



# Quality Network for Forensic Mental Health Services

# ANNUAL REPORT

MSU CYCLE 11 2016-2017

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**FORENSIC**  
QUALITY NETWORK FOR FORENSIC  
MENTAL HEALTH SERVICES



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Artwork displayed on the front cover of this report:

*Untitled*

Colin Moore from Cheswold Park Hospital, Riverside Healthcare Ltd  
2017

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## Acknowledgements

The Quality Network for Forensic Mental Health Services gratefully acknowledges:

- 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

Welcome to the 11<sup>th</sup> medium secure annual report from the Quality Network for Forensic Mental Health Services. In total 59 medium 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 within secure services with the challenges being reported in the news on an almost daily basis. The shortages of frontline staff in services has been highlighted by many observers and has impacted on forensic mental health care providers. By being a part of this process, our member units have been able to share innovative solutions to overcome some of these challenges.

The core work of the Quality Network is summarised in the executive summary and introduction 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 discover 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, 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: Medium Secure (QNFMHS – MSU) was established in 2006 to promote quality improvement both within and between medium 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 MSU Annual Forum (May 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

59 medium secure forensic mental health services from across the UK and Ireland participated in cycle 11 of the Network (figure 2).

**Figure 2: Map of Member Services**



## Participation

As part of peer-review visits, 425 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 May, the Network hosted its 11<sup>th</sup> medium 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. Presentations included a review of the obesity crisis within secure services and how it can be managed effectively, whilst maintaining a least restrictive environment. A range of service-led workshops on areas such as dealing with terminal illness and expected deaths, and family and friends involvement took place. 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: 'family and friends', 'least restrictive practice' and 'what is community?'. All editions are available online at: [www.qnfmhs.co.uk](http://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 11, popular discussion topics included: smoking cessation, alternative therapies, and punch bags and punch pads. A summary of the discussions can also be found on our website. To join the group, please email the word 'join' to [msu@rcpsych.ac.uk](mailto:msu@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

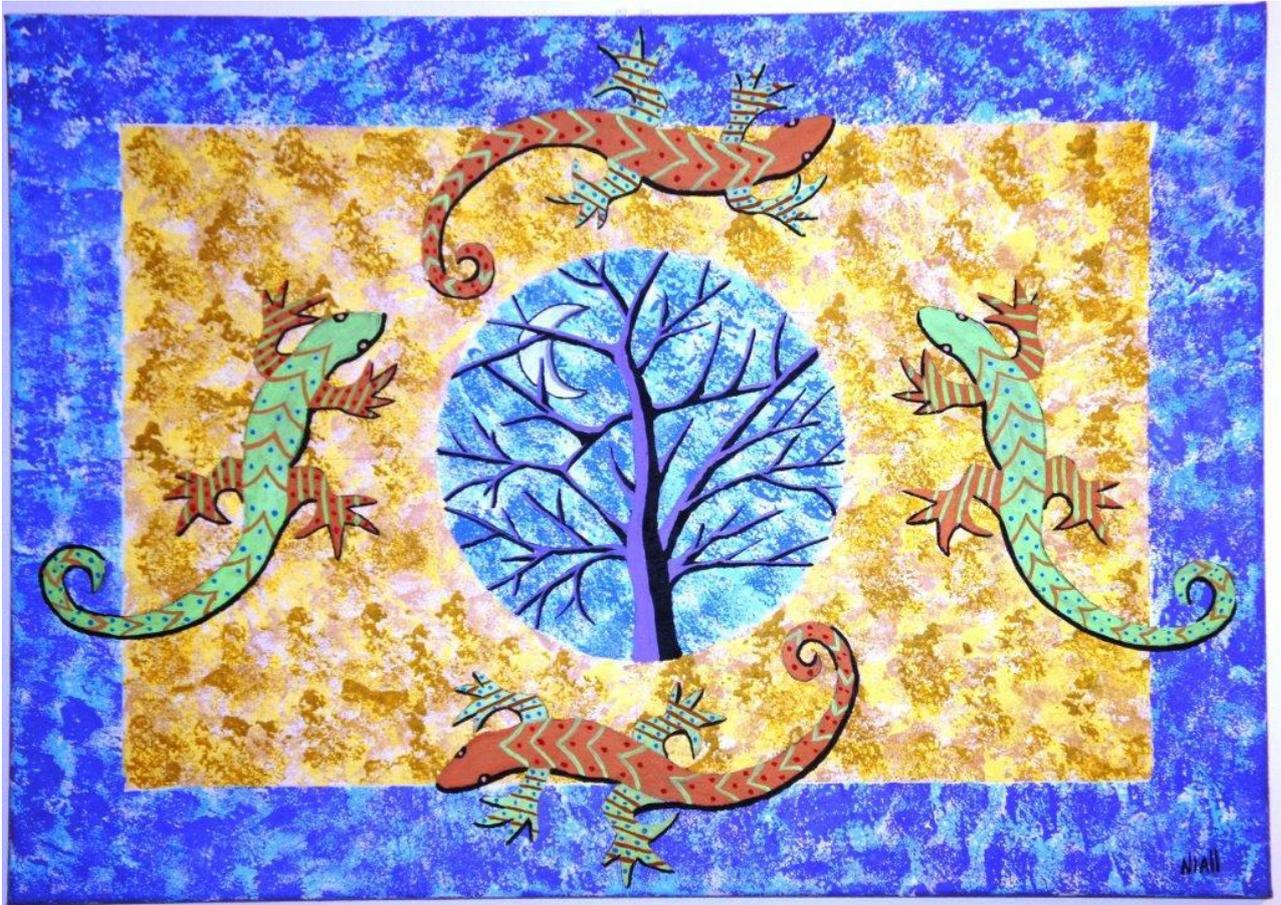
The body of the report highlights areas of good practice and provides recommendations to common challenges identified for each section.

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 standard met, partly met and not met for each section. Graphs are ordered by compliance with a 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 59 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.

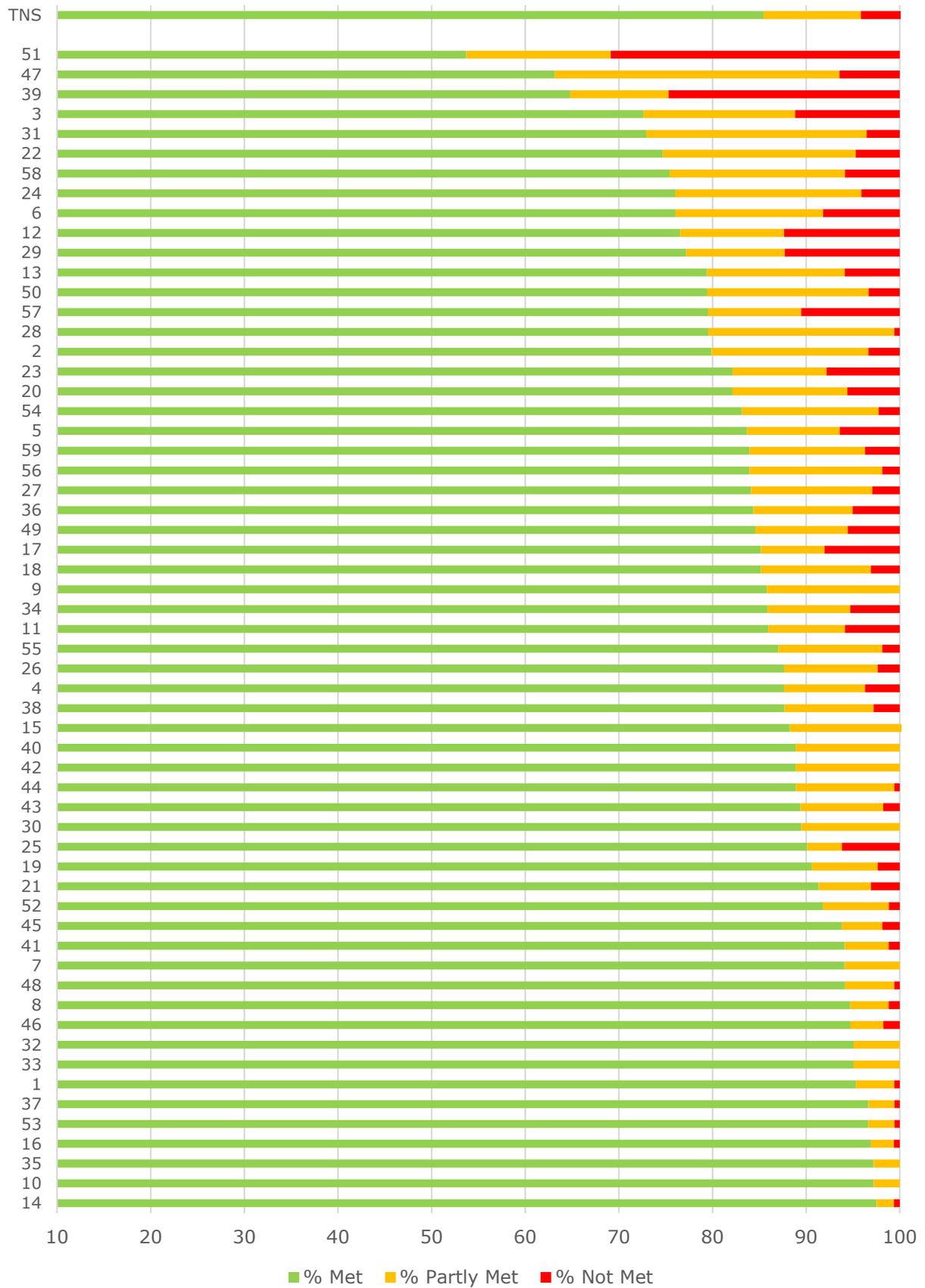


*Artwork: Untitled, NS, Central Mental Hospital, 2017*

### Overview

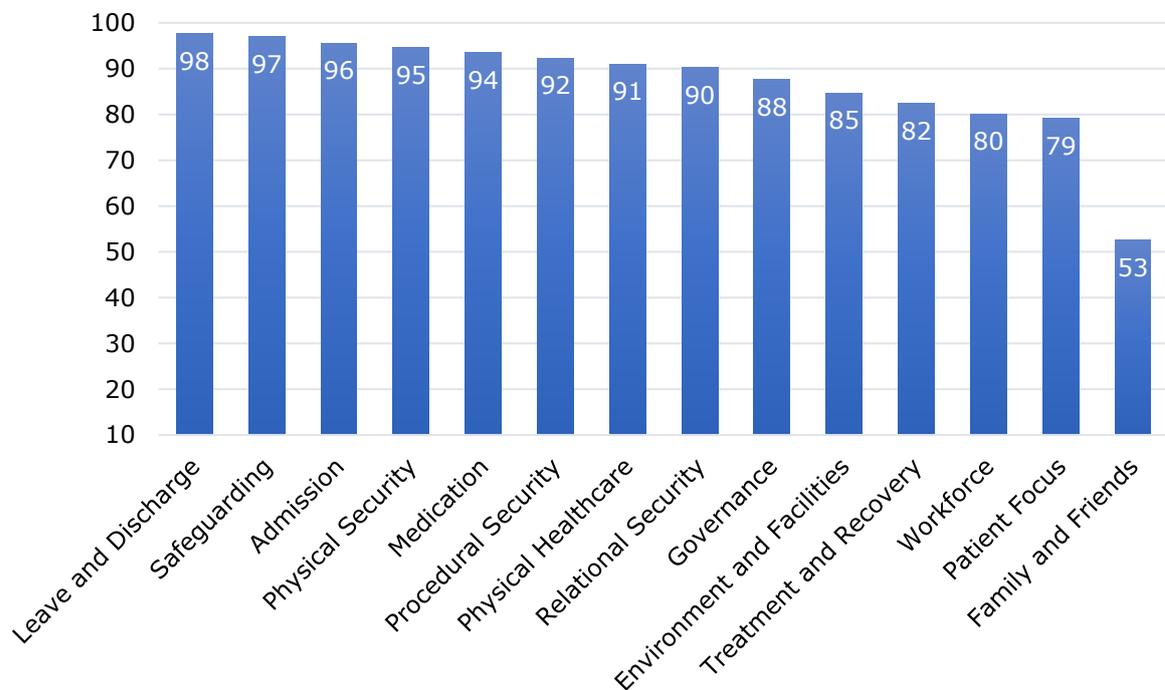
**On average, member services fully met 85% of standards.**

Figure 3 offers a breakdown of how services performed on average for each section, in order of strongest compliance. The range of met criteria achieved ranges from 54% 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 Admission. 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 95% of standards in this area.

- Almost all services have controlled systems in place to manage access and egress through the secure perimeter.
- Not all services ensure that when CCTV is in use, it is passively recording the perimeter, reception frontage and the secure area to reception.
- Some services do not have a robust key management system in place and many do not have systems to ensure secure keys do not leave the secure perimeter.

### Patient Safety: Procedural Security

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

- Almost all services have a procedural security index document that includes all the policies expected to describe the mechanisms and procedures in place.
- The majority of services review and update their policies, procedures and contingency plans every three years.

### Patient Safety: Relational Security

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

- Most services have clear and effective handover systems in place.
- It was found that 8% of services do not offer regular reflective practice forums for staff to discuss items relevant to relational security.

- 15% of services do not offer an induction and annual training that addresses relational security and is supported by the use of See, Think, Act.

### **Patient Safety: Safeguarding**

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

- Almost all services have a system in place to respond to themes in safeguarding.
- All services have a designated safeguarding lead.
- It was found that in 5% of services, staff did not always follow protocol for the safeguarding of adults and children.

### **Patient Experience: Patient Focus**

On average, services fully met 79% of standards in this area.

- Nearly all services have one minuted community meeting per month that is attended by both patients and staff.
- For 85% of services, patients' preferences are taken into consideration when selecting medication, therapies and activities.
- Patients in only 42% of services felt that they are provided meals which offer choice, are nutritious, and are sufficient in quantity.
- In around one quarter of services, patients do not feel treated with compassion, dignity and respect. This is also the case for patients not feeling listened to and understood by staff members.
- In just under half of services, patients and their carers reported that they are not aware of systems to feedback about the service.

### **Patient Experience: Family and Friends**

On average, services fully met 53% 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 41% of services are able to support carers to access a statutory carer's assessment.
- Carers in 58% of services are offered time with staff members to discuss concerns, family history and their own care needs.

### **Patient Experience: Environment and Facilities**

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

- The majority of services have a welcoming entrance that provides a positive first impression.
- All services ensure patients are able to access safe outdoor space every day.
- 19% of services do not fully comply with legislation on disabled access.

- In just over half of services patient bedroom doors do not have observation panels with integrated blinds/obscuring mechanisms that are operational by patients from within the room and have an external override feature in place for staff.
- The majority of patients are able to personalise their bedroom spaces.
- In 28% of services, seclusion rooms do not 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.

### **Clinical Effectiveness: Patient Pathways and Outcomes - Admission**

On average, services fully met 96% of standards in this area.

- In 100% of services, senior clinical staff members make decisions about patient admission or transfer.
- The majority of services have a medical on-call arrangement in place.
- 10% of services do not have clear and comprehensive information about the service available to patients, carers and healthcare practitioners.

### **Clinical Effectiveness: Patient Pathways and Outcomes – Treatment and Recovery**

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

- Patients in the majority of services have a realistic care pathway planned.
- Most patients have a care plan to reflect their physical healthcare needs.
- Patients in 75% of services receive information on how to access local organisations.
- In only 59% of services, the multi-disciplinary team develop care plans collaboratively with the patient and their carer.
- In 36% of services, patients and their carer are not offered a copy of their care plan and the opportunity to review it.

### **Clinical Effectiveness: Patient Pathways and Outcomes - Medication**

On average, services fully met 94% of standards in this area.

- 100% of services set treatment targets when medication is prescribed, and the risks and benefits are reviewed.
- For the majority of patients medication is reviewed weekly.
- In 22% of services, patients experiencing side effects are not offered a care plan to manage their side effects.

### **Clinical Effectiveness: Patient Pathways and Outcomes – Leave and Discharge**

On average, services fully met 98% of standards in this area.

- In 100% of services, the immediate needs of patients are identified and addressed in relation to transitions to other services or the community.
- Most services actively support patients accessing organisations which offer housing and finance management support.
- 93% of services develop leave plans jointly with the patient.

## 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.
- The majority of care plans consider physical health outcomes and interventions.
- Most services, had crash bags that are available within three minutes.
- Patients have their physical healthcare needs assessed on admission and reviewed every six months in only 71% of services.

## Workforce

On average, services fully met 80% of standards in this area.

- The majority of services have a cohesive multi-disciplinary team in place to meet the complex needs of the patients.
- Staff in almost all services reported that their health and wellbeing is supported.
- 81% of member services offer staff access to reflective practice.
- In only 61% of services, staff receive monthly managerial supervision, and in only 68% of services staff receive monthly clinical supervision.
- Staff in 36% of services do not receive training consistent with their role.

## Governance

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

- The majority of services routinely share findings from investigations, measures and reports.
- Most services offer post incident support to staff members, patients and carers following a distressing incident.
- 95% of teams audit the use of restrictive practice, including face-down restraint.
- The majority of services conduct an annual audit on the safe use of high risk medication.
- Only 68% of services have a clear stakeholder engagement strategy.
- In 42% of services it was found that policies and procedures are not always developed and implemented in consultation with the whole service.
- The team, patients and carers are not always involved in identifying priority audit topics within 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, 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.

# **Quality Network for Forensic Mental Health Services**

## **KEY FINDINGS**

MSU CYCLE 11 2016-17

## Patient Safety: Physical Security

**On average, services fully met 95% of standards in this area, ranging from 36% to 100% compliance.**

### Key Management Systems

90% of services were fully compliant in having a list of approved key holders, that was updated monthly. Keys are only issued upon the completion of a security induction and after the presentation of valid identification.

#### Good Practice Examples

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

**John Howard Centre**

A robust electronic key management system 'Trakka' is in place and supports the service to account for all keys and ensure that they are not taken out of the secure perimeter.

**Llanarth Court Hospital**

### Secure Environment

98% of services have controlled systems in place to manage access and egress through the secure perimeter. Additionally 97% of services have a designated security lead within the service.

#### Good Practice Examples

There is CCTV throughout the entire service, including on the wards areas, to eliminate any issues with blind spots.

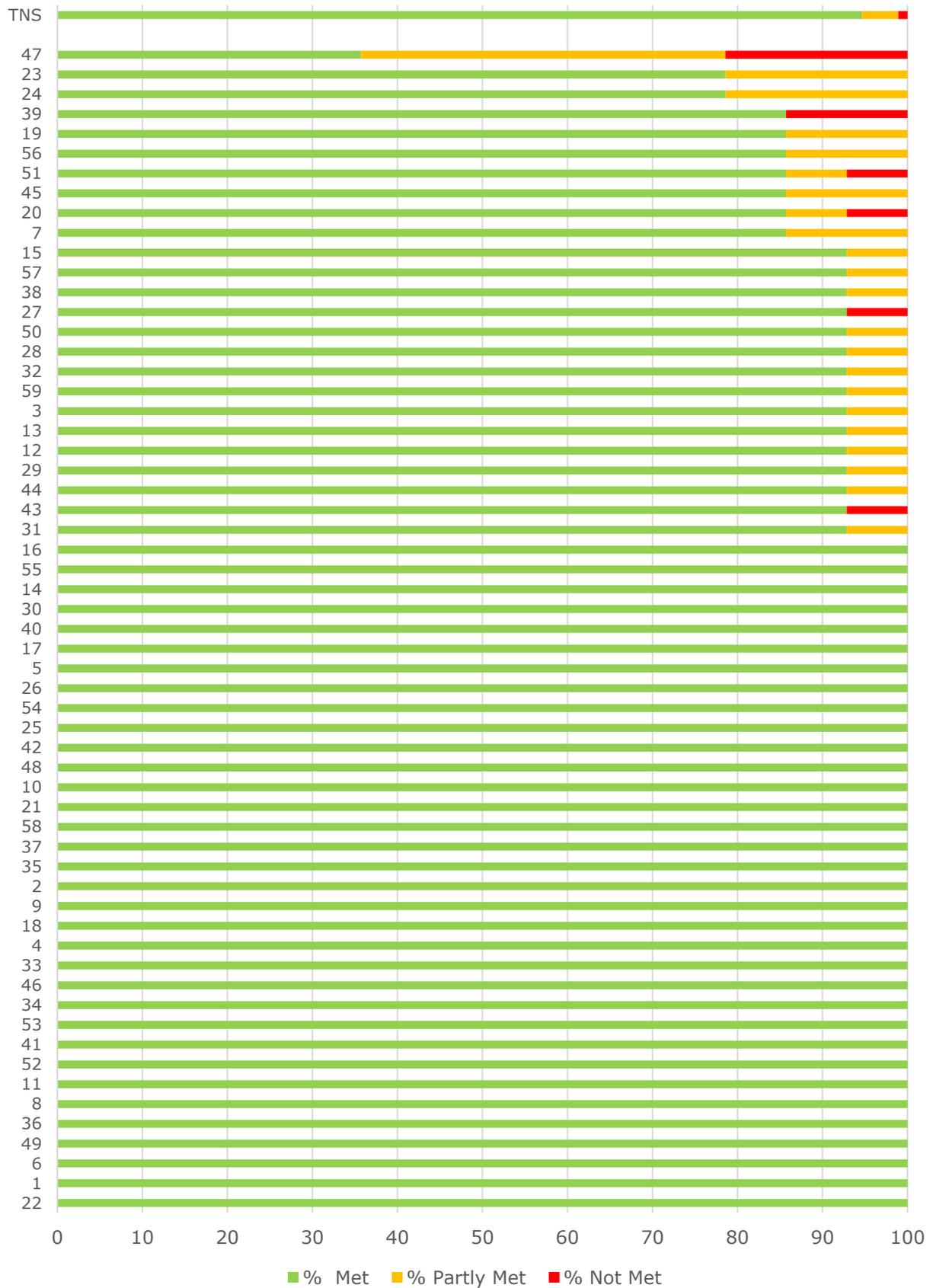
**Cygnet Hospital Stevenage.**

The drug dog was a good initiative to reduce and deter patients from using illicit substances.

**Hatherton Centre**

Physical security included technology to allow photographs of patients to be taken before going on leave, as well as having an emergency control room.

**Tamarind**



**Figure 4: Percentage of criteria met, partly met and not met for each service relating to Physical Security.**

## Patient Safety: Procedural Security

**On average, services fully met 92% of standards in this area, ranging from 0% to 100% compliance.**

### **Policies and Procedures**

83% of services have a procedural security index document that includes all the policies expected to describe the mechanisms and procedures in place.

97% of services review and update their policies, procedures and contingency plans every three years.

7% of services did not have an audit programme that monitors compliance with policies.

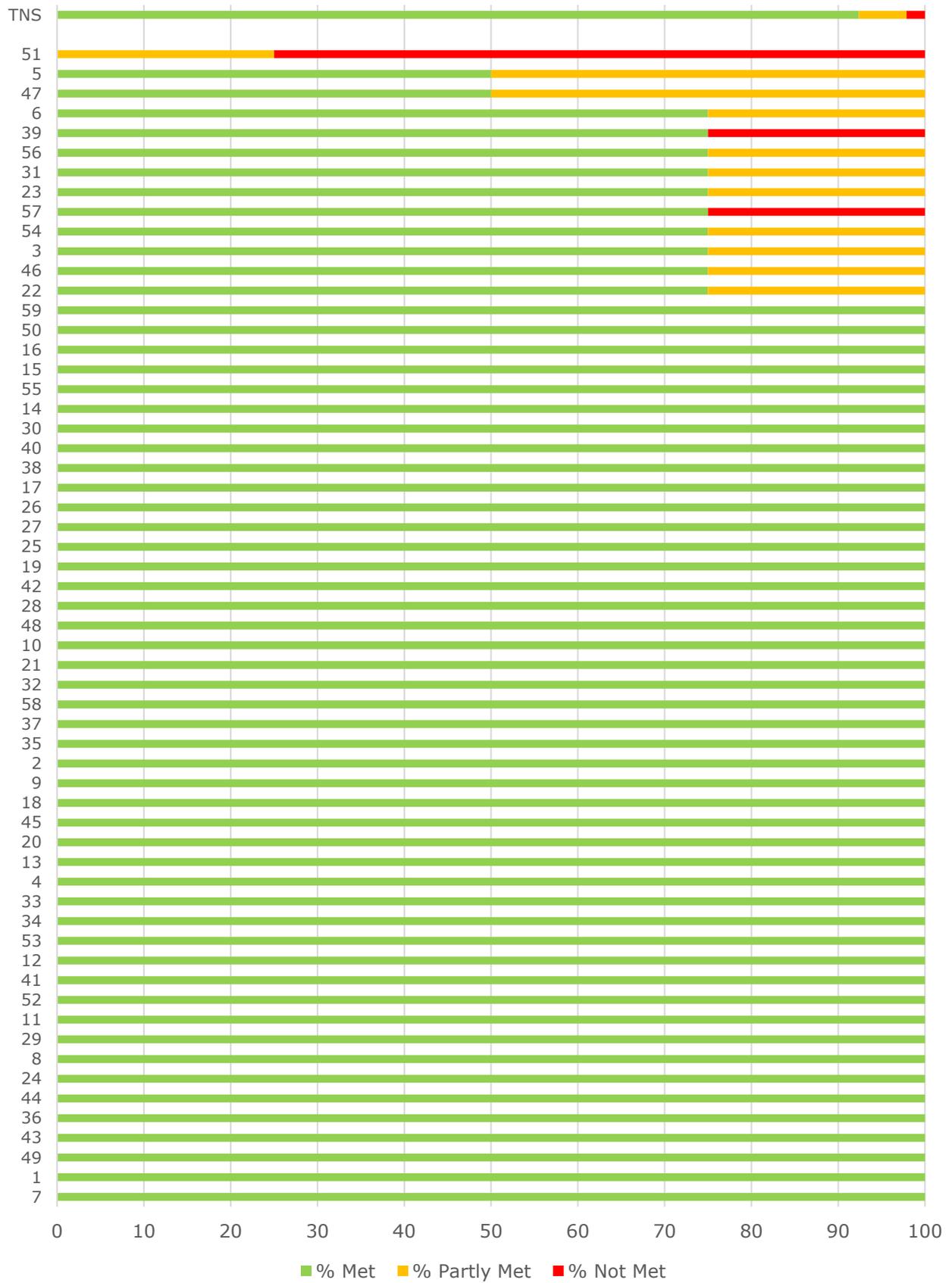
#### **Good Practice Examples**

There is a policy in place that enables patients individualised and care planned access to basic mobile phones. Patients agree to a contract with their MDT regarding random checks to ensure its safe use.

##### **North London Forensic Service**

There is a C4C audit that is carried out looking at areas of wards that need repairing. This is logged straight onto an iPad and the information is sent to the relevant department immediately.

##### **Woodview**



**Figure 5: Percentage of criteria met, partly met and not met for each service relating to Procedural Security.**

## Patient Safety: Relational Security

**On average, services fully met 90% of standards in this area, ranging from 25% to 100% compliance.**

### Training and Processes

15% of services do not have an induction and annual training programme which addresses relational security and is supported by the use of See, Think, Act.

#### Good Practice Examples

Weekly reflective practice sessions provide staff with the opportunity to discuss any issues of relational security. Supervision is also used for that purpose. Handovers use the 'WHAT' tool and take place between each shift for every discipline. Important information is shared between all staff.

#### Ardenleigh

Detailed handovers and the relational security wheel is used to discuss ward dynamics, helping relational security to be embedded within the service.

#### Gisburn Lodge

### Reflective Forums

In 95% of services, there are clear and effective systems for communication and handovers between staff teams, and in 92% of services staff have regular reflective forums to discuss relational security.

#### Good Practice Examples

The relational discovery model has caused a cultural change within the service and places more emphasis on improving staff knowledge of areas such as mindfulness, CBT and DBT.

#### Langdon Hospital

All staff are trained on relational security and it is very well embedded in the culture of the wards. See, Think, Act posters covering different aspects of relational security were observed throughout the service.

#### St John's House LDS



**Figure 6: Percentage of criteria met, partly met and not met for each service relating to Relational Security.**

## Patient Safety: Safeguarding

**On average, services fully met 97% of standards in this area, ranging from 75% to 100% compliance.**

### **Safeguarding Systems**

All services have a designated safeguarding lead, and in 97% of services there is a system in place to respond to themes in safeguarding referrals.

5% of services are not fully compliant in having staff follow protocols for safeguarding adults and children.

#### **Good Practice Examples**

The social work department facilitates training in the safeguarding of adults and children to ensure all staff receive the same training.

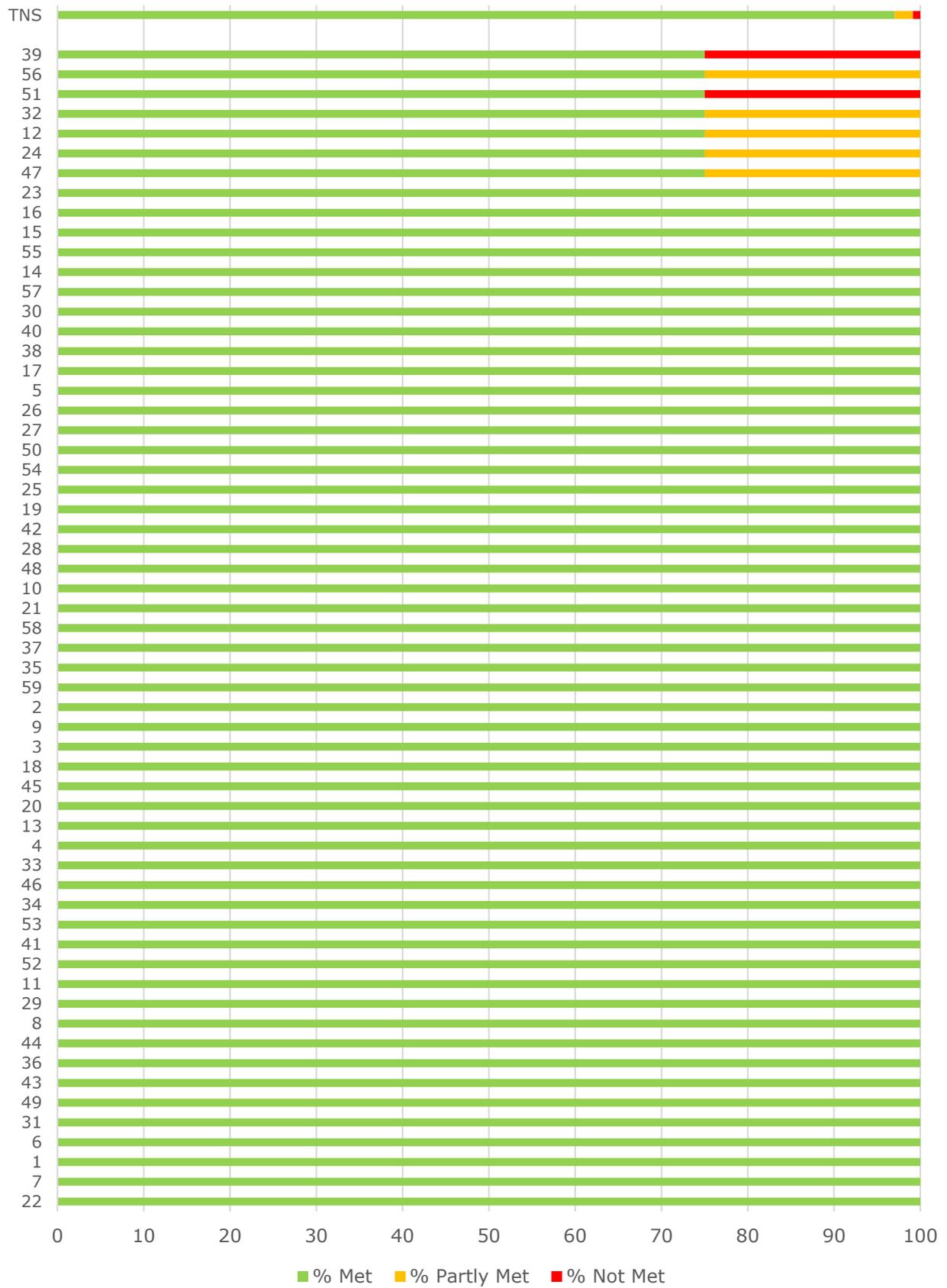
##### **Llanarth Court Hospital**

All staff are trained in safeguarding and are aware of procedures for escalating concerns.

##### **North London Clinic**

Safeguarding is closely monitored by the safeguarding lead at the service and staff are well trained and able to identify and report a concern.

##### **St John's House LDS**



**Figure 7: Percentage of criteria met, partly met and not met for each service relating to Safeguarding.**

## Patient Experience: Patient Focus

**On average, services fully met 79% of standards in this area, ranging from 42% to 100% compliance.**

### **Patient Care**

In 88% of services, patients are offered a member of staff of the same gender for physical examinations.

In 24% of services, patients reported not feeling listened to and understood by staff, and in 25% of services, patients reported that they did not feel they are treated with compassion, dignity and respect.

#### **Good Practice Examples**

Patients stated they feel treated with compassion, dignity and respect and feel listened to and understood by staff. The staff were described as very approachable.

##### **Ardenleigh**

The Clinic feels safe and positive interactions between staff and patients were observed.

##### **Broadland Clinic**

Each ward has access to its own vehicle which improves access to leave.

##### **Brooklands Hospital**

There is a seven day therapy programme for all patients to access.

##### **Chadwick Lodge**

The Recovery College has been developed and is offering accredited courses, which gives patients more educational choices.

##### **Guild Lodge**

Blackboard walls within the service allow patients to communicate more effectively.

##### **Llanarth Court Hospital**

Ex-patients visit the service to provide support regarding housing and their personal experience of being in the community.

##### **Norvic Clinic**

There is a positive therapeutic relationship between staff and patients, with patients reporting that they felt staff really cared.

##### **Rohallion**

Staff members eat lunch with patients and patients were happy to work with the permanent members of staff.

**The Dene**

## Patient Involvement

Nearly all of services have one minuted community meeting per month that is attended by both patients and staff.

In just under half of services, patients and their carers reported that they are not aware of systems to feedback about the service.

### Good Practice Examples

Patients are involved in many aspects of the service and were present in the welcome meeting, took part in discussions and showed the peer-review team around.

**Caswell Clinic**

The service are working on reducing restrictions including where the location of visits take place, accessing different areas of the service and lunch is no longer timetabled.

**Hatherton Centre**

There is a patient bank at the service for patients to access their money.

**Newton Lodge**

The service have been creating paid positions for patients and they are well supported in these roles.

**Ravenswood House**

There is positive staff and patient engagement which is seen by the OSCARS which celebrates achievement and Diversity events.

**Shaftesbury Clinic**

The service have Achievement Awards accompanied by a ceremony whereby both patients and staff nominate someone to receive an award.

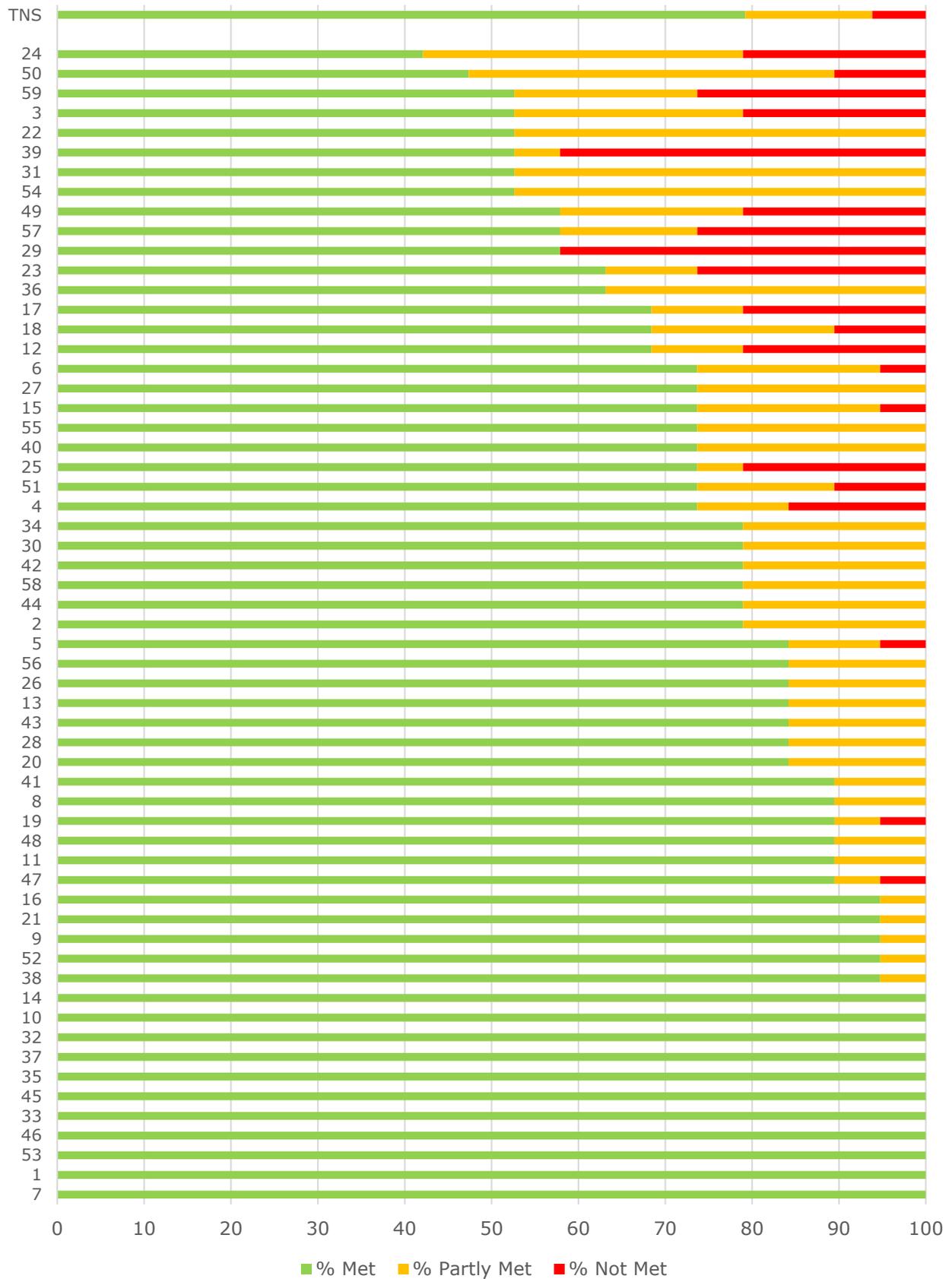
**Tamarind**

There is a prominent advocacy service, including an advocate for Afro-Caribbean patients.

**Wathwood Hospital**

The service has a high level of patient involvement including patient council meetings, and appears innovative and patient centred.

**Trevor Gibbens Unit**



**Figure 8: Percentage of criteria met, partly met and not met for each service relating to Patient Focus.**

## Patient Experience: Family and Friends

**On average, services fully met 53% of standards in this area, ranging from 0% to 100% compliance.**

### **Family and Friends Involvement**

71% 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 39% of services regularly provide family and friends access to support groups and only 49% of services provide carers with specific carers' information.

In 59% of services, carers were not provided with information on how to access a statutory carers' assessment.

#### **Good Practice Examples**

The carers' engagement is excellent; the service signpost carers to support groups and hold garden parties.

##### **Central Mental Hospital**

The social worker plays an active role in including carers as far as possible in meetings about the care of their loved one.

##### **Kneesworth House Hospital**

There is a dedicated family/carer lead for the service who is in charge of arranging carer events and improving engagement. The service has held two family and carer evenings and have a carers' council.

##### **Marlborough House**

Carers are fully involved in the CPA process within the service.

##### **Ridgeway**

Carers felt the service proactively involve them in the care of their loved one by inviting them to CPA meetings.

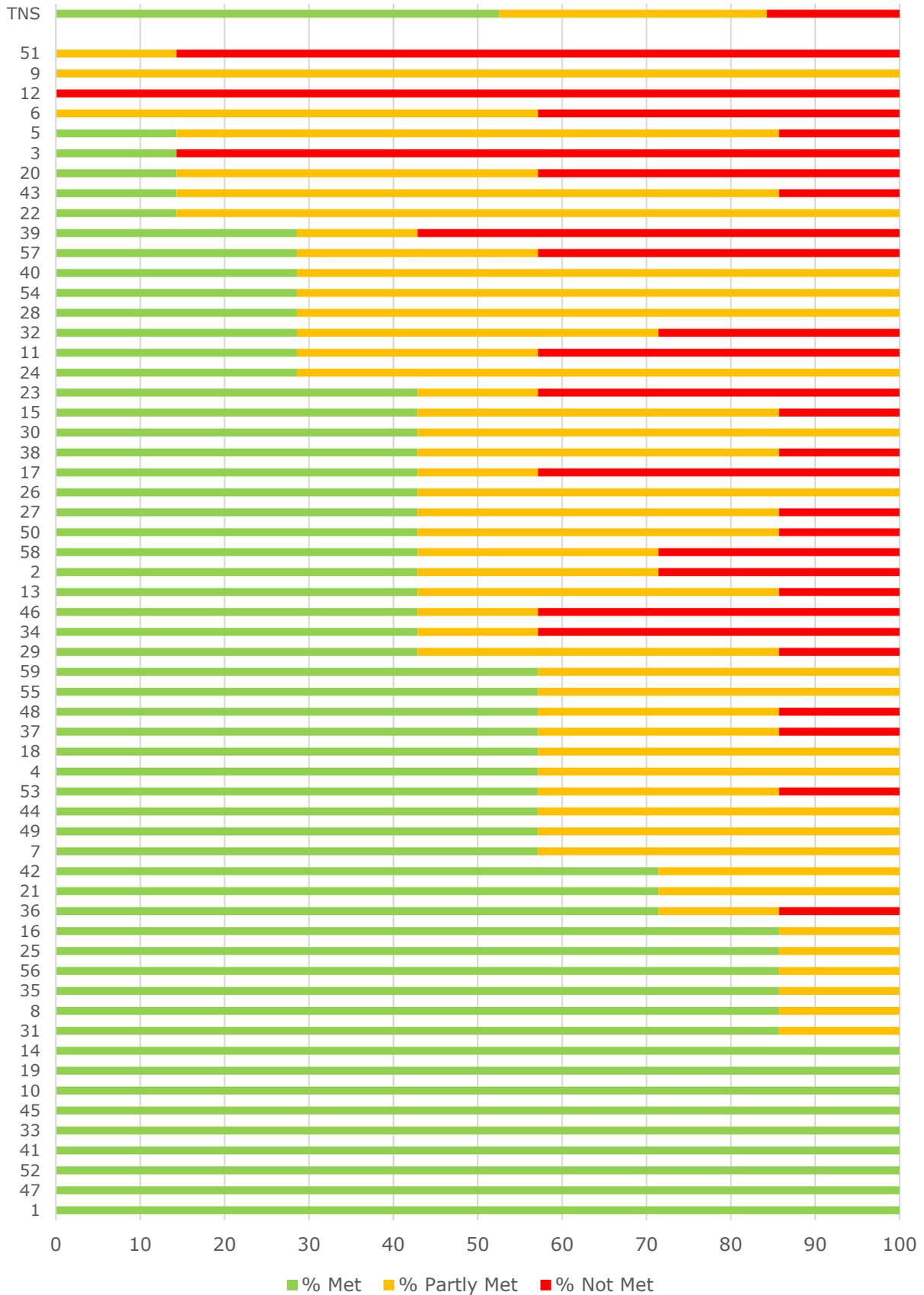
##### **St Andrew's Healthcare Birmingham**

There is a reimbursement scheme for families to help with visiting and an onsite facility for the overnight stay.

##### **St Andrew's Healthcare Northampton – Womens Service**

There are quarterly family and friends meetings and regular carer forums. Carer magazines are also produced quarterly.

##### **Three Bridges**



**Figure 9: Percentage of criteria met, partly met and not met for each service relating to Family and Friends.**

## Patient Experience: Environment and Facilities

**On average, services fully met 85% of standards in this area, ranging from 48% to 100% compliance.**

### Patient Facilities

All services ensure patients are able to access safe outdoor space every day.

The majority of patients are able to personalise their bedroom spaces.

In all services, patients have laundry facilities available and in 95% of services, patients can access entertainment resources.

#### Good Practice Examples

There is a patient bank on site for patients to manage their finances.

##### **Humber Centre**

The Kingswood Centre has a range of activities on offer including: jewellery making, bike repair, two gyms, a patient shop, café and more. Staff are also able to replicate these activities within the community.

##### **North London Forensic Service**

Patients are allowed their smart phones on leave and have a basic mobile phone which can be used on the ward if used discreetly. There is also a payphone on the ward which is in a private area.

##### **River House**

The space available to patients within the wards, gardens and therapies centre were actively used, and patients were engaged in activities on the day of the visit including making dishes for the shared lunch.

##### **Rohallion**

The service has a well-equipped music room which is used often. In addition to this, the service has access to AQA accredited awards in music for the patients.

##### **St Andrew's Healthcare Nottinghamshire**

### Physical Environment

In 28% of services, seclusion rooms do not 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.

19% of services do not fully comply with legislation on disabled access.

In just over half of services patient bedroom doors do not have observation panels with integrated blinds/obscuring mechanisms that are operational by patients from within the room and have an external override feature in place for staff.

Only 49% of services have patient bedroom doors fitted with observation panels with blinds that could be operated by both staff and patients.

### **Good Practice Examples**

The sensory garden is a great use of space for patients who do not have leave to relax and gain outdoor space away from the ward.

#### **Calverton Hill**

The grounds and animals add to the therapeutic benefits for patients at the service.

#### **Central Mental Hospital**

The service's horticultural area is a positive feature for the patients.

#### **North London Forensic Service**

Activity spaces are attached to each ward, enabling patients to move around the unit and socialise with others.

#### **St Nicholas Hospital**

The atrium and its facilities are an excellent feature providing a communal space for patients to socialise.

#### **The Orchard**

The de-escalation area was decorated in collaboration with the patients.

#### **Hellingly**

## **Visiting Facilities**

The majority of services have a welcoming entrance that provides a positive first impression.

In all services, visitors are able to store prohibited or restricted items in lockers away from patient areas, and 93% of services are able to facilitate child visits.

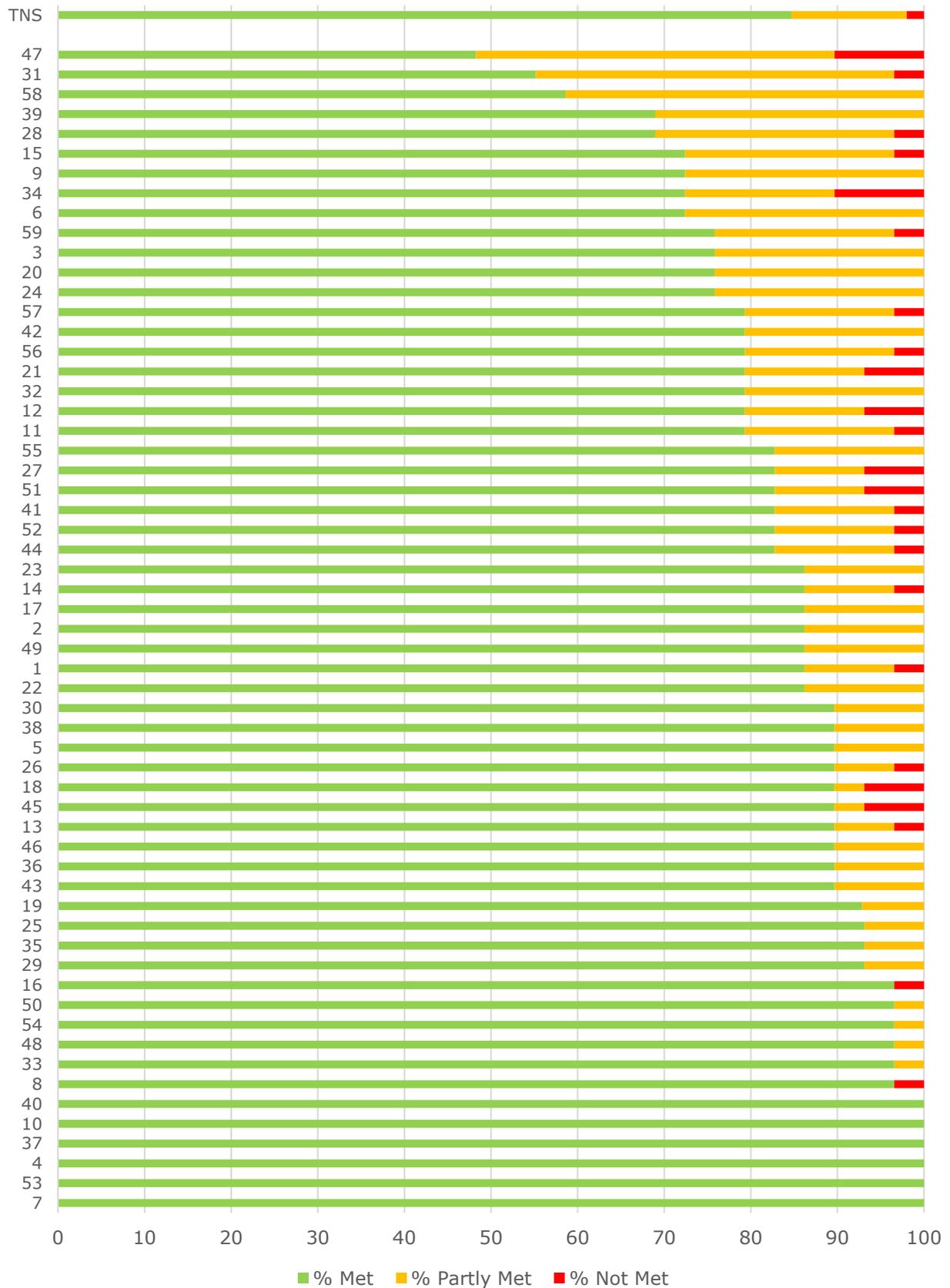
### **Good Practice Examples**

The service has good family visiting facilities.

#### **Llanarth Court**

The family area located on Reaside is large and contains a sheltered outdoor space. It also encourages service user engagement as patients fundraise for new toys.

#### **Reaside Clinic**



**Figure 10: Percentage of criteria met, partly met and not met for each service relating to Environment and Facilities.**

## Clinical Effectiveness: Patient Pathways and Outcomes – Admission

**On average, services fully met 96% of standards in this area, ranging from 60% to 100% compliance.**

### **Admission Processes**

In 100% of services, senior clinical staff members make decisions about patient admission or transfer.

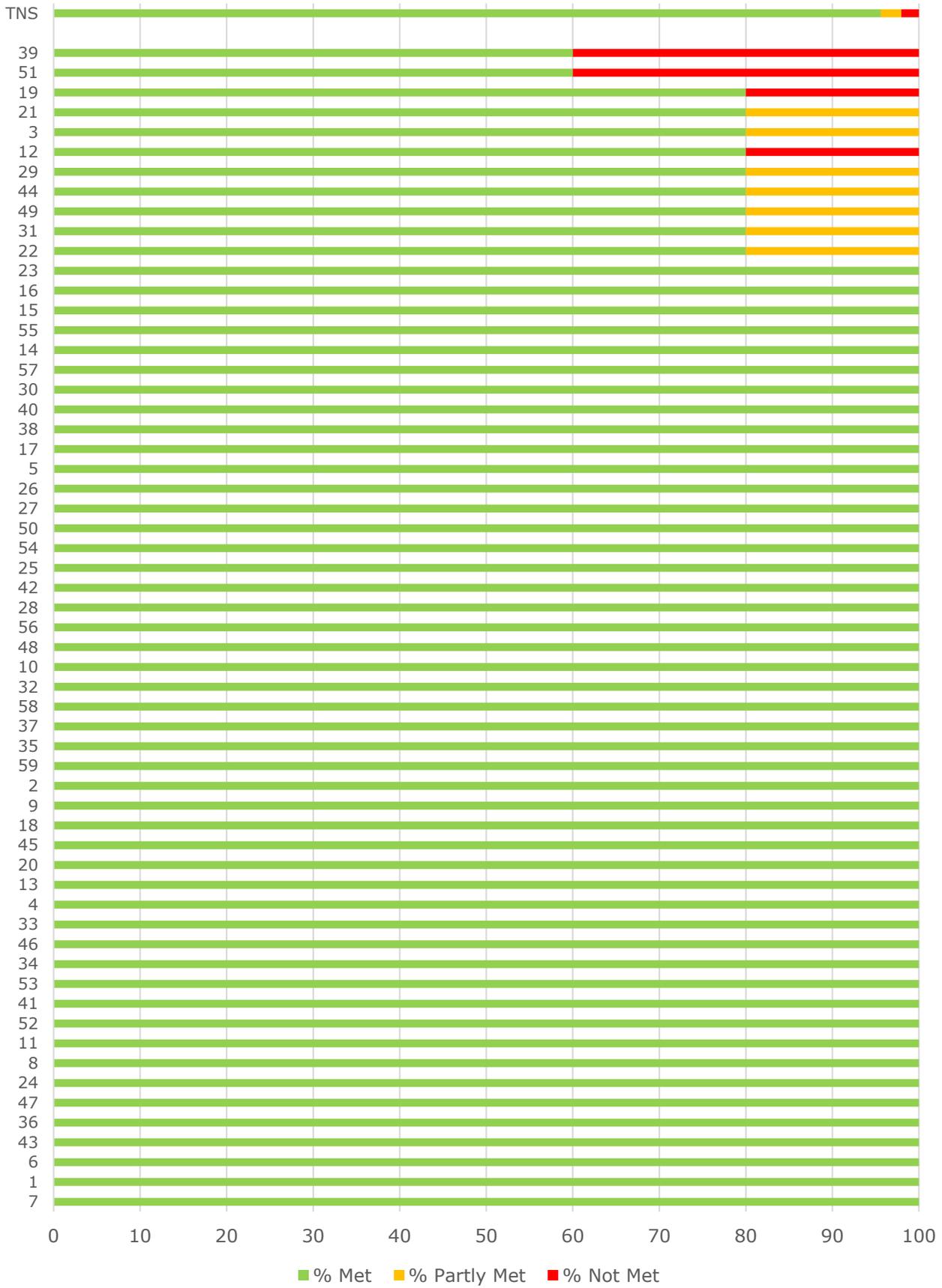
The majority of services have a medical on-call arrangement in place.

10% of services do not have clear and comprehensive information about the service available to patients, carers and healthcare practitioners.

### **Good Practice Examples**

The preadmission process is thorough and comprehensive. The pre-admission is carried out by nurses and a separate occupational therapist, and a psychology assessment will also be conducted if necessary.

**Bracton Centre**



**Figure 11: Percentage of criteria met, partly met and not met for each service relating to Admission.**

## Clinical Effectiveness: Patient Pathways and Outcomes – Treatment and Recovery

**On average, services fully met 82% of standards in this area, ranging from 25% to 100% compliance.**

### Care Planning

Patients in the majority of services have a realistic care pathway planned and most patients have a care plan to reflect their physical healthcare needs.

In only 59% of services, the multi-disciplinary team develop care plans collaboratively with the patient and their carer.

In 36% of services, patients and their carer are not offered a copy of their care plan and the opportunity to review it.

#### Good Practice Examples

The service is able to offer patients a number of paid roles within the hospital which supports patients in gaining new skills and preparing for life in the community.

##### **Farmfield Hospital**

Langdon Hospital work in partnership with the local Sainsbury's to help improve patients' interview skills. Sainsbury's staff also regularly take part in a football match against the patient team.

##### **Langdon Hospital**

Patients reported being heavily involved in the care planning process.

##### **Oxford Clinic**

Positive behavioural support plans and Safewards have been successfully embedded across the service.

##### **St Andrew's Healthcare Northampton – Men's Service**

PathNav provides a comprehensive care planning system that is well integrated with other electronic records and facilitates patient involvement in planning of their own care and monitoring of their progress along the pathway.

##### **Stockton Hall Hospital**

### Therapies and Activities

The majority of services offer patients evidence based pharmacological and psychological interventions.

Patients in 75% of services receive information on how to access local organisations.

### **Good Practice Examples**

The service has good links with local organisations. There are close links with a women's charity ANAWIN and the Phoenix Centre. There is also a Recovery College at the service.

#### **Ardenleigh**

The service has innovative links with the community. Staff running the library are trained at the local library and have a variety of real work opportunities such as pond maintenance, working in the garden and supporting housekeeping.

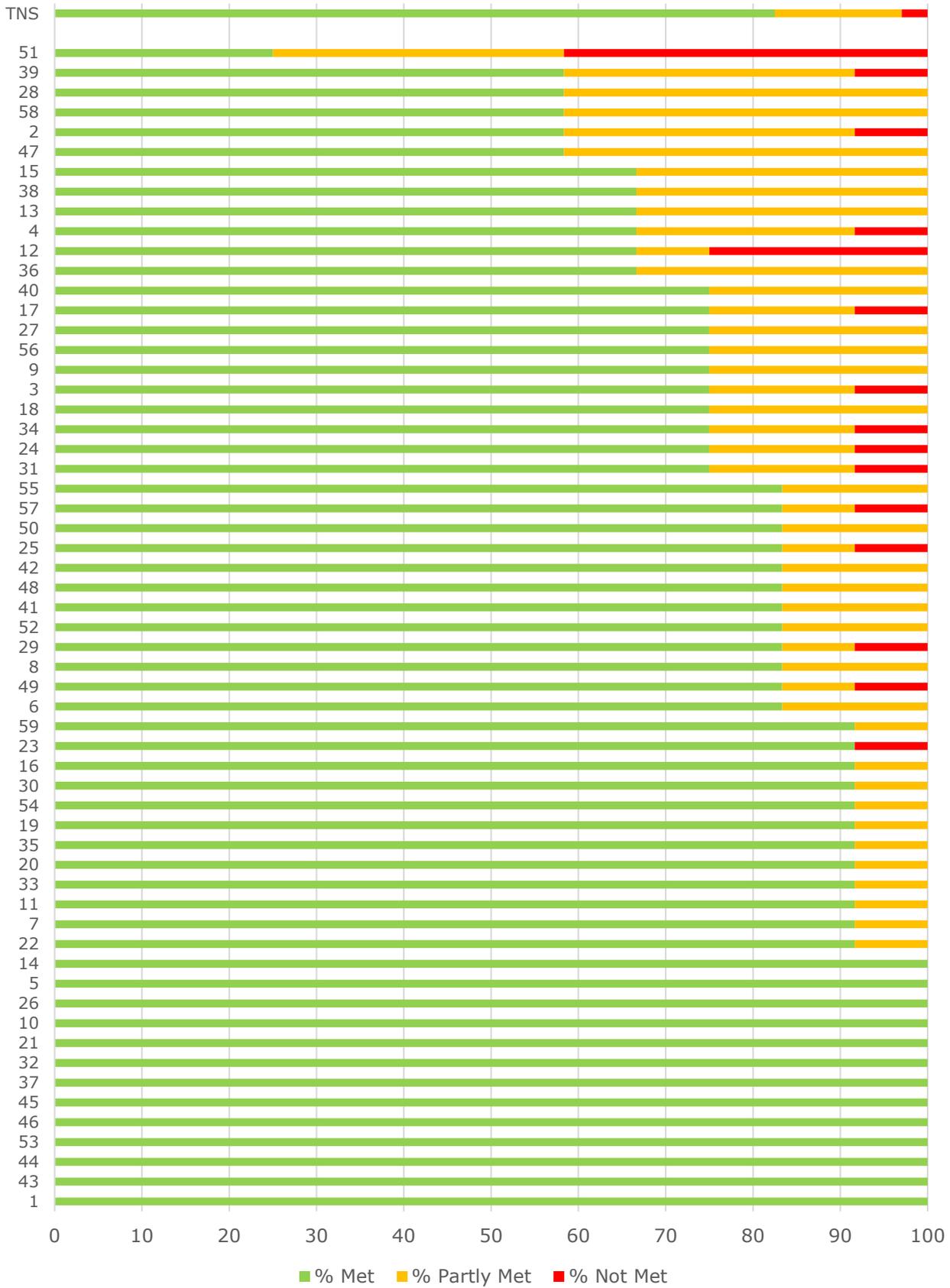
#### **Central Mental Hospital**

There is a range of therapeutic activities, including pet therapy, that is available to all patients.

#### **Cygnets Hospital Bury**

There are activity boards in each patient's bedroom to enable them to keep track of their individual weekly plans. There are good links with local services such as the Curve, back on track and START. One patient reported becoming a member of the local Slimming World.

#### **Edenfield Centre**



**Figure 12: Percentage of criteria met, partly met and not met for each service relating to Treatment and Recovery.**

## Clinical Effectiveness: Patient Pathways and Outcomes – Medication

**On average, services fully met 94% of standards in this area, ranging from 60% to 100% compliance.**

### **Pharmacological Interventions**

100% of services set treatment targets when medication is prescribed, and the risks and benefits are reviewed.

For the majority of patients medication is reviewed weekly.

In 22% of services, patients experiencing side effects are not offered a care plan to manage their side effects.

#### **Good Practice Examples**

Patients at the service are self-medicating.

##### **Calverton Hill**

There is a five stage process for patients to self-medicate, including patients collecting their own medication from the pharmacy.

##### **Edenfield Centre**

The service introduced e-prescribing to improve the monitoring of medication.

##### **St Andrew's Healthcare Northampton – Women's Service**



**Figure 13: Percentage of criteria met, partly met and not met for each service relating to Medication.**

## Clinical Effectiveness: Patient Pathways and Outcomes – Leave and Discharge

**On average, services fully met 98% of standards in this area, ranging from 80% to 100% compliance.**

### Leave and Discharge

In 100% of services, the immediate needs of patients are identified and addressed in relation to transitions to other services or the community.

98% of services actively support patients accessing organisations which offer housing and finance management support.

93% of services develop leave plans jointly with the patient.

#### Good Practice Examples

There is a step down residential flat to support those preparing to be discharged in to the community.

##### **Oxford Clinic**

There is a continuation of care throughout the service and into the community by the same clinical team.

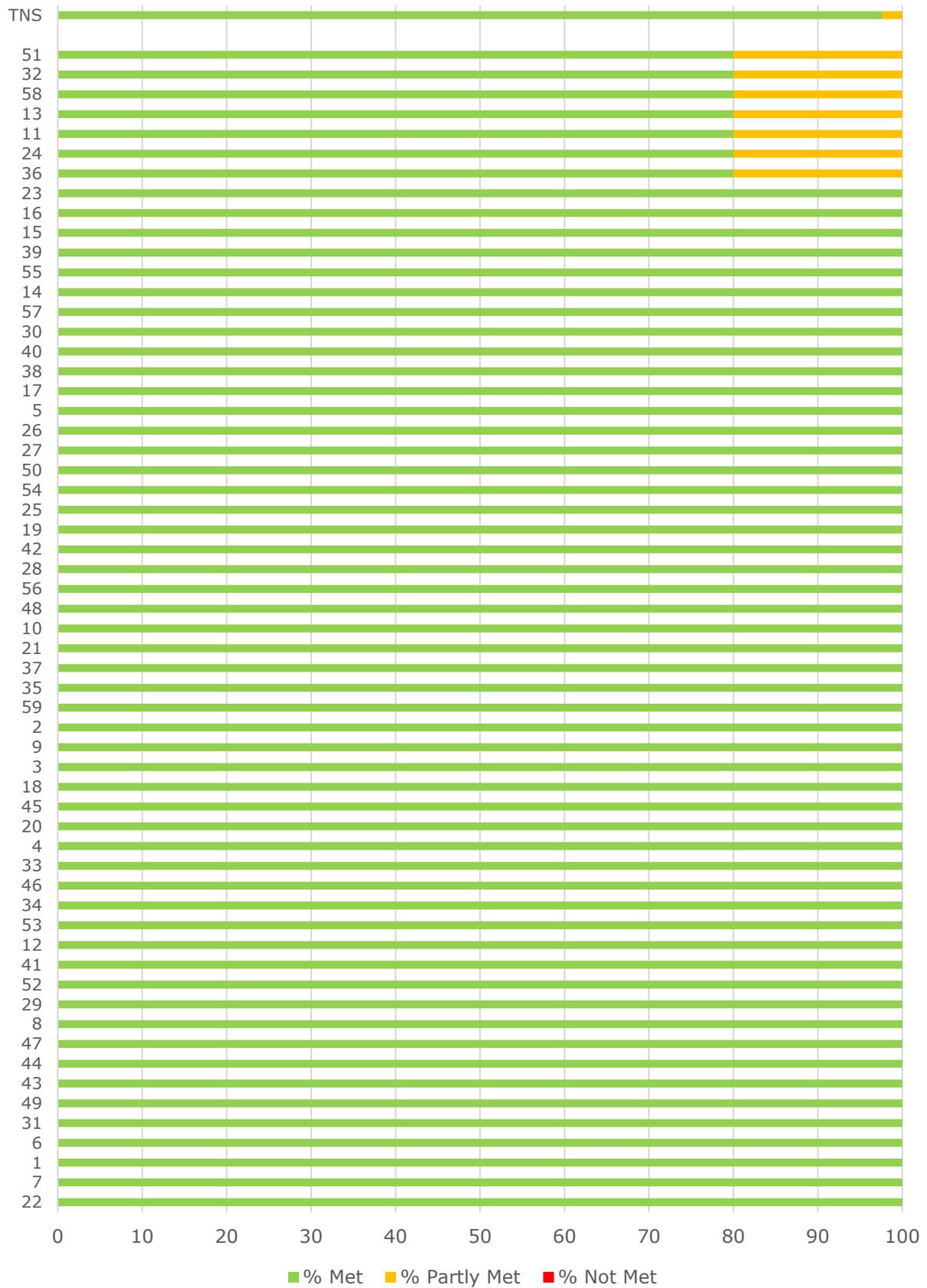
##### **Reaside Clinic**

There is a good social work team at the service that offers patients help with finances, debt management and housing. The service has also developed a partnership with local forensic teams and has a CCG liaison to ensure smooth transfer to the community and are followed up for a few months after discharge.

##### **St Andrew's Healthcare Northampton – Women's Service**

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 Nottinghamshire**



**Figure 14: Percentage of criteria met, partly met and not met for each service relating to Leave and Discharge.**

## Clinical Effectiveness: Physical Healthcare

**On average, services fully met 91% of standards in this area, ranging from 50% to 100% compliance.**

### **Emergency Healthcare**

All services follow a protocol for the management of an acute physical health emergency. Most services, had crash bags that are available within three minutes.

### **Patient Healthcare**

In 98% care plans include physical health outcomes.

In 97% of services screening programmes are available.

Patients have their physical healthcare needs assessed on admission and reviewed every six months in only 71% of services.

#### **Good Practice Examples**

There is a good primary healthcare provision and co-working with external agencies to meet the physical health needs of patients.

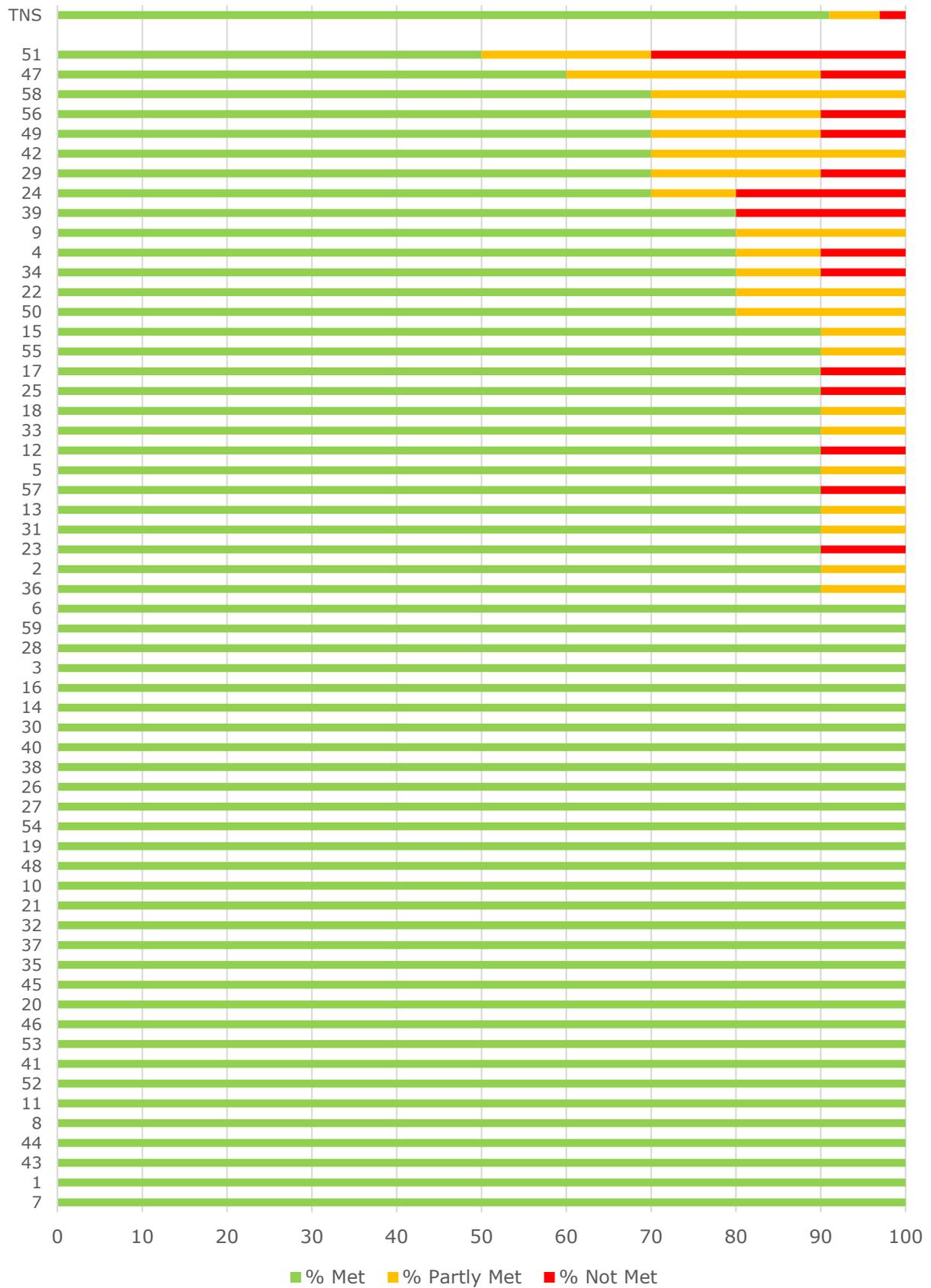
##### **Arnold Lodge**

The health and fitness workers are employed to cover shifts seven days a week. This means that weekend gym sessions occur regularly. The gym staff are also trained to take patients off the premises. They have positive relationships with the patients and have even taken them to court.

##### **Scott Clinic**

There is a very good physical health provision at the service. There is a GP surgery and a dentist onsite. There are also five full time physical health nurses and comprehensive primary and specialist health care available for patients.

##### **St Andrew's Healthcare Northampton – Women's Service**



**Figure 15: Percentage of criteria met, partly met and not met for each service relating to Physical Healthcare.**

## Clinical Effectiveness: Workforce

**On average, services fully met 80% of standards in this area, ranging from 39% to 100% compliance.**

98% of services have a cohesive multi-disciplinary team in place to meet the complex needs of the patients.

Staff reported feeling able to raise any concerns they may have over standards of care in 97% of services.

### **Good Practice Examples**

There are well-being days for staff to help ensure that burn out does not happen and that their health is supported.

#### **Arbury Court**

The service proactively considers alternative ways to retain staff through a nursing apprenticeship scheme.

#### **Arnold Lodge**

The service has staff who work in HMP Pentonville. This supports transition between services.

#### **North London Forensic Service**

The use of OT staff on the wards is a great initiative to support nursing staff.

#### **Northgate Hospital**

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

#### **St Mary's Hospital**

The use of OT staff on the wards was commended as a great initiative to support nursing staff.

#### **Fromside**

### **Supervision and Support**

In only 61% of services, staff receive monthly managerial supervision, and in only 68% of services staff receive monthly clinical supervision.

For 93% of services, staff reported feeling supported in their health and well-being.

In 19% of services, staff do not have access to reflective forums.

### **Good Practice Examples**

The service supports staff well-being by providing access to physical activities, including dancing. The Trust intranet also has a lot of advice and resources available. Staff feel supported and enjoy flexible working arrangements.

#### **Ardenleigh**

The service has a strong workforce in place, which is evidenced by their commitment and dedication, excellent team dynamic, high retention of staff and no use of agency staff.

#### **Eric Shepherd Unit**

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**

## **Training**

In 92% of services, staff effectively manage violence and aggression.

Staff in 36% of services do not receive training consistent with their role.

In only 58% of services, patients, carers and staff are involved in devising and delivering face-to-face training.

### **Good Practice Examples**

Staff are well trained in the management of violence and aggression. There is a low number of incidents requiring physical restraint at the service which evidences that staffs' use of de-escalation techniques is effective.

#### **Brockfield House**

The service include patients on interview panels and in training sessions.

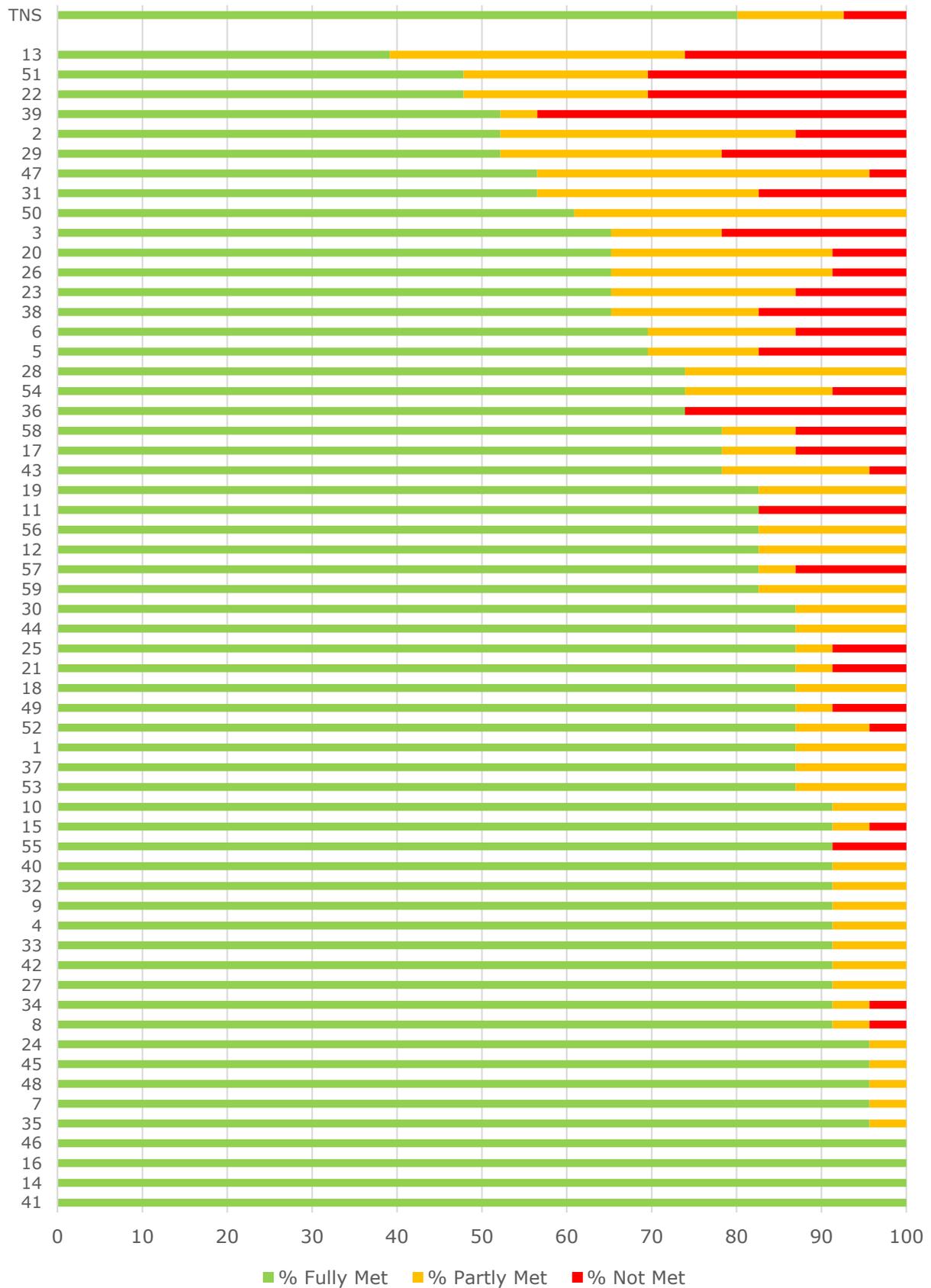
#### **Cygnets Hospital Bury**

Compliance to mandatory training is very high (96-98%).

#### **Eric Shepherd Unit**

The local induction programme has 23 courses informing new starters on security, therapeutic and psychological interventions, and more.

#### **Langdon Hospital**



**Figure 16: Percentage of criteria met, partly met and not met for each service relating to Workforce.**

## Governance

**On average, services fully met 88% of standards in this area, ranging from 10% to 100% compliance.**

### Complaints and Investigations

The majority of services share findings from investigations, measures and reports so that lessons can be learnt.

93% of services review complaints on a quarterly basis, at a minimum, and only 71% of services involve staff, patients, and their families and friends in the complaints process.

The majority of services offer post incident support to staff, patients and carers who are affected by a serious or distressing incident.

#### Good Practice Examples

Patients and carers are highly involved in governance throughout the service.

##### **Cheswold Park Hospital**

Patients are involved in service development and governance; patient representatives are also involved in management meetings.

##### **River House**

### Governance Mechanisms

90% of services audit and review, at least annually, the safe use of high risk medication.

95% of teams audit the use of restrictive practice, including face-down restraint.

#### Good Practice Examples

The service has a good relationship with the local fire service and plans to hold a live exercise with staff and patients at the service.

##### **Langdon Hospital**

### Service Development

Only 68% of services have a clear stakeholder engagement strategy.

In 42% of services it was found that policies and procedures are not always developed and implemented in consultation with the whole service.

The team, patients and carers are not always involved in identifying priority audit topics.

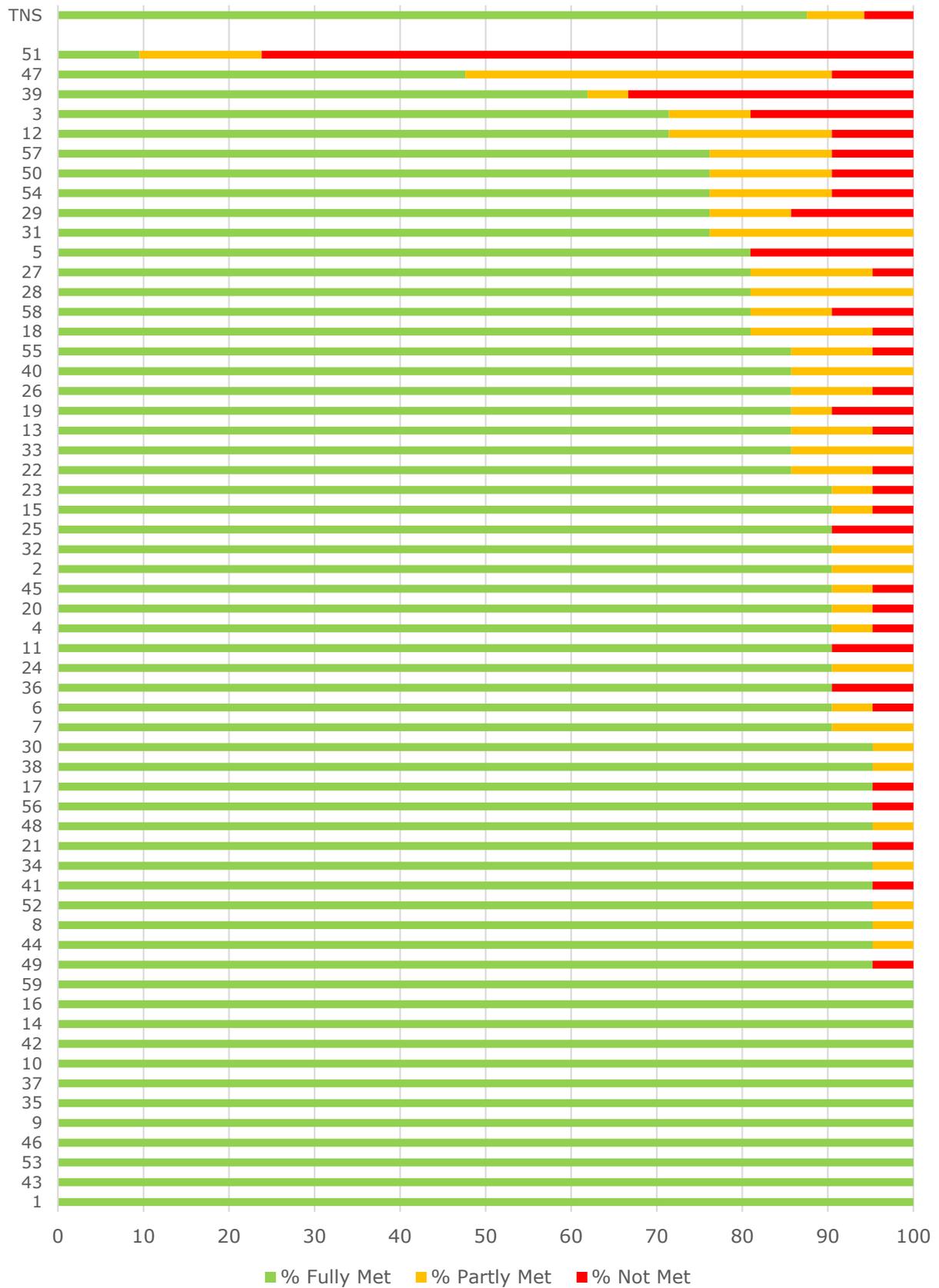
**Good Practice Examples**

The service developed a new clinical governance structure which includes a group on how to improve their documentation.

**Shannon Clinic**

Patients are involved in governance. There are patient representatives who take an active role in improving the service.

**The Spinney**



**Figure 17: Percentage of criteria met, partly met and not met for each service relating to Governance.**

## Looking Forward

The Network values feedback from its members. For cycle 12, 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](http://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](http://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
<b>Arbury Court</b>	Karen Lowe Service Administrator - Compliance <a href="mailto:Karen.lowe@elysiumhealthcare.co.uk">Karen.lowe@elysiumhealthcare.co.uk</a>	Women
<b>Ardenleigh</b>	Paula Ward Service Manager <a href="mailto:paula.ward@bsmhft.nhs.uk">paula.ward@bsmhft.nhs.uk</a>	Women
<b>Arnold Lodge</b>	Amanda Santaney Clinical Governance/Workforce Development Manager <a href="mailto:amanda.santaney@nottshc.nhs.uk">amanda.santaney@nottshc.nhs.uk</a>	Men & Women
<b>Bracton Centre</b>	Lisa Dakin Inpatient Service Manager <a href="mailto:lisa.dakin@oxleas.nhs.uk">lisa.dakin@oxleas.nhs.uk</a>	Men & Women
<b>Broadland Clinic</b>	Owen Fry Service Line Lead <a href="mailto:owen.fry@hpft.nhs.uk">owen.fry@hpft.nhs.uk</a>	Men & LD
<b>Brockfield House</b>	Andy Ward Clinical Nurse Specialist <a href="mailto:andy.ward@sept.nhs.uk">andy.ward@sept.nhs.uk</a>	Men & Women
<b>Brooklands Hospital</b>	Alex Dobbys Matron <a href="mailto:Alexandra.Dobbys@covwarkpt.nhs.uk">Alexandra.Dobbys@covwarkpt.nhs.uk</a>	Men, Women & LD
<b>Calverton Hill</b>	Nick Shaughnessy Hospital Director/Regional Lead <a href="mailto:nick.shaughnessy@partnershipsincare.co.uk">nick.shaughnessy@partnershipsincare.co.uk</a>	Men, Women & LD
<b>Caswell Clinic</b>	Sian Dolling Clinical Services Manager <a href="mailto:sian.dolling@wales.nhs.uk">sian.dolling@wales.nhs.uk</a>	Men & Women
<b>Central Mental Hospital</b>	Harry Kennedy Executive Clinical Director <a href="mailto:harry.kennedy@hse.ie">harry.kennedy@hse.ie</a>	Women
<b>Chadwick Lodge</b>	Geoff Keats Hospital Director <a href="mailto:geoff.keats@elysiumhealthcare.co.uk">geoff.keats@elysiumhealthcare.co.uk</a>	Men & Women
<b>Cheswold Park Hospital</b>	Vanessa Blanshard Admissions and Contracts Officer <a href="mailto:vblanshard@cheswoldparkhospital.co.uk">vblanshard@cheswoldparkhospital.co.uk</a>	Men & LD
<b>Cygnets Hospital Bury</b>	Louise Douglas Service Manager <a href="mailto:LouiseDouglas@cygnethealth.co.uk">LouiseDouglas@cygnethealth.co.uk</a>	Men, Women & Deaf

<b>Cygnnet Hospital Stevenage</b>	Ron Gutu Hospital Manager <a href="mailto:rongutu@cygnethealth.co.uk">rongutu@cygnethealth.co.uk</a>	Men & Women
<b>Edenfield Centre</b>	Rachel Green Network operational Manager <a href="mailto:rachel.green@gmw.nhs.uk">rachel.green@gmw.nhs.uk</a>	Men & Women
<b>Eric Shepherd Unit</b>	Sonia Ritson Modern Matron <a href="mailto:sonia.ritson@hpft.nhs.uk">sonia.ritson@hpft.nhs.uk</a>	Men & LD
<b>Farmfield Hospital</b>	Sarah Hares Performance and Compliance Manager <a href="mailto:sarah.hares@elysiumhealthcare.co.uk">sarah.hares@elysiumhealthcare.co.uk</a>	Men
<b>Fromeside</b>	Julie Somerville Therapy Service Manager <a href="mailto:julie.somerville@nhs.net">julie.somerville@nhs.net</a>	Men, Women & LD
<b>Gisburn Lodge</b>	Lynne Kirwan Operational Support Manager <a href="mailto:lynne.kirwan@calderstones.nhs.uk">lynne.kirwan@calderstones.nhs.uk</a>	Men & LD
<b>Guild Lodge</b>	Lee Drake Matron <a href="mailto:lee.drake@lancashirecare.nhs.uk">lee.drake@lancashirecare.nhs.uk</a>	Men & Women
<b>Hatherton Centre</b>	Jayanth Srinivas Clinical Director <a href="mailto:jayanth.srinivas@sssft.nhs.uk">jayanth.srinivas@sssft.nhs.uk</a>	Men & LD
<b>Hellingly</b>	Janet Woodhouse Specialist Occupational Therapist <a href="mailto:janet.woodhouse@sussexpartnership.nhs.uk">janet.woodhouse@sussexpartnership.nhs.uk</a>	Men & Women
<b>Humber Centre</b>	Dave King CNS – Security Lead <a href="mailto:dave.king@nhs.net">dave.king@nhs.net</a>	Men & LD
<b>John Howard Centre</b>	Deborah Bull Deputy Head of Forensics <a href="mailto:debbie.bull@elft.nhs.uk">debbie.bull@elft.nhs.uk</a>	Men, Women & LD
<b>Kneesworth House Hospital</b>	Linda Ram Head of Social Work & Patient Related Services <a href="mailto:linda.ram@partnershipsincare.co.uk">linda.ram@partnershipsincare.co.uk</a>	Men, Women & LD
<b>Langdon Hospital</b>	Susan Smith Managing Partner <a href="mailto:susan.smith55@nhs.net">susan.smith55@nhs.net</a>	Men
<b>Llanarth Court Hospital</b>	Phil Huckle Regional Clinical Director <a href="mailto:phil.huckle@partnershipsincare.co.uk">phil.huckle@partnershipsincare.co.uk</a>	Men, Women & LD
<b>Marlborough House</b>	Dr Jude Deacon Head of Medium and Low Secure Services <a href="mailto:jude.deacon@oxfordhealth.nhs.uk">jude.deacon@oxfordhealth.nhs.uk</a>	Men

<b>Newton Lodge</b>	Catherine Eaves Acting General Manager <a href="mailto:catherine.eaves@swyt.nhs.uk">catherine.eaves@swyt.nhs.uk</a>	Men & Women
<b>North London Clinic</b>	Malcolm Campbell Hospital Director <a href="mailto:malcolm.campbell@partnershipsincare.co.uk">malcolm.campbell@partnershipsincare.co.uk</a>	Men
<b>North London Forensic Service</b>	Claire Wells Business Manager <a href="mailto:Claire.wells@beh-mht.nhs.uk">Claire.wells@beh-mht.nhs.uk</a>	Men, Women & LD
<b>Northgate Hospital</b>	Dennis Davison Service Manager <a href="mailto:dennis.davison@ntw.nhs.uk">dennis.davison@ntw.nhs.uk</a>	Men, Women & LD
<b>Norvic Clinic</b>	Helen Lawrence Deputy Service Manager <a href="mailto:helen.lawrence@nsft.nhs.uk">helen.lawrence@nsft.nhs.uk</a>	Men & Women
<b>Oxford Clinic</b>	Jude Deacon Head of Medium and Low Secure Services <a href="mailto:jude.deacon@oxfordhealth.nhs.uk">jude.deacon@oxfordhealth.nhs.uk</a>	Men & Women
<b>Ravenswood House</b>	Paul Gallagher Modern Matron <a href="mailto:paul.gallagher@southernhealth.nhs.uk">paul.gallagher@southernhealth.nhs.uk</a>	Men
<b>Reaside Clinic</b>	Matthew Thomas Acting Clinical Nurse Manager <a href="mailto:matthew.thomas@bsmhft.nhs.uk">matthew.thomas@bsmhft.nhs.uk</a>	Men
<b>Ridgeway</b>	Steve Godwin Deputy General Manager <a href="mailto:stephen.godwin@nhs.net">stephen.godwin@nhs.net</a>	Men, Women & LD
<b>River House</b>	Julie Hayward Deputy Director <a href="mailto:julie.heyward@slam.nhs.uk">julie.heyward@slam.nhs.uk</a>	Men & Women
<b>Rohallion</b>	Patricia Kettles Senior Nurse <a href="mailto:pkettles@nhs.net">pkettles@nhs.net</a>	Men
<b>Scott Clinic</b>	Joey Dunn Senior Nurse <a href="mailto:Joey.Dunn@merseycare.nhs.uk">Joey.Dunn@merseycare.nhs.uk</a>	Men & Women
<b>Shaftesbury Clinic</b>	Richard Stiles Matron <a href="mailto:Richard.Stiles@swlstg-tr.nhs.uk">Richard.Stiles@swlstg-tr.nhs.uk</a>	Men
<b>Shannon Clinic</b>	Noel McDonald Ward Manager <a href="mailto:noel.mcdonald@belfasttrust.hscni.net">noel.mcdonald@belfasttrust.hscni.net</a>	Men & Women
<b>St Andrew's Healthcare Birmingham</b>	Vicky Hitch Lead Occupational Therapist <a href="mailto:vhitch@standrew.co.uk">vhitch@standrew.co.uk</a>	Men & Women

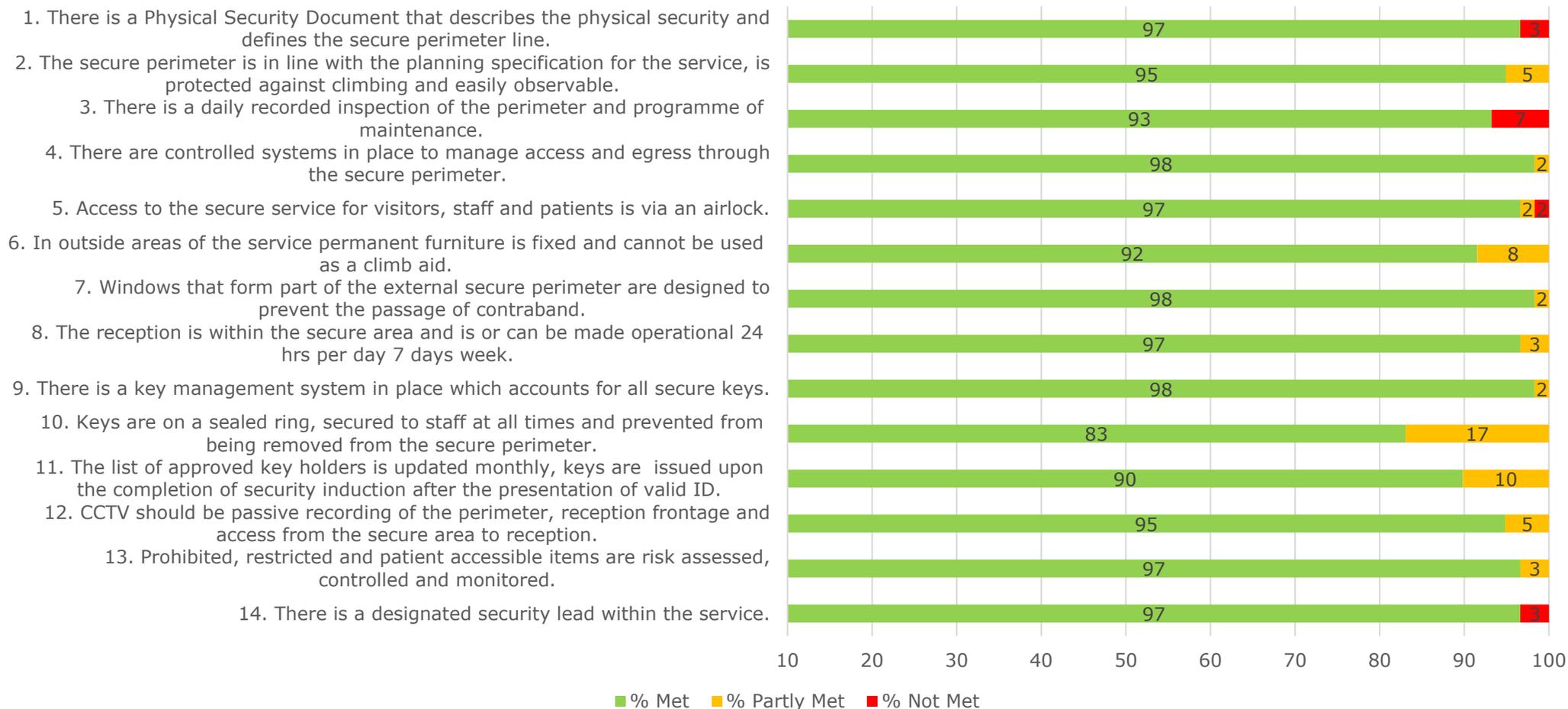
<b>St Andrew's Healthcare Northampton, Women's Service</b>	Ian Holland-Hay Nurse Manager <a href="mailto:Iholland-hay@standrew.co.uk">Iholland-hay@standrew.co.uk</a>	Women & LD
<b>St Andrew's Healthcare Northampton, Men's Service</b>	Alastair Clegg Service Director <a href="mailto:ABClegg@standrew.co.uk">ABClegg@standrew.co.uk</a>	Men, LD & Deaf
<b>St Andrew's Healthcare Nottinghamshire</b>	Laura Stretton Modern Matron <a href="mailto:ljestretton@standrew.co.uk">ljestretton@standrew.co.uk</a>	Men & LD
<b>St John's House LDS</b>	Kayleigh Low Hospital Manager <a href="mailto:Kayleigh.Low@partnershipsincare.co.uk">Kayleigh.Low@partnershipsincare.co.uk</a>	Men, Women & LD
<b>St Mary's Hospital</b>	Christine Walker Registered Hospital Manager <a href="mailto:christinewalker@stgeorgehealthcaregroup.co.uk">christinewalker@stgeorgehealthcaregroup.co.uk</a>	Men & Deaf
<b>St Nicholas Hospital</b>	Dennis Davison Service Manager <a href="mailto:dennis.davison@ntw.nhs.uk">dennis.davison@ntw.nhs.uk</a>	Men
<b>Stockton Hall Hospital</b>	Amanda Lang Allied Health Professionals Lead <a href="mailto:amanda.lang@partnershipsincare.co.uk">amanda.lang@partnershipsincare.co.uk</a>	Men, Women & LD
<b>Tamarind</b>	Sarah Beasley Clinical Nurse Manager <a href="mailto:sarah.beasley@bsmhft.nhs.uk">sarah.beasley@bsmhft.nhs.uk</a>	Men
<b>The Dene</b>	Alexandra Thurlby Hospital Director <a href="mailto:Alexandra.Thurlby@partnershipsincare.co.uk">Alexandra.Thurlby@partnershipsincare.co.uk</a>	Women
<b>The Orchard</b>	Arthur Chiwandire Senior Nurse <a href="mailto:arthur.chiwandire@wlmht.nhs.uk">arthur.chiwandire@wlmht.nhs.uk</a>	Women
<b>The Spinney</b>	Rena Henderson Lead for Occupational Therapy and Education <a href="mailto:rena.henderson@partnershipsincare.co.uk">rena.henderson@partnershipsincare.co.uk</a>	Men
<b>Thornford Park Hospital</b>	Paul O'Connor Regional Hospital Director <a href="mailto:pauloconnor@elysiumhealthcare.co.uk">pauloconnor@elysiumhealthcare.co.uk</a>	Men
<b>Three Bridges</b>	Sachendra Beeraje Senior Nurse <a href="mailto:sachendra.beeraje@wlmht.nhs.uk">sachendra.beeraje@wlmht.nhs.uk</a>	Men
<b>Trevor Gibbens Unit</b>	Jonathan Pyott Consultant Psychiatrist <a href="mailto:jonathan.pyott@kmpt.nhs.uk">jonathan.pyott@kmpt.nhs.uk</a>	Men & Women

<b>Wathwood Hospital</b>	Richard Fuller General Manager <a href="mailto:richard.fuller@nottshc.nhs.uk">richard.fuller@nottshc.nhs.uk</a>	Men
<b>Woodview</b>	Lynne Kirwan Operational Support Manager <a href="mailto:lynne.kirwan@merseycare.nhs.uk">lynne.kirwan@merseycare.nhs.uk</a>	Men, Women & LD

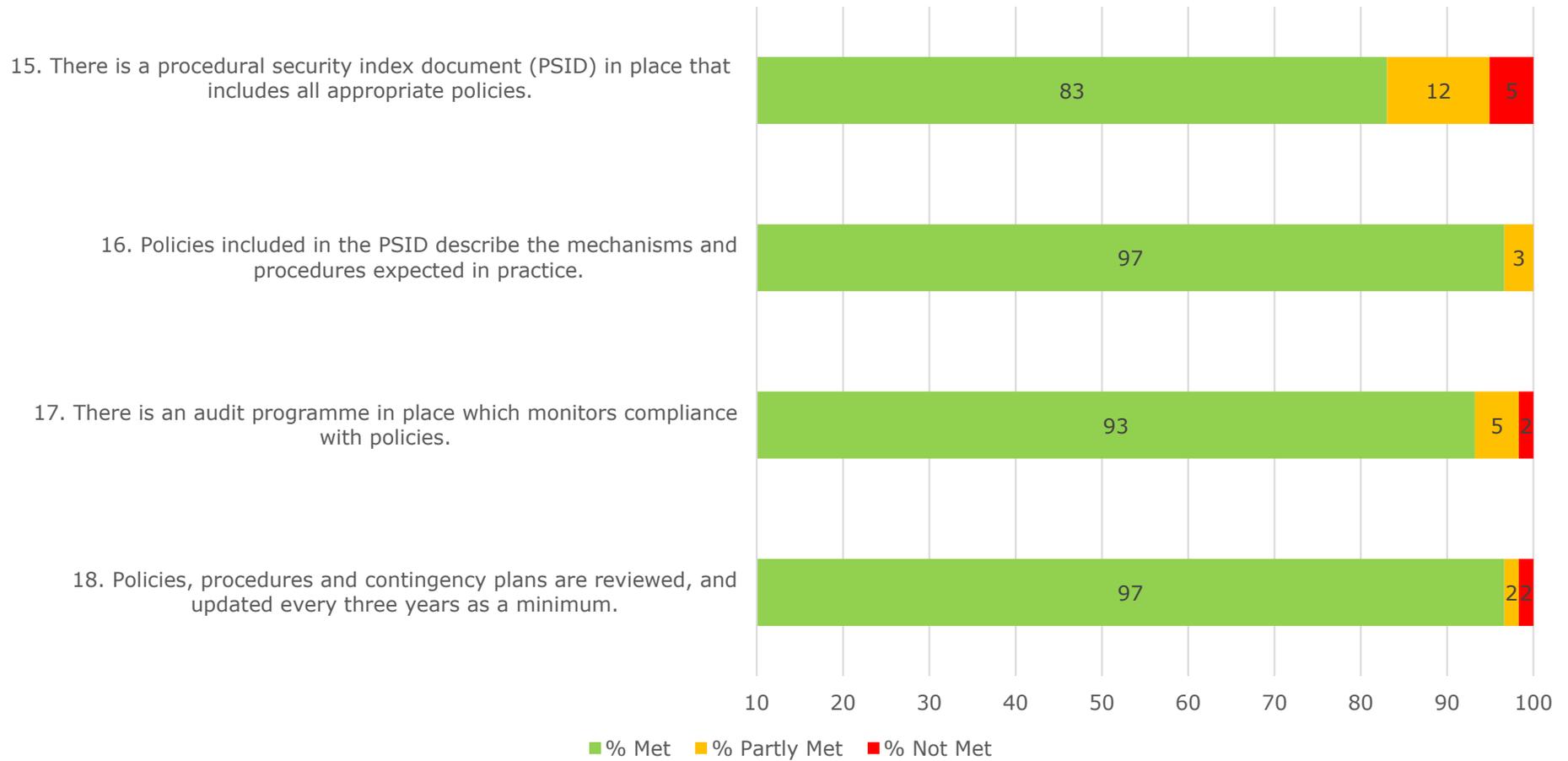
## Appendix 2 – Aggregated Data by Standard

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](http://www.qnfmhs.co.uk).

### Patient Safety: Physical Security



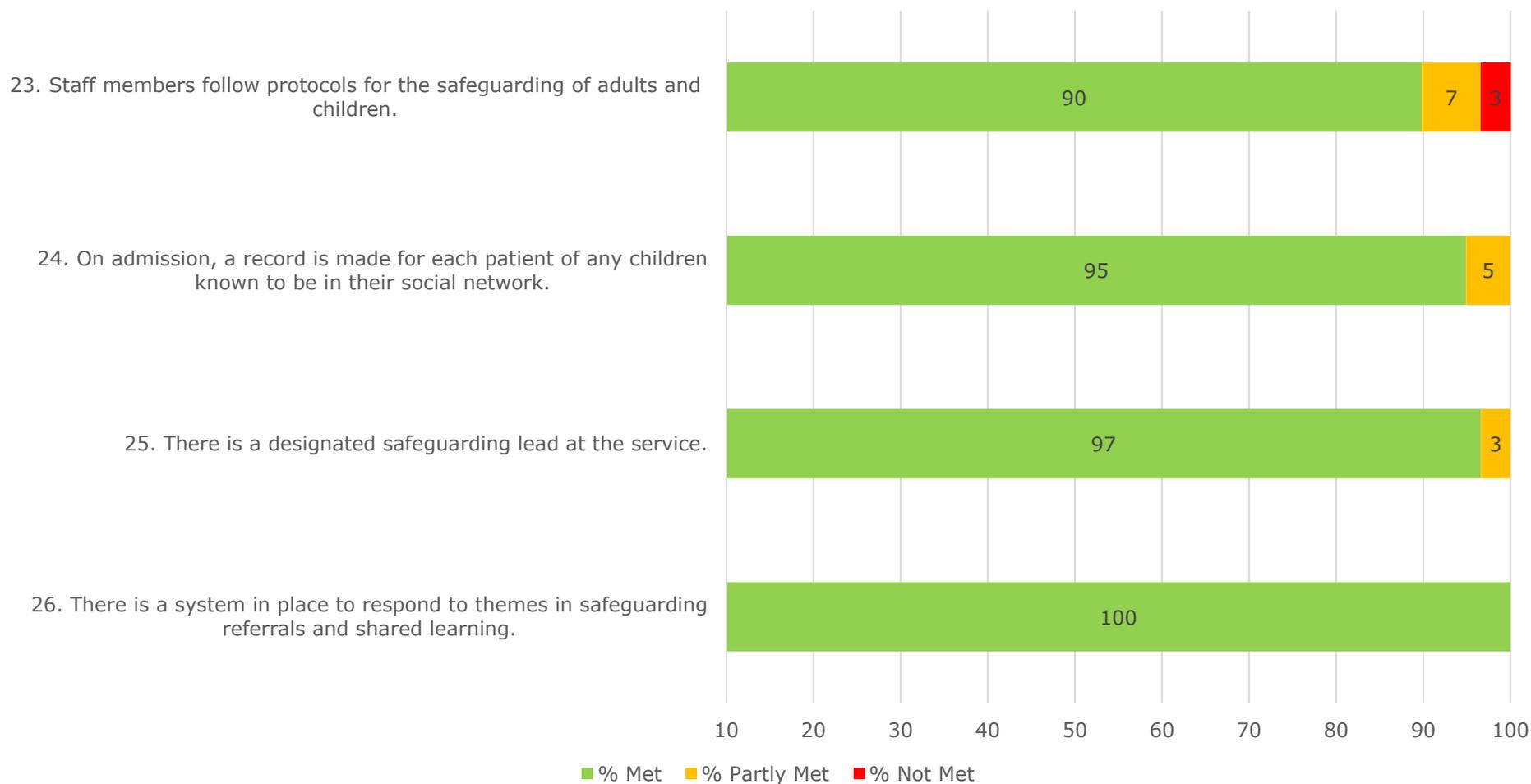
## Patient Safety: Procedural Security



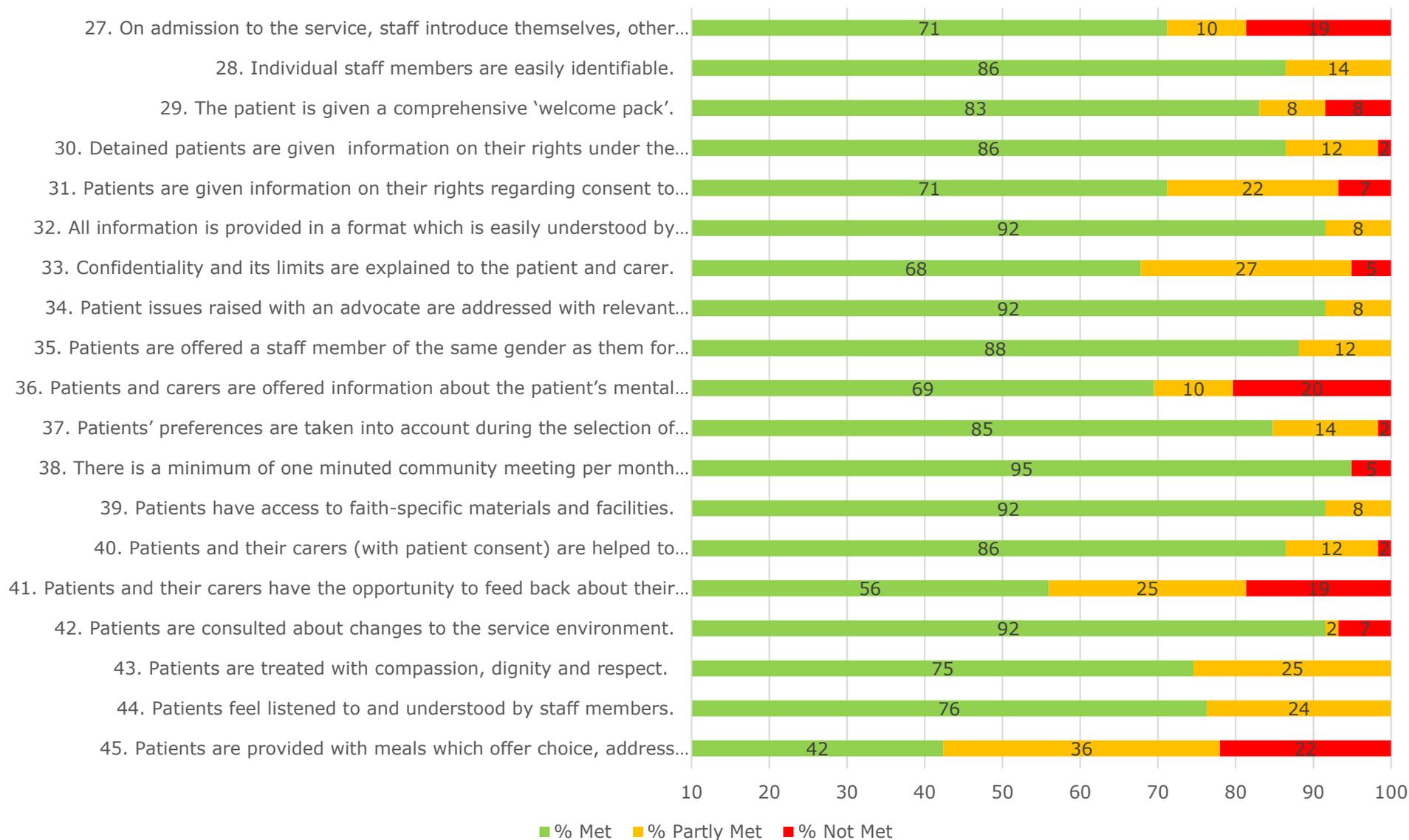
## Patient Safety: Relational Security



## Patient Safety: Safeguarding

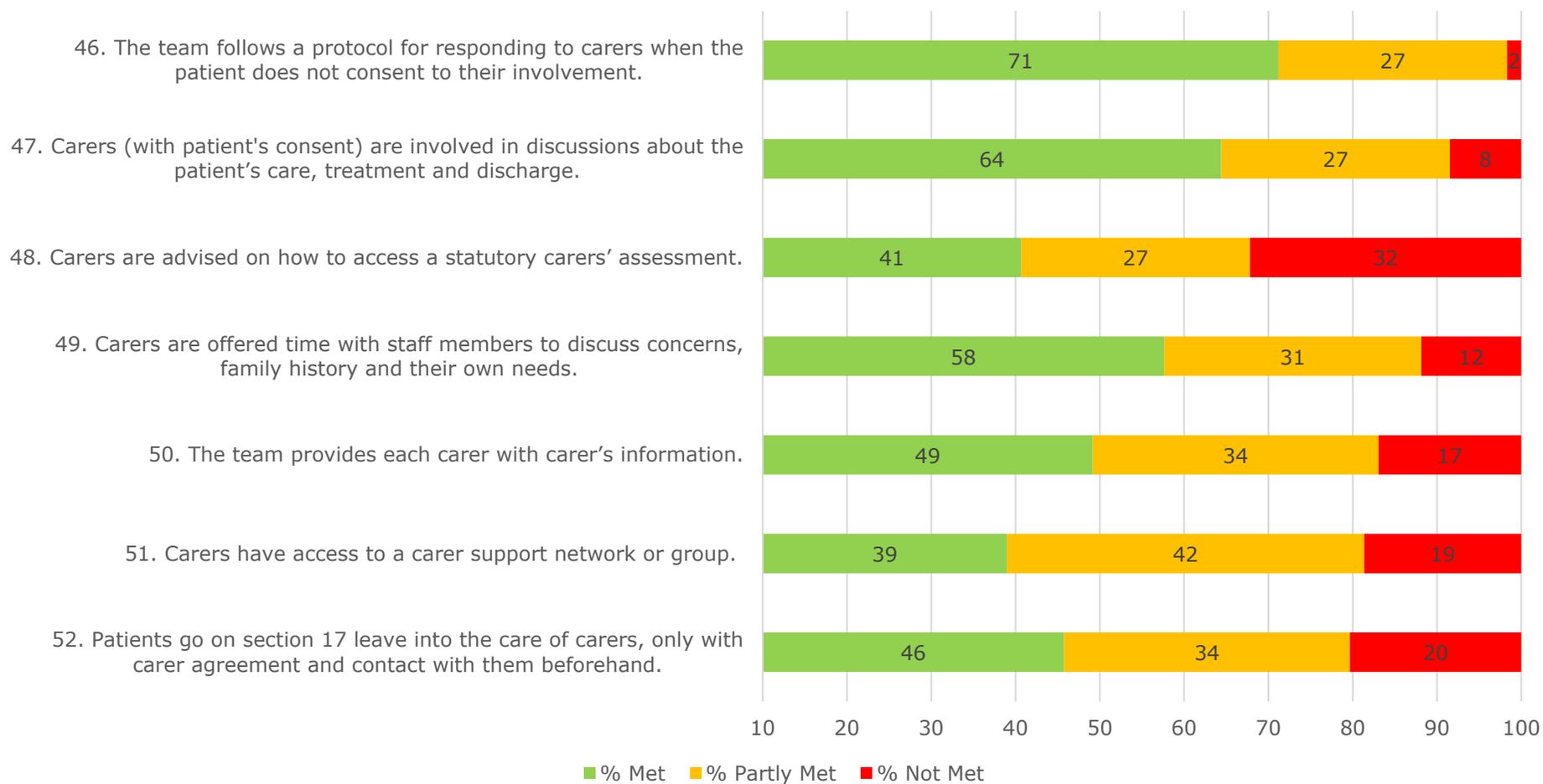


## Patient Experience: Patient Focus



x

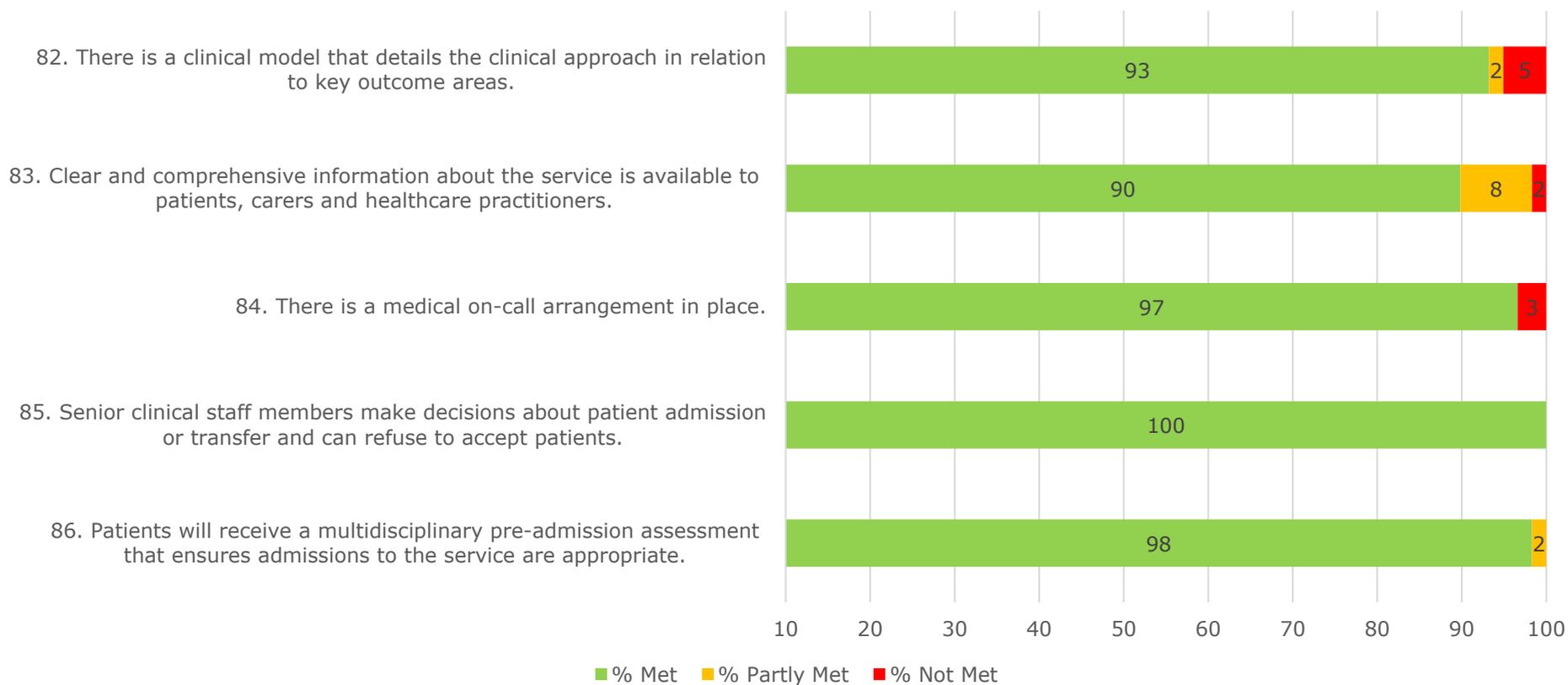
## Patient Experience: Family and Friends



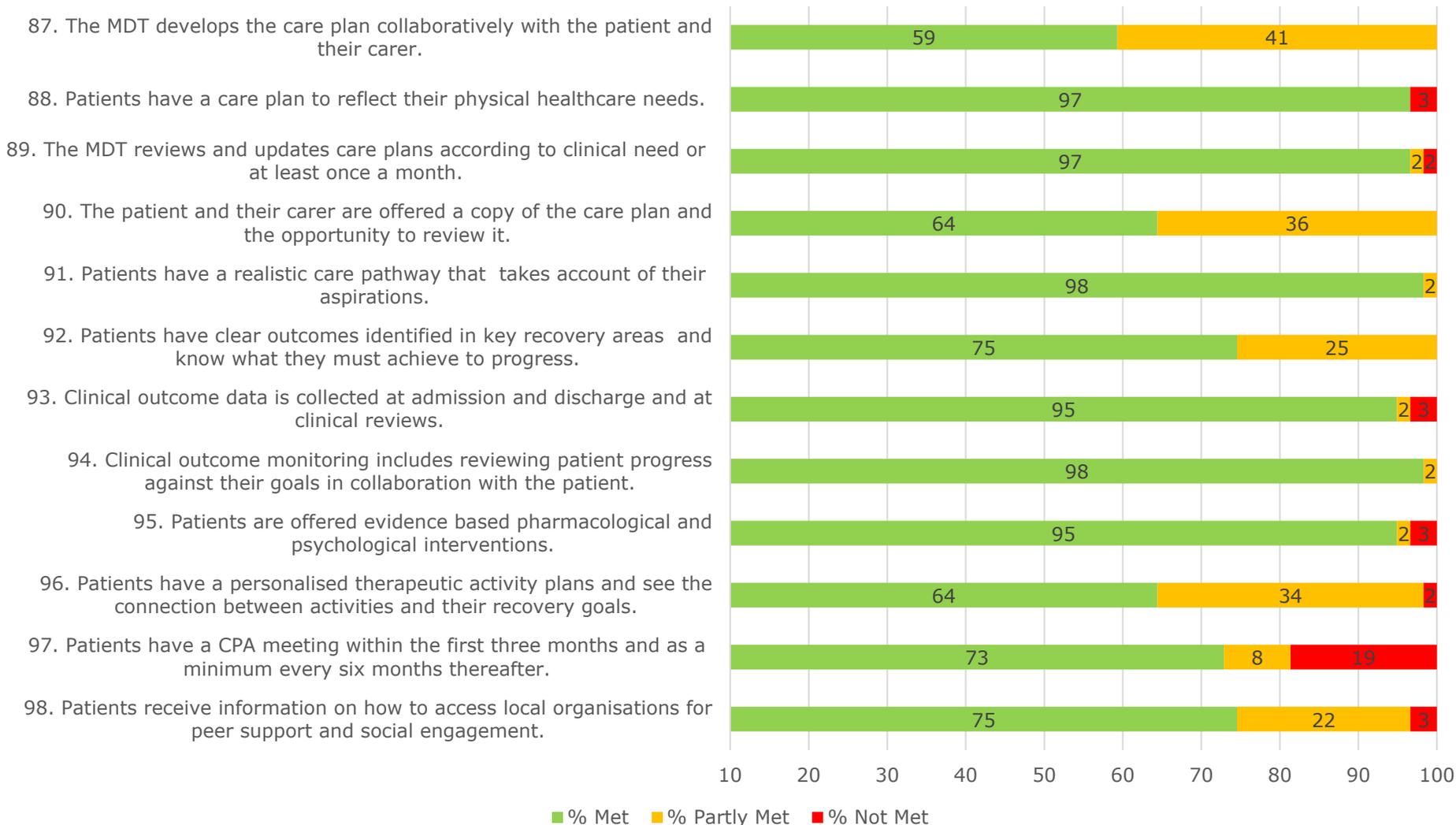
## Patient Experience: Environment and Facilities



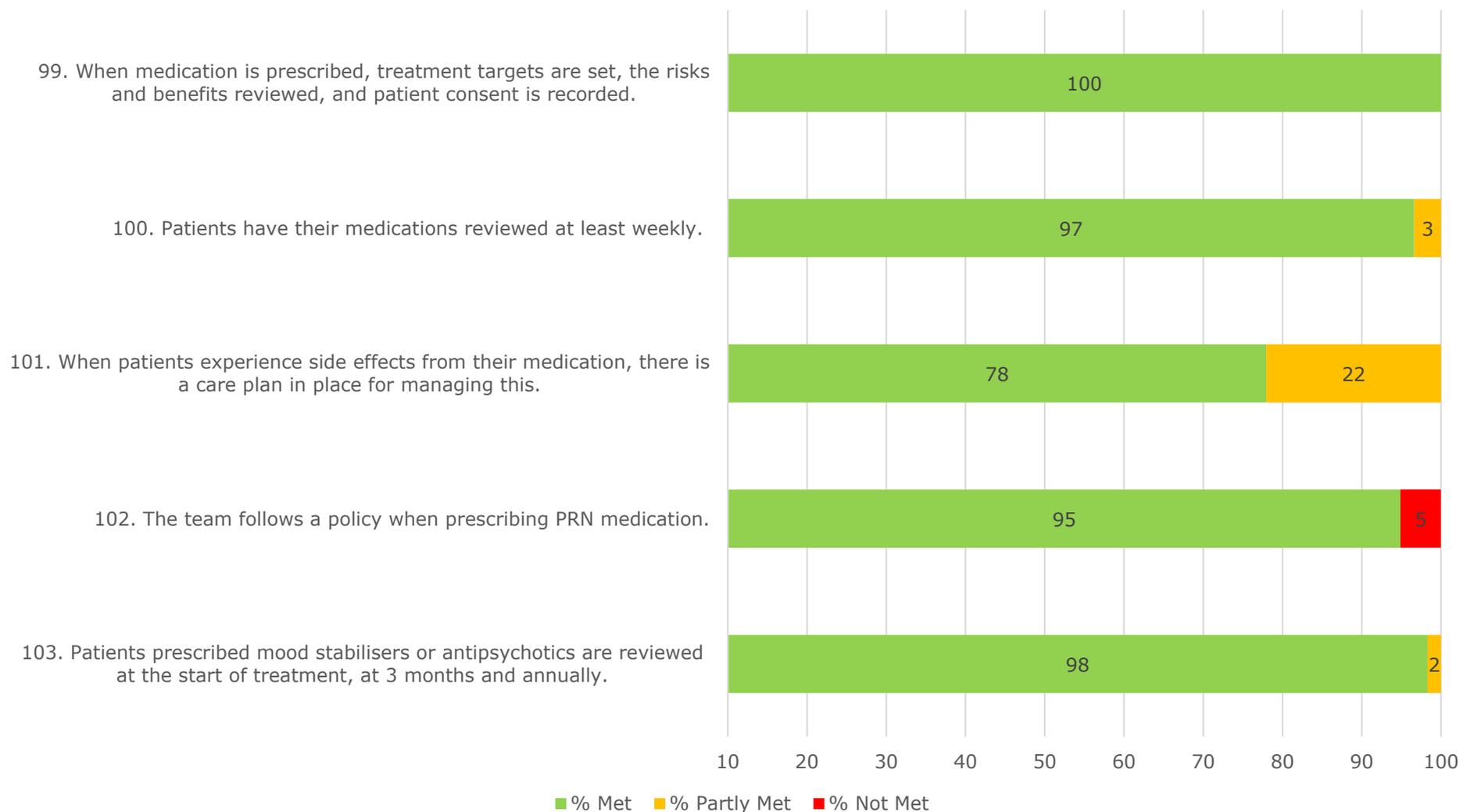
## Clinical Effectiveness: - Admission



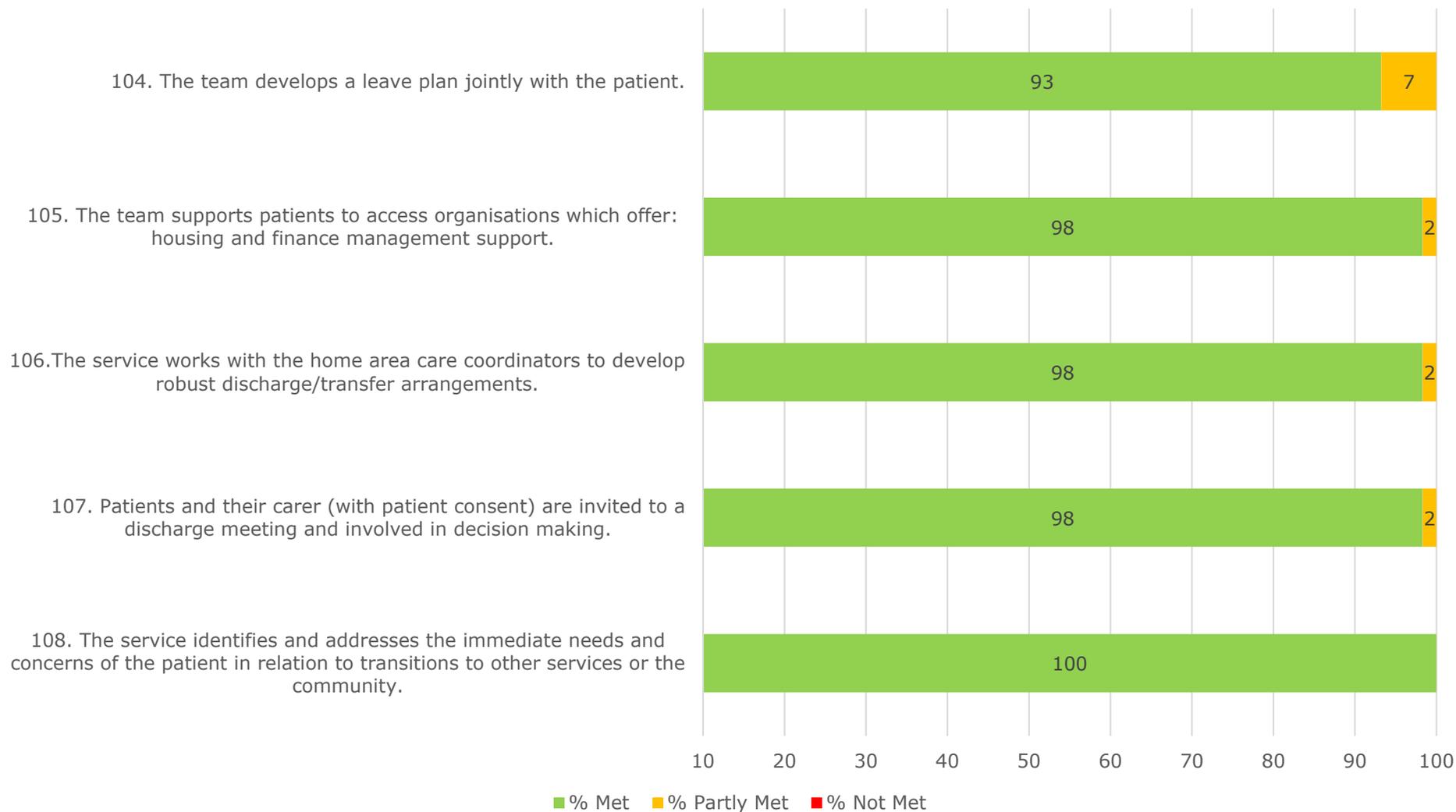
## Clinical Effectiveness: Treatment and Recovery



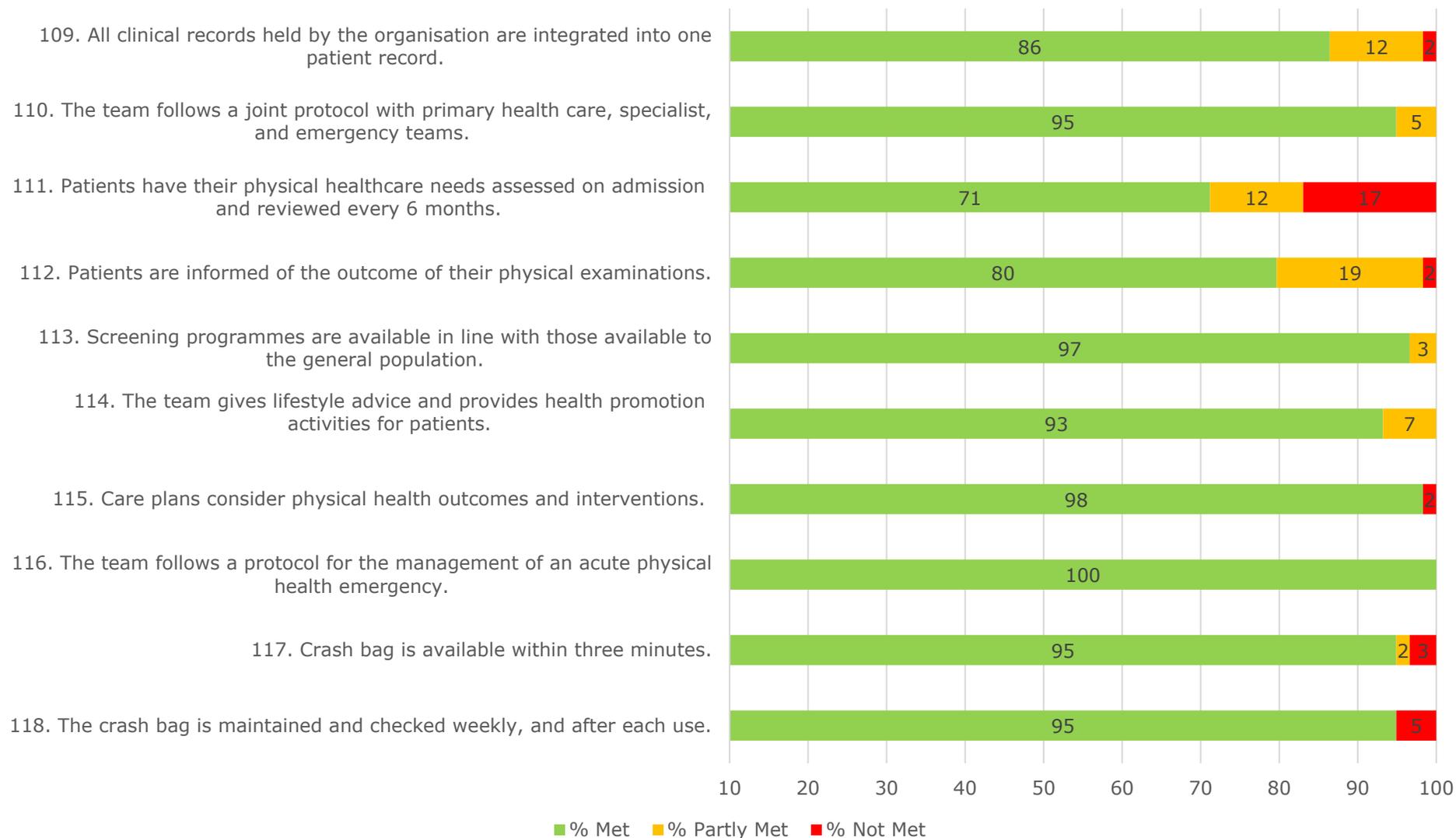
## Clinical Effectiveness: Medication



## Clinical Effectiveness: 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,  
Medium Secure Annual Forum Programme, Thursday 25 May 2017, Royal  
College of Psychiatrists, 21 Prescot St, London, E1 8BB.**

- 10:30 Welcome and introduction**  
*Quazi Haque, Chair, QNFMHS Advisory Group*
- 10:45 New care model programme in adult secure services: will it improve outcomes for users and their families?**  
*Patrick Neville, Anne Forbes and Jason Fee, Devon Partnership NHS Trust, South West Regional Secure Services (Wave One New Care Model Site)*
- 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 How good a doctor are you? Physical health care in forensic services**  
*Alan Cohen, General Practitioner, Director of Primary Care, West London Mental Health 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. Staff support and wellbeing**
- Dealing with terminal illness and expected deaths in secure care**  
*Dr Pratish Thakkar, Clinical Director, Tees, Esk and Wear Valleys NHS Foundation Trust and Dr Ramneesh Puri, Consultant Forensic Psychiatrist, Nottinghamshire Healthcare NHS Foundation Trust.*
- B. Restrictive practice**
- Changing restrictive practice using lean methods**  
*Dr Christoph Wieczorek, Consultant Forensic Psychiatrist, Tees, Esk and Wear Valleys NHS Foundation Trust*
- Positive and safe: reducing restrictive practices**  
*Angela Shaw, Advanced Nurse Practitioner, St Andrews Healthcare*
- C. Recovery College and real work opportunities**
- The Gateway Recovery College: What we have done so far**  
*Lynn Williams, Recovery Lead and Devra Deltedesco, Occupational Therapist, Northumberland, Tyne and Wear NHS Foundation Trust*
- The Employment Skills Scheme: Offering real work opportunities in a forensic setting**

*Emma Croft, Professional Lead Occupational Therapist, Louise Maxwell, Senior Occupational Therapist and Rebecca Lafferty, Clinical Lead Occupational Therapist, Oxford Health NHS Foundation Trust*

#### **D. Staff development**

##### **Healing environment training: Developing an effective workforce in secure services**

*Sally Carr, Specialist Practitioner, South Staffordshire and Shropshire Healthcare NHS Foundation Trust*

14:35 Refreshments and poster presentations

#### **14:45 Workshop session 2**

##### **A. Patient perspective**

###### **There's bound to be boundaries**

*Roger Sharp and Michael Humes, Patient Reviewers, Quality Network for Forensic Mental Health Services*

###### **The development and work of the Recovery and Outcomes Network**

*Ian Callaghan, Patient Reviewer, Quality Network for Forensic Mental Health Services*

##### **B. Family and friend 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*

###### **Is the triangle of care enough for forensic carers?**

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

##### **C. Technology and IT**

###### **Rehabilitation and patients' access to technology in forensic services**

*Phil Dickinson, Service Development Manager, Rick Fuller, General Manager and Lisa Sutton, Deputy Matrin, Nottinghamshire Healthcare NHS Foundation Trust*

###### **Mobile Phones in medium secure inpatient wards**

*Phil Jackson, Service Manager, Barnet, Enfield and Haringey NHS Trust*

##### **D. Patient pathways**

###### **Patient-led outcomes and pathways management using digital technologies in forensic services: learnings from PathNav**

*Dr Quazi Haque, Executive Medical Director, Elysium Healthcare*

**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.**

**10:30 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 Carers' 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**

Please visit our website for copies of the presentations from previous Network events: [www.qnfmhs.co.uk](http://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/corestandardsproject.aspx>

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

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Maureen Clare

George Cooley

Sheena Foster

Louise Maclellan

Sarah Shirley

## Appendix 7 – Project Team Contact Details

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