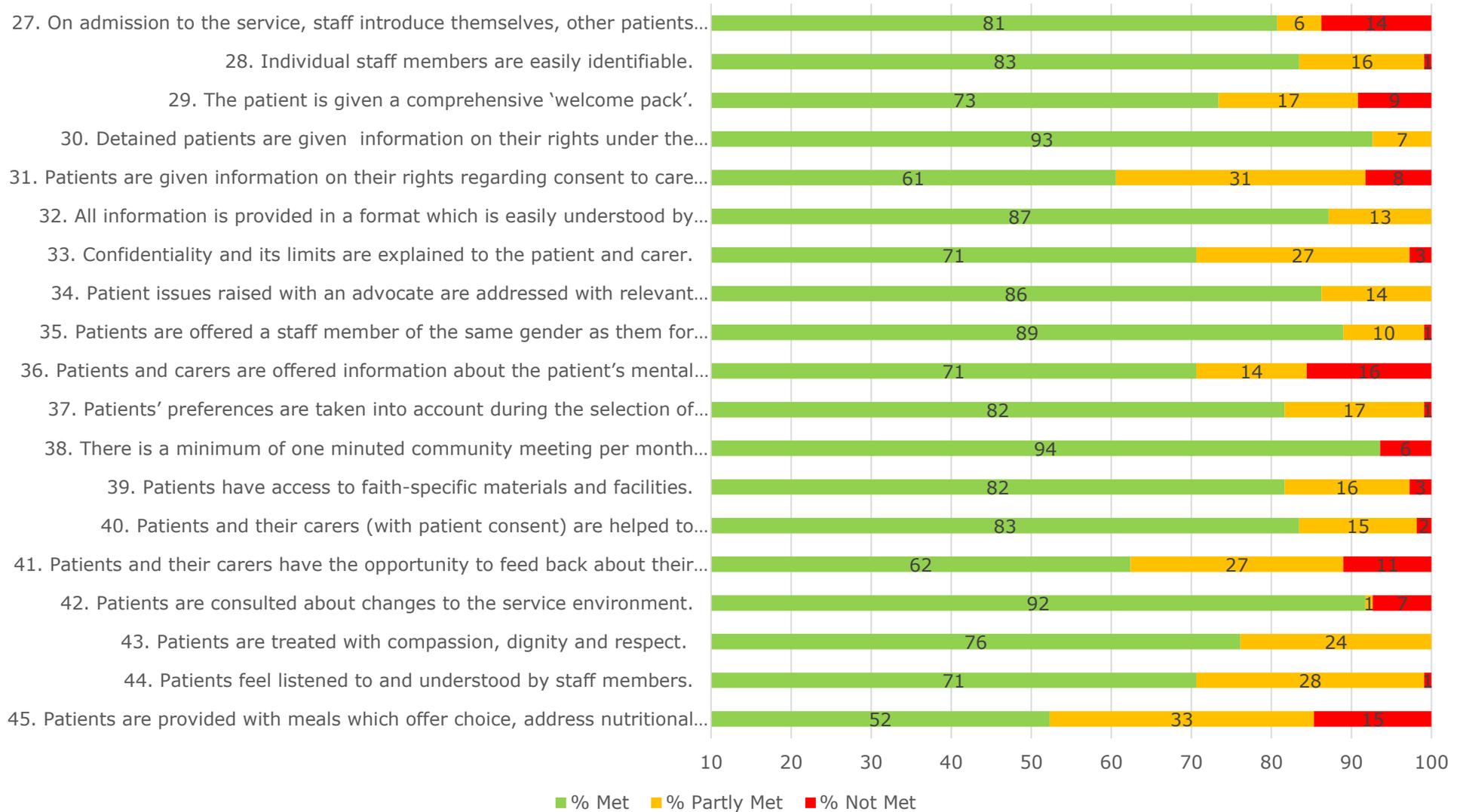
Patient Safety: Relational Security



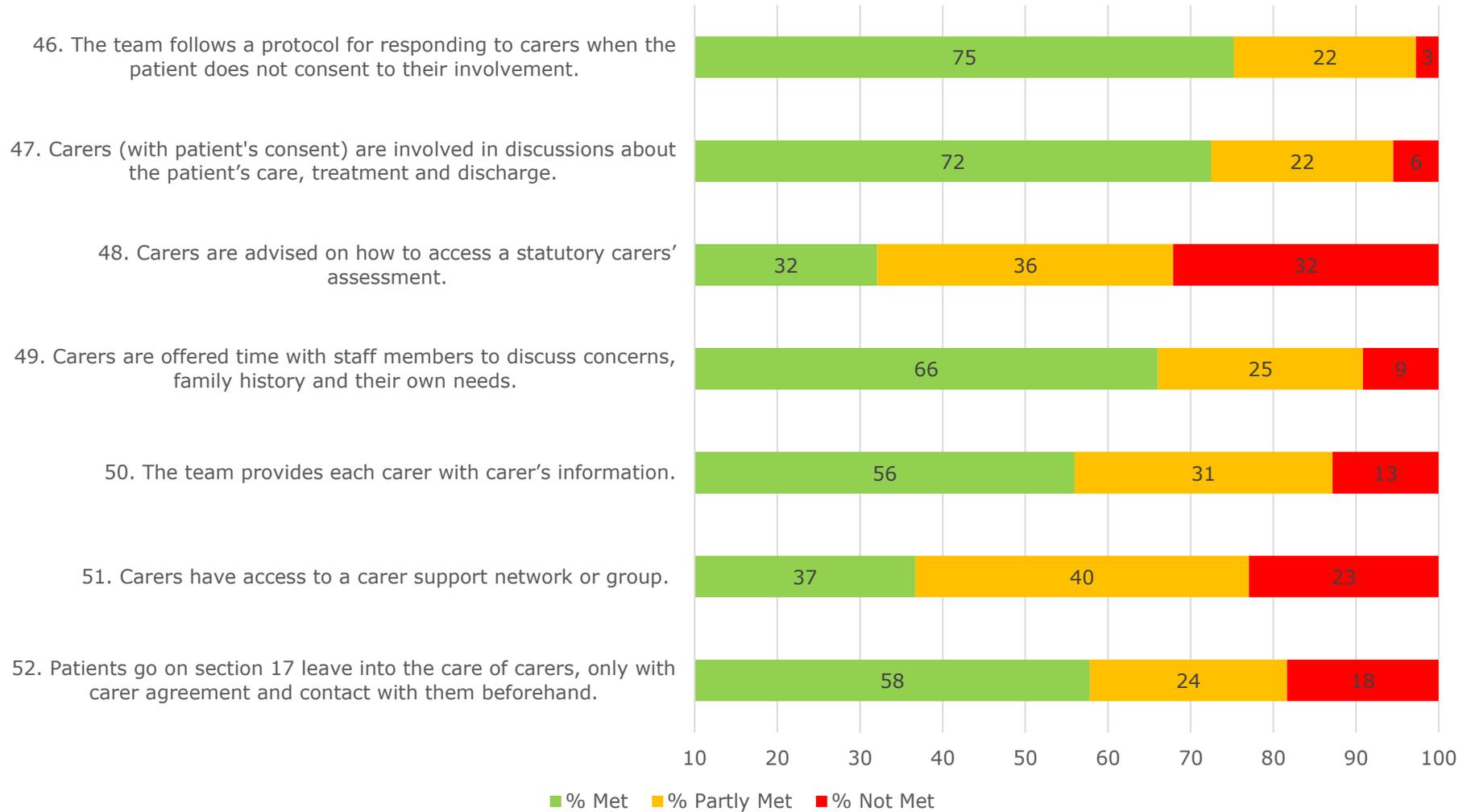
Patient Safety: Safeguarding



Patient Experience: Patient Focus



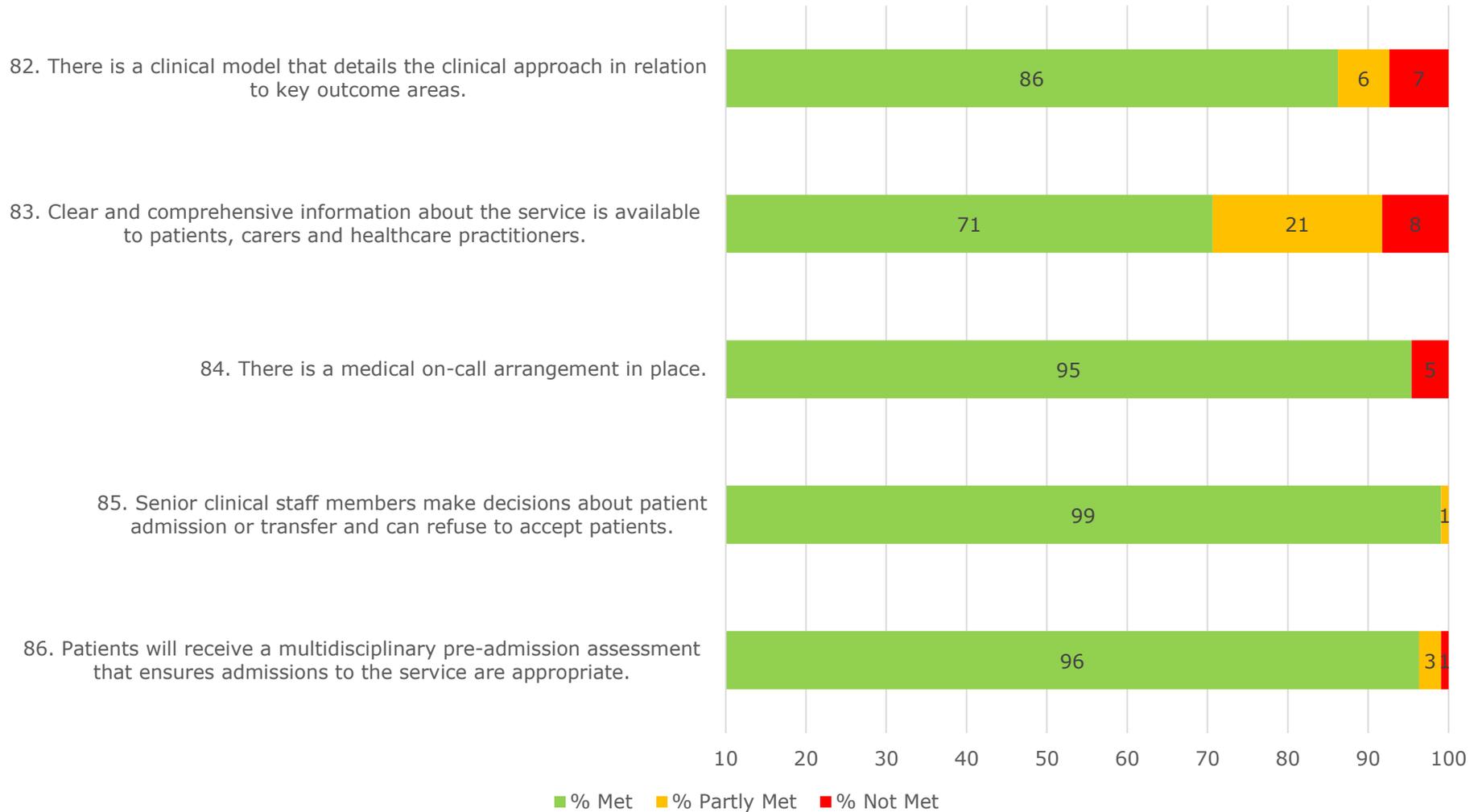
Patient Experience: Family and Friends



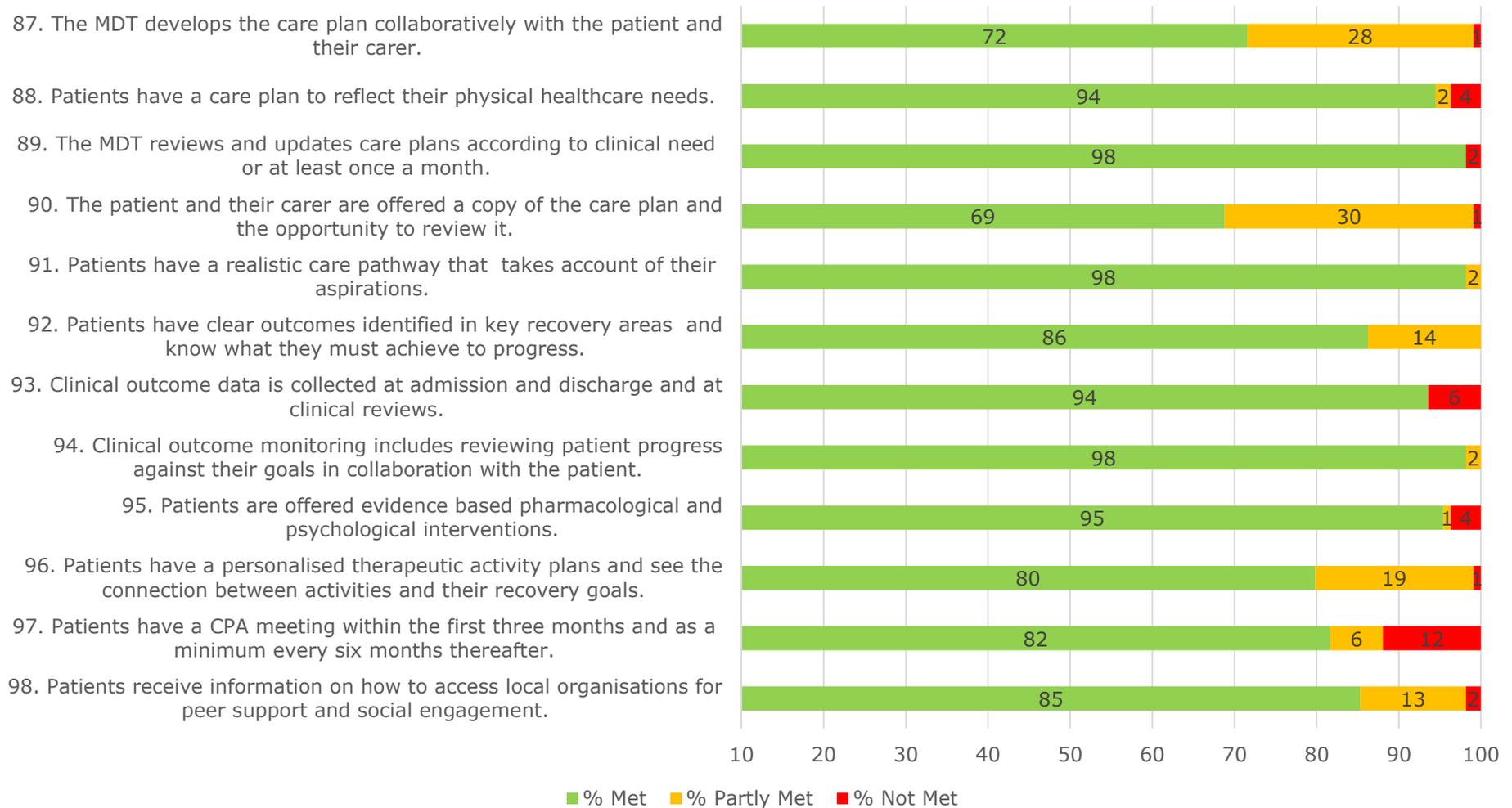
Patient Experience: Environment and Facilities



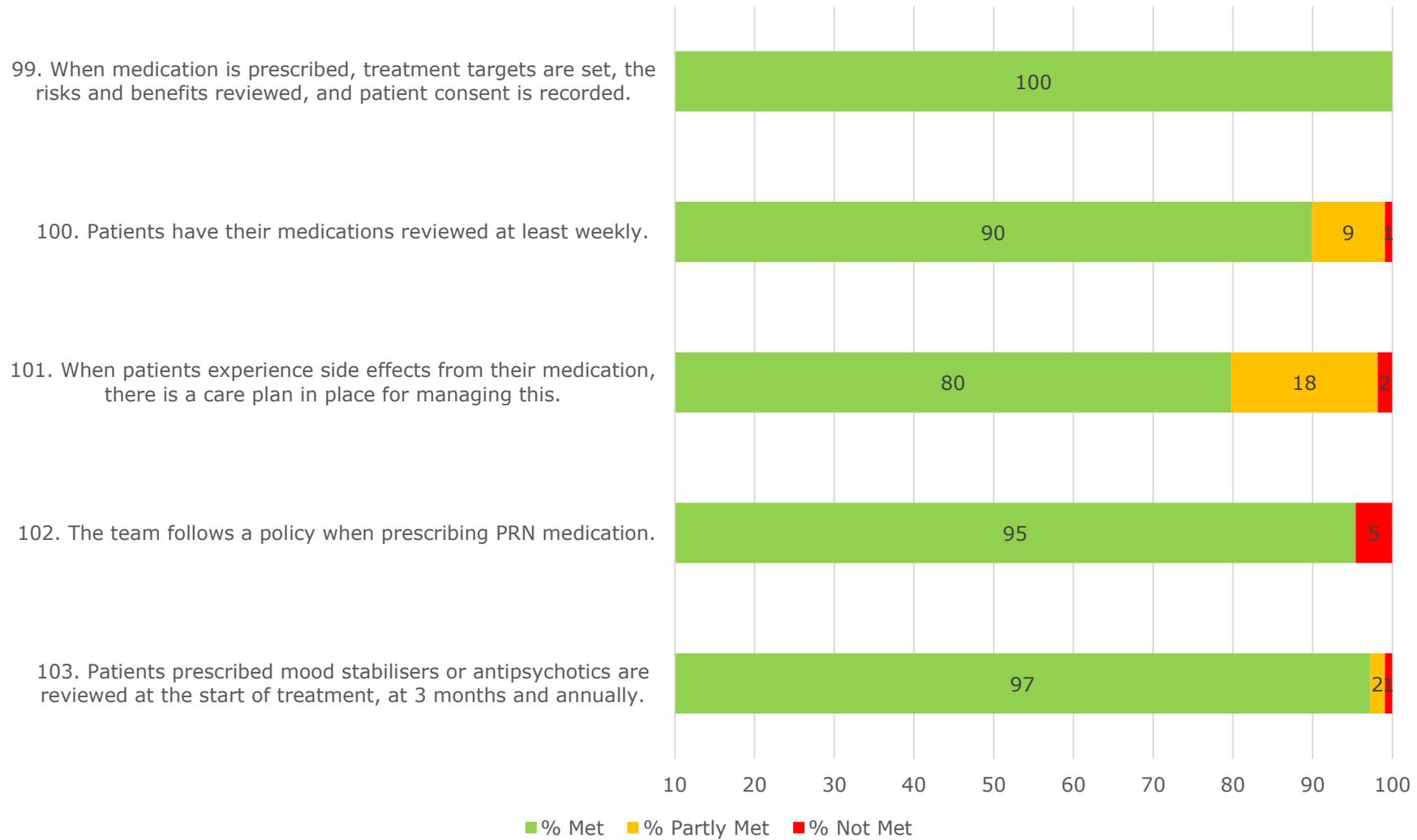
Clinical Effectiveness: Patient Pathways and Outcomes – Admission



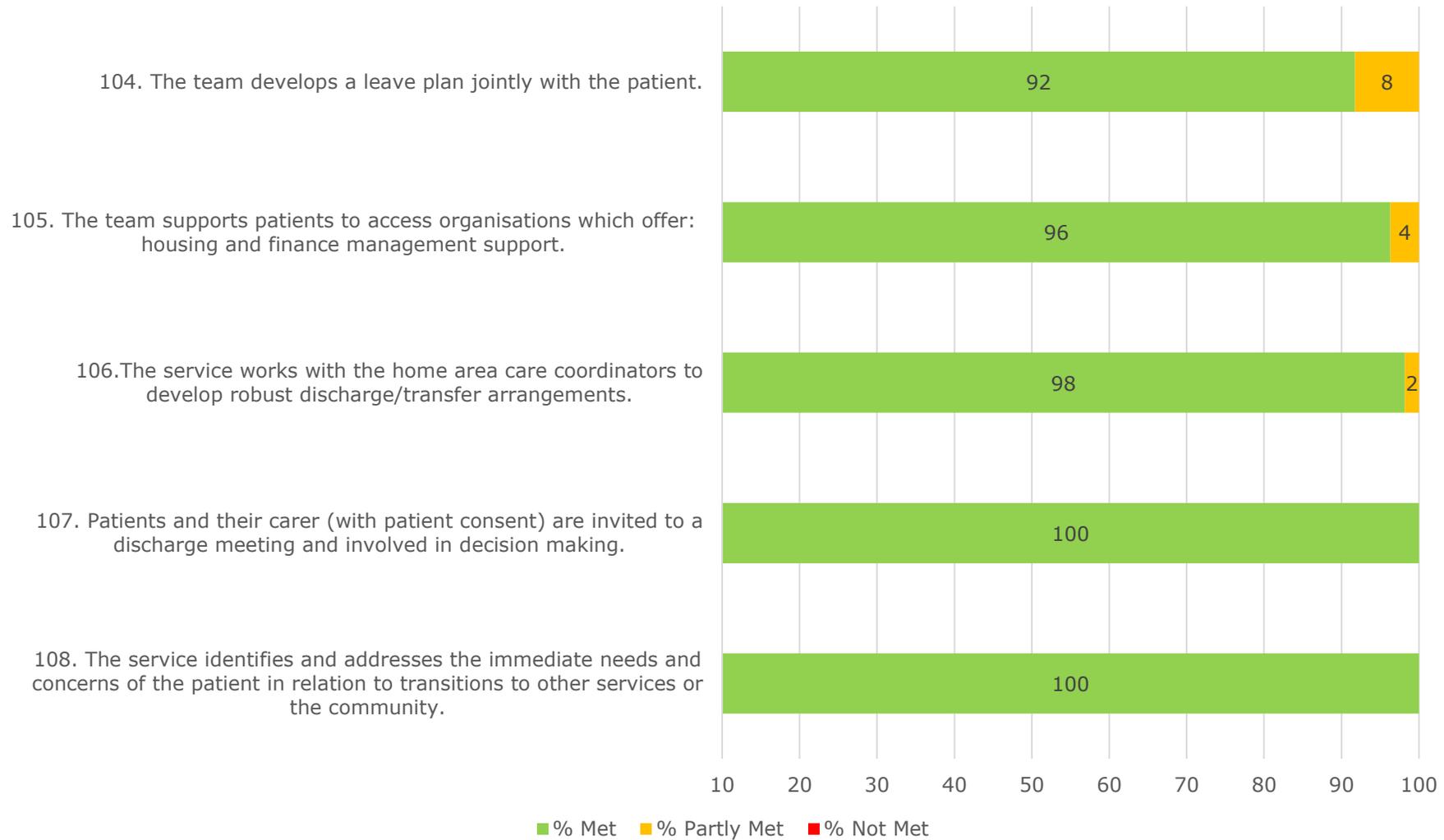
Clinical Effectiveness: Patient Pathways and Outcomes – Treatment and Recovery



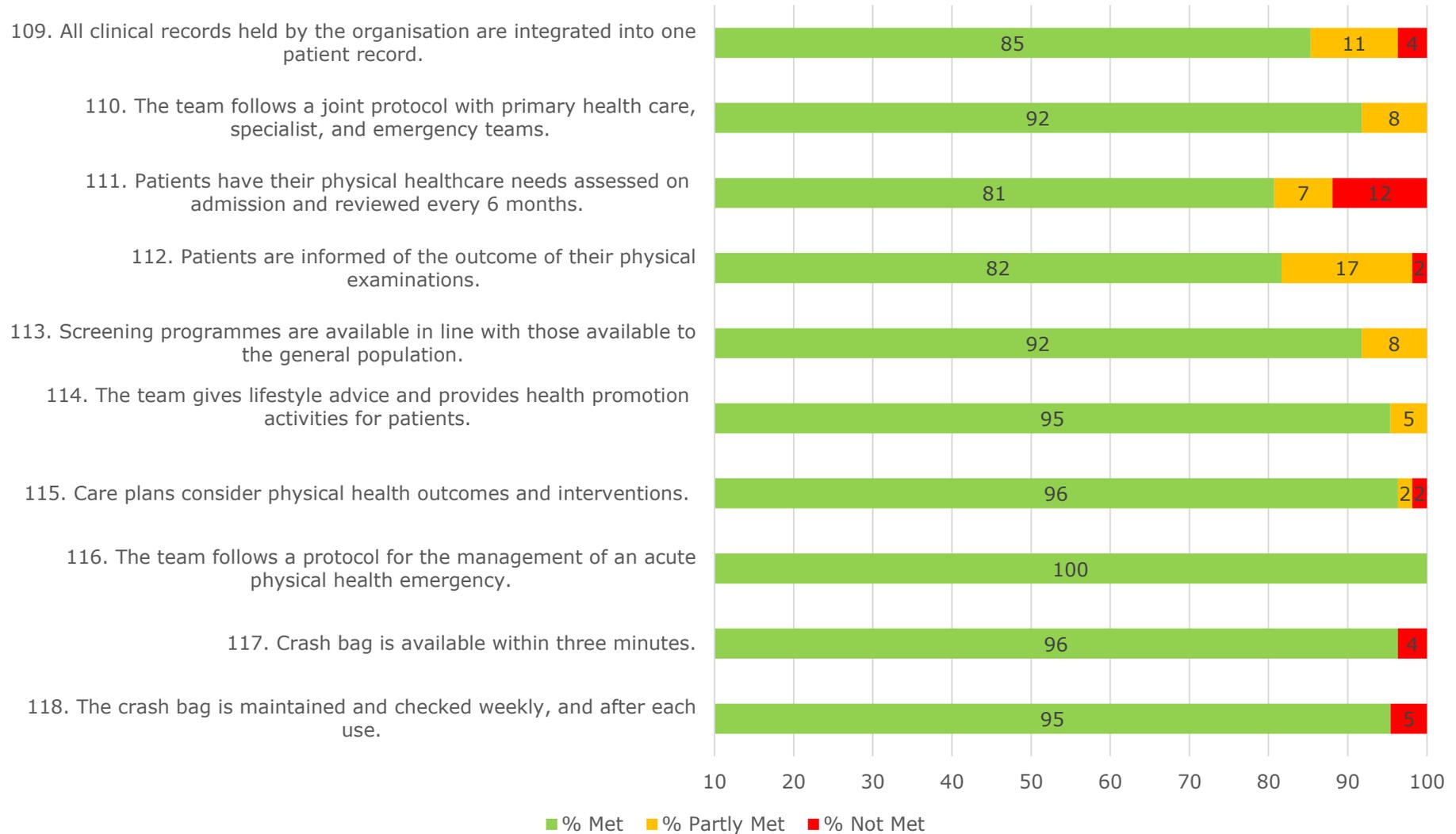
Clinical Effectiveness: Patient Pathways and Outcomes - Medication



Clinical Effectiveness: Patient Pathways and Outcomes – Leave and Discharge



Clinical Effectiveness: Physical Healthcare



Clinical Effectiveness: Workforce



Governance



Appendix 3 – Event Programmes

Appendix 3.1 – Quality Network for Forensic Mental Health Services, Staff Support and Wellbeing Event Programme, Monday 13 February 2017, Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

11:00 Chair’s introduction

Dawn Jeffries, Deputy Hospital Director/Director of Clinical Services, Elysium Healthcare

11:05 Safewards

Geoff Brennan, Executive Director; Star Wards

11:35 Staff health and wellbeing

Gillian Connor, Head of Policy; Rethink Mental Illness

12:05 Staff support and trauma response for staff working in a secure setting: How to enable wellbeing

Dr Annette Greenwood, Consultant Psychologist, Trauma Service Lead, St Andrew’s Healthcare

12:35 Lunch

13:20 Healthy workplace, healthy you

Tania Koch & Helen Kerridge, Counsellors and Service Co-ordinators, Royal College of Nursing

14:20 Coffee Break

14:30 Workshop A: Mindfulness service for staff

Annette Duff, Nurse Consultant/ Cognitive Behavioural Psychotherapist; Francesca Cognetti, Senior Clinical Support Worker; Hannah Collins, Senior Occupational Therapist, Norfolk & Suffolk NHS Foundation Trust

Workshop B: “Containing the container”: Supporting frontline staff in forensic services

Dr Kanny Olojugba, Head of Psychological Services, Consultant Clinical Psychologist, Cygnet Healthcare

15:10 Plenary and close

Appendix 3.2 – Quality Network for Forensic Mental Health Services, Low Secure Annual Forum Programme, Thursday 29 June 2017, Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:30 Welcome and introduction

Quazi Haque, Chair, QNFMHS Advisory Group

10:45 The new care model programme in adult secure services

Quazi Haque, Chair, QNFMHS Advisory Group

11:15 Adult medium and low secure mental health service review – Specialised Commissioning NHS England

Louise Davies, Specialised Mental Health Service Review Lead – Adult Secure National Specialised Commissioning Team (Mental Health), NHS England

11:45 Refreshments and Poster Presentations

12:00 Promoting healthy lifestyles and tackling obesity in secure mental health settings, our research and clinical implications

Dr Rajesh Moholkar, Consultant Forensic Psychiatrist, Birmingham and Solihull Mental Health NHS Foundation Trust

12:30 Preliminary findings from the past cycle

Megan Georgiou, Programme Manager, QNFMHS~

13:00 Lunch and Poster Presentations

13:45 Workshop session 1

A. Expected and unexpected deaths in secure care

Staff support in homicide cases

Dr Renarta Rowe, Consultant Forensic Psychiatrist, Birmingham and Solihull Mental Health Foundation Trust

Terminal illness and expected deaths in secure care

Dr Deepak Tokas, Consultant Forensic Psychiatrist, Tees, Esk and Wear Valleys NHS Foundation Trust

B. Relational Security

A fresh approach to collaborative risk assessment

Dr Chris Davis, Consultant Clinical Psychologist, Simon Harrison, Deputy Ward Manager, South Staffordshire and Shropshire Healthcare NHS Foundation Trust

C. Physical healthcare

The many values of meeting physical healthcare needs

Dr Atif Mahmud, Speciality Doctor and Aiasha Mehrban, Staff Nurse, Cygnet Healthcare

Working with acquired brain injury patients with mental health issues in a low secure environment: A multi-professional approach

Terence Keane, Clinical Nurse and Garikai Matojeni, Clinical Nurse, St George's Healthcare group

D. Recovery and Outcomes

What does 'good' and 'effective' secure care look like? - A patient's perspective

Susannah Pashley, Patient Reviewer, Quality Network for Forensic Mental Health Services

A recovery story, by Vicki Easthope

Victoria Easthope, Patient Reviewer, Quality Network for Forensic Mental Health Services

14:35 Refreshments and poster presentations

14:45 Workshop session 2

A. Cultural Change in Forensic Services

Relational Discovery: a model for culture change, staff development and clinical care in secure services.

Dr Malinder Bhullar, Principal Forensic Psychologist and CAT Practitioner, Devon Partnership NHS Trust

B. Family and Friends Involvement

The support and involvement of family carers in secure settings: developing a toolkit

Mick Mckeown, Reader in Democratic Mental Health, University of Central Lancashire

Exploring lived emotions of family members of mentally-ill offenders

Sarah Shirley, Family and Friends Representative, Quality Network for Forensic Mental Health Services

C. Patient Involvement

Recovery College at Cygnet Godden Green

Yasemin Dandil, Assistant Psychologist/Recovery Lead, David, Service user, Chrioni, Service user, Cygnet Healthcare

What can I get involved in? Service user opportunities

Helen Slater, Patient Reviewer, Quality Network for Forensic Mental Health Services

D. Patient Pathways

Psychosis care pathways for patients with diagnoses of mental illness in a forensic mental health service

*Samantha Tait, Chartered and Registered Forensic Psychologist and Michelle Dutton,
Chartered and Registered Forensic Psychologist, Partnerships in Care*

15:35 A revised approach to quality improvement in secure settings

Quazi Haque and Megan Georgiou, QNFMHS

16:00 Close

Appendix 3.3 – Quality Network for Forensic Mental Health Services, Communicating with Family and Friends, Thursday 31 August 2017, Royal College of Psychiatrists, 21 Prescot St, London, E1 8BB.

10:00 Registration and Refreshments

10:30 Welcome and Introduction

Matthew Oultram, Quality Network for Forensic Mental Health Services

10:45 Carers Toolkit – Involving Carers in Secure Mental Health Services.

Mick Mckeown, Reader in Democratic Mental Health, University of Central Lancashire

11:15 Just Do It – Get Involved

Sheena Foster, Family and Friends Representative, Quality Network for Forensic Mental Health Services

11:45 South East Regional Carer’s Involvement Group – An Evolving Journey to Improve Carer Engagement and Experience Across the Region

Charlotte Allen, Quality and Governance Assistant, Lynne Clayton, Carer Representative, Kathryn Fullbrook, Forensic Social Worker, Katharine Pearson, Lead Inpatient Social Worker

12:15 Lunch

13:15 Project Teulu: Implementing Family Liaison Meetings in Low Secure Forensic Service.

Andrea Davies, Clinical Psychologist & Systemic Psychotherapist, Stephen Godden, Acting Clinical Lead.

13:45 Discussion

14:15 Themed Work Groups: Sharing Good Practice/Finding Solutions:

Workshop 1: Delivering the Triangle of Care, Secure Carer Participation and Engagement in Practice

Amanda McBride, Senior Forensic Social Worker & Carers Lead Secure Division and Paula Jackson, Family Member of a Patient

Workshop 2: The Role of the Secure Services Carers Support Worker in Enhancing Communication with Family and Friends.

Wayne Burrows, Matron, Julie Carey, Deputy Matron

Workshop 3: Family and Friends at Langdon Hospital: Our Journey and the Next Steps

Emily Poole, Patient Carer Liaison

Workshop 4: Supporting Family and Friends to Become Active Participants in Care Provision at an Inpatient Mental Health Service.

Jennifer Beal, Head of Occupational Therapy, Emily Kobelis, Deputy Head of Occupational Therapy, Mr & Mrs Hendle, Family Members of Service User

15:00 Break

15:15 Feedback from Work Groups

15:45 Plenary

16:00 Close

For presentations from Network events, visit the previous events page on the QNFMHS website: www.qnfmhs.co.uk

Appendix 4 – References

Royal College of Psychiatrists (2015) *Core Standards for Inpatient Mental Health Services*. Available online at:

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/cores tandardsproject.aspx>

Royal College of Psychiatrists (2016) *Standards for Forensic Mental Health Services: Low and Medium Secure Care*. Available online at: www.qnfmhs.co.uk

Appendix 5 – Advisory Group Members

QNFMHS is grateful to the following people for their time and expert advice as part of our advisory group:

- Nikki Churchley, Mental Health & Programme of Care Lead, South of England South West Team, NHS England
- Sheryle Cleave, Senior Clinical Nurse, Northumberland Tyne and Wear NHS Foundation Trust
- Louise Davies, Mental Health Programme of Care Lead, Yorkshire & Humber Team, NHS England
- Jude Deacon, Head of Forensic Mental Health and Prison Mental Health Services, Oxford Health NHS Foundation Trust
- Quazi Haque, Consultant Forensic Psychiatrist & Group Medical Director, Elysium Healthcare
- Kerry Hinsby, Lead Consultant Clinical and Forensic Psychologist, Leeds and York Partnership NHS Foundation Trust
- Victoria Hitch, Lead Occupational Therapist, St Andrew's Healthcare Birmingham
- Dawn Jeffries, Director of Clinical Services, Thornford Park Hospital, Elysium Healthcare
- Harry Kennedy, Executive Clinical Director & Consultant Forensic Psychiatrist, National Forensic Mental Health Service, Central Mental Hospital
- Mat Kinton, Mental Health Act Policy Advisor, Care Quality Commission
- Louise Maclellan, Family & Friends Representative, Quality Network for Forensic Mental Health Services
- Gill Mezey, Consultant Forensic Psychiatrist/Professor of Forensic Psychiatry, South West London and St. George's Mental Health NHS Trust/St. George's University
- Hannah Moore, Patient Reviewer, Quality Network for Forensic Mental Health Services
- Patrick Neville, Strategic Development Director, Elysium Healthcare
- Susannah Pashley, Patient Reviewer, Quality Network for Forensic Mental Health Services
- Pamela Taylor, Consultant Psychiatrist, Chair of Forensic Faculty, RCPsych
- Denis Thompson, Head of Forensic Social Work, National Group for Social Work Managers in Secure Services/East London NHS Foundation Trust
- Mehdi Veisi, Clinical Director, Barnet, Enfield and Haringey Mental Health Trust

Appendix 6 – Patient Reviewers and Family and Friends Representatives

Patient Reviewers:

Ian Callaghan

Sue Denison

Victoria Easthope

Mark Haslam

Michael Humes

Hannah Moore

Godwin Nkere

Susannah Pashley

Seb Pringle

Martin Saberi

Roger Sharp

Helen Slater

Friends and Family Representatives:

Margaret Britton

Maureen Clare

George Cooley

Sheena Foster

Louise Maclellan

Sarah Shirley

Appendix 7 – Project Team Contact Details

Team contact information

Megan Georgiou, Programme Manager
megan.georgiou@rcpsych.ac.uk
0203 701 2701

Matthew Oultram, Deputy Programme Manager
matthew.oultram@rcpsych.ac.uk
0203 701 2736

Anita Chandra, Project Worker
anita.chandra@rcpsych.ac.uk
0203 701 2684

Cassandra Baugh, Project Worker
cassandra.baugh@rcpsych.ac.uk
0203 701 2534

Daniella Dzikunoo, Project Worker
daniella.dzikunoo@rcpsych.ac.uk
0203 701 2670

Holly Lowther, Project Worker
holly.lowther@rcpsych.ac.uk
0203 701 2673

Address

Quality Network for Forensic Mental Health Services
Royal College of Psychiatrists
2nd Floor
21 Prescott Street
London
E1 8BB

Website

www.qnfmhs.co.uk

Email Discussion Group

lsu@rcpsych.ac.uk

Royal College of Psychiatrists Centre for Quality Improvement
21 Prescott Street • London • E1 8BB

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