New Standards for Mental Health Services in Prisons in Wales

The Partnership Agreement for Prison Health set out agreed priorities between the Welsh Government, Health Boards, Public Health Wales and Her Majesty's Prison and Probation Service (HMPPS) in Wales to improve the health and wellbeing of men in prison in Wales. One of the priorities is to develop new standards for mental health services. The **Universal Standards** set out in this document act as a framework by which to assess the quality of prison mental health services via a process of self and peer review. The standards have been adapted from the Royal College of Psychiatrists, College Centre for Quality Improvement (CCQI) Quality Network for Prison Mental Health Services (QNPMHS) standards.

The standards are introduced by a section on **Enabling Environments**, which are based on ten values, all of which are believed to be factors in positive psycho-social environments.

The section is included on the standards for 24-hour mental healthcare in prisons, for services with inpatient provisions or enhanced care facilities.

All criteria are rated as Type 1, 2 or 3.

- Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.
- Type 2: Expected standards that all services should meet.
- Type 3: Desirable standards that high performing services should meet

There are new standards on: strengthening collaborative working with primary care and substance misuse services; with specialist prison programmes such as therapeutic communities and offender PD pathways; and knowledge of the principles of trauma informed care.

Following feedback from prison teams and officials, we are envisaging a staggered approach to implementing the new standards, taking 2022 as an interim year for their implementation.

Therefore, **Condition Specific Standards** for mental health will be developed through a network approach taking learning from prison teams in Wales. They include Brain Injury, Learning Disability, Autism, Dementia and Crisis Care. You can see that introductory standards and approaches to support condition specific care are present within the Universal Standards.

Work is being undertaken to ensure that the additional work streams of the Partnership Agreement for Prison Health (substance misuse and the development of a new Substance Misuse Treatment Framework, medicines management, and the role of the wider prison environment in supporting health and wellbeing) and collective standards for prison health are aligned and legible for prison teams.

Enabling Environments are places where there is a focus on creating a positive and effective social environment and where healthy relationships are seen as the key to success[1][2]. Places which are enabling create more opportunities and better outcomes for everyone there. They create happier, more productive staff; better outcomes for individual recipients; and support everyone to give greater contributions and to be the best they can be.

These values depend on each other for meaning and for clarity. Taken individually, each value will enhance an environment, but it is not until they are all working together, they create an Enabling Environment. Each of the 10 values are defined by a standard, and for every standard there are criteria which are ways in which services can meet that standard.

Our framework is for anyone who wants to make their place more enabling and positive. It is flexible and can be adapted to fit any service or place. Using the framework you can improve the quality of relationships in your service and help everyone to feel happier and healthier.

[1] The Perceived Impact of the Enabling Environments Programme within Her Majesty's Prison and Probation Service Settings
[2] Evidence-based reasons for embedding 'Enabling Environments' relational practice into the Criminal Justice System

Belonging	
1	**The nature and quality of relationships is of primary importance**
1.1	Recipients and Providers actively support newcomers to interact with others
1.2	There are opportunities for Recipients and Providers to get to know each other
1.3	There are ways to mark people leaving
1.4	The organisation supports everyone to build good relationships
Boundaries	
2	**There are expectations of behaviour and processes to maintain and review them**
2.1	Everyone can describe the expectations and how they are maintained
2.2	There is a consistent approach to implementing these expectations
2.3	There is a process to review expectations which includes Recipients and Providers
Communication	
3	**Everyone is supported to communicate in ways that enable them to be listened to and heard**
3.1	Everyone is supported to communicate effectively

3.2	There are opportunities for Recipients and Providers to discuss why people behave in different ways
3.3	Cultural and personal differences in communication are recognised and valued
Development	
4	**There are opportunities and support for self-development and growth**
4.1	There is opportunity and management support for spontaneity
4.2	Everyone can try new things
4.3	Everyone is supported to understand the opportunities and challenges of taking risks
4.4	Recipients and Providers are involved in contributing to the development of others
Involvement	
5	**Everyone shares responsibility for the environment**
5.1	Recipients and Providers take a variety of roles and responsibilities to support the environment
5.2	Recipients and Providers are involved in planning their own development
5.3	There are clear management structures which support meaningful involvement from Recipients and Providers
Safety	
6	**There is support in place to help everyone feel emotionally safe**
6.1	It is acceptable for anyone to feel vulnerable and emotional support is easily accessible

6.2	Everyone feels listened to and understood by others around them
6.3	Everyone has a regular space in which to reflect on how the environment affects them
6.4	Peer-support is recognised, valued and encouraged
Structure	
7	**Engagement and purposeful activity is actively encouraged**
7.1	Recipients and Providers have a constructive daily routine
7.2	There is a consistent structure which is regularly reviewed
7.3	Recipients and Providers have an opportunity to engage in meaningful activity
Empowerment	
8	**Everyone is encouraged to develop their personal authority**
8.1	Recipients and Providers are able to challenge decisions and ask questions
8.2	Power and authority are open to discussion
8.3	Recipients and Providers are able to have their ideas implemented
8.4	Recipients and Providers understand how and why decisions are made
Leadership	
9	**Leadership takes responsibility for developing and maintaining an enabling culture**

9.1	Senior leadership makes an explicit commitment to promoting a culture of well-being
9.2	The leadership of the environment has an understanding of how to develop and support an enabling culture
9.3	Recipients and Providers feel supported by their leadership team
9.4	Those in a leadership role are approachable and accessible
9.5	Change is managed in a way that recognises the impact on Recipients and Providers
Openness	
10	**The environment is outward looking and open to learning**
10.1	The environment is welcoming to visitors
10.2	Everyone is supported to participate in relationships and activities outside the environment
10.3	Everyone is encouraged to be open and responsive to evaluation and learning

Reception and Assessment		Essential	Expected	Desirable	Reference	Guidance
1	As part of the formal reception and induction process, every person receives a first and second stage health assessment that incorporates a mental health screen (NICE guideline 66, 2017).	x				This includes questions and actions relating to learning disabilities and neurodevelopmental disorders
2	All practitioners carrying out the initial mental health assessments are competent to assess problems that commonly arise, and have knowledge and awareness of mental health diagnoses and pathways within the service (NICE guidelines 66, 2017).	x				
3	During the initial mental health assessment, individuals over 50 years old receive an older adult assessment, and reasonable adjustments are made where required.		x			Patients may need a full physical health review bya general Practitioner (GP) or further full mental health assessment by psychiatrist to identify long-term conditions, early cognitive impairment or referral to social care team for long term care planning.
4	There is a clear and consistent process for staff within the prison to refer individuals directly to the mental health team.	x				
5	A clinical member of staff is available to discuss emergency referrals during working hours.	x				

6	Urgent/crisis assessments are undertaken by the team within 48 hours and routine assessments within 5 working days.	x				
7	Patients have a comprehensive evidence-based assessment which includes their: ● Mental health and medication; ● Psychosocial and psychological needs; ● Strengths and areas for development; ● Risk to self and others; ● Intellectual and developmental disabilities; ● Substance misuse	x				Standard mental health assessment tools are used and they are compliant with the National Institute for Health and Care Excellence (NICE) guidelines.
8	The assessing professional can access notes about the patient (past and current) from primary care, secondary care and other relevant services (NICE guideline 66, 2017).			x		Notes, including those available from community services, should be accessed for all patients known to mental health services and where notes are available, including how up to date the information is and how it was gathered
9	Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.	x				
10	Patients are involved in the development of their risk assessments and management			x		

	plans.					
11	All secondary care patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.	x				The formulation includes presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate.
12	All information is provided to patients in a format they can easily understand.	x				This includes different languages, and easy-to-read / pictorial formats. Inclusive communication approaches are used to ensure patients understand key information.
13	The service provides information about how to make a referral and waiting times for assessment and treatment.	x				This information is provided to the patient and to agencies who regularly refer.
14	Patients are given accessible written information which staff members talk through with them as soon as is practically possible.	x				The information may include the following: ● Their rights regarding admission and consent to treatment; ● Rights under the Mental Health Act; ● How to access advocacy services; ● How to access a second opinion; ● Interpreting services; ● How to view their records; ● How to raise concerns, complaints and give

						compliments.
15	There is a clear system for the management of referrals.	x				
Arrangements for the assessment of former users of secondary mental health services						
16	Local mental health partners to take all reasonable steps to agree arrangements for responding to requests for assessments from former users of secondary mental health services and the making of referrals following such assessments - Mental Health (Wales) Measure (2010).	X				
17	Arrangements are made in writing. Once initial arrangements have been agreed and put into writing, they can subsequently be altered, provided that partners agree and record the alterations in writing.	X				
18	Arrangements should ensure that assessments are provided in a timely manner, which should be consistent with response times for requests for assessments from GPs or other referrers. Local mental health partners may include standards for response times for assessment within their written arrangements. Where such response times are included it is expected that these should, at a minimum, match the usual standards for community mental health teams – namely that emergency referrals are	x				

	to be seen within 4 hours of request, urgent referrals within 48 hours of request, and all other referrals within 28 days of request.					
19	Any failure to agree arrangements must follow protocol as stipulated in the Code of Practice 2012, Mental Health (Wales) Measure 2010	x				
	Guidance: Where an individual who has received secondary mental health services whilst in prison in Wales is subsequently released and takes up or returns to usual residence in Wales, they will also be eligible to seek an assessment from secondary mental health services in the local authority area in which they are usually resident at the time they make that request.					
	Guidance: Where an individual received secondary mental health services in a prison outside of Wales, their eligibility for further assessment will depend on whether those services are recognised for the purposes of Part 3 as secondary mental health services.					

Treatment and Recovery		Essential	Expected	Desirable	Reference	Guidance
20	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients when developing the care plan and they are	x				The care plan clearly outlines: ● Agreed intervention strategies for physical and mental health;

	offered a copy. Complementing training on outcome measures is available through Improvement Cymru.					• Measurable goals and outcomes; • Strategies for self-management; • Any advance directives or statements that the patient has made; • Crisis and contingency plans; • Review dates and discharge framework.
21	Patients are offered information about their mental health conditions and treatment in a way that is understood and retained.	x				This could be verbal, written or digital. Verbal information could be provided in a one-to-one meeting with a staff member or in a psycho-education group. All written information should be written using inclusive communication approaches.
22	The patient is given information on the intervention being offered and the risks and benefits are discussed with them. This is recorded in clinical records.	x				
23	A physical health review takes place as part of the initial assessment, or as soon as possible.	x				This may be completed by the physical health team, or as part of the reception process
24	Patients are managed under the Stepped Care Model for People with Common Mental Health Disorders (NICE guidelines 41, 2011).			x		The model presents an integrated overview of the key assessment and treatment interventions that are service specific.

25	Patients have access to low-level interventions (this includes steps 1 and 2 of the Stepped Care Model) and a range of psychological therapies. These interventions are delivered by an adequately trained and supported mental health professional.		x			The interventions and therapies are adapted to the needs of the prison environment. For example a remand environment delivers standalone sessions and psychoeducation support.
26	Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within an agreed timeframe.	x				
27	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.	x				Referrals that are urgent or that do not require discussion can be allocated before the meeting.
28	Where applicable, patients should receive an initial Personalised Care and Support Planning meeting within the first 28 days, at three months and every six months thereafter, or whenever a significant transition occurs.	x				The review could be part of the Care Programme Approach (CPA), Promoting Quality Care (PQC), Care and Treatment Plan (CTP) or equivalent processes.
29	Where applicable, patients are supported to be fully involved in their own assessment of secondary mental health needs during the formal review process. (RCPsych, 2020)			x		The review could be part of the Care Programme Approach (CPA), Promoting Quality Care (PQC), Care and Treatment Plan (CTP) or equivalent processes.
30	For any formalised review of patients on the secondary care caseload, as a minimum there should be a representative from the prison mental health team and the prison. The local community mental health team	x				The review could be part of the Care Programme Approach (CPA), Promoting Quality Care (PQC), Care and Treatment Plan (CTP) or equivalent processes.

	should be invited.					
31	The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient. This is clearly documented in the multi-disciplinary team meeting and patient records.	x				
32	In female establishments, there is a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: ● Assessment; ● Care and treatment (particularly relating to prescribing psychotropic medication); ● Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.	x				

Discharge and Transfers		Essential	Expected	Desirable	Reference	Guidance
33	The process for referral and transfer of patients under Part 3 of the Mental Health Act follows the Good Practice Procedure Guide (NHSE, 2021)	x				
34	When a patient is transferred to another	x				Where a transfer is not known, the

	establishment, the mental health team provides a comprehensive handover to the receiving establishment's mental health team before the transfer takes place.					handover is provided to the receiving team as soon as they are made aware
35	An identified key worker and/or responsible clinician from the receiving service are invited to discharge/release planning meetings. This includes a formalised review of care for patients on secondary care caseload.	x				The review could be part of the Care Programme Approach (CPA), Promoting Quality Care (PQC), Care and Treatment Plan (CTP) or equivalent processes
36	There is a robust transfer process to either a receiving prison or the community mental health team for patients who require continued care and follow-up support following release or transfer.	x				
37	On discharge from the team, patient information is provided to the receiving primary care or mental healthcare service.	x				
38	The team contacts the patient and/or the new care coordinator/service provider within 14 days of release/transfer from the establishment.			x		This includes communication in person, by telephone, email or in writing. This can be an administrative task

Safety		Essential	Expected	Desirable	Reference	Guidance
39	The mental health team are involved in the prison process managing self-harm and suicide. They will attend review meetings for all newly opened cases, for all reviews for anyone on their caseload, and where required and relevant to attend.	x				This refers to Assessment, Care in Custody and Teamwork (ACCT), SPAR Evolution or equivalent processes.
40	There is a representative from the mental health team who attends the prison governance meeting to support the prison with self-harm and suicide, e.g. Safety and Intervention Meeting (SIM)		x			
41	There is a clear process to follow when visiting patients outside of clinical rooms to ensure the staff feel safe when working with patients.	x				
42	The team communicates any information that might affect a patient's safety across relevant agencies and care settings, within the limits of confidentiality and patient consent.	x				
43	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	x				
44	The team understands and engages in policies on food refusal and mental capacity		x			

	assessments.					
45	The team understands and engages in policies on Multi-agency Public Protection Arrangements (MAPPA)		x			For example, Multi-Agency Public Protection Arrangements (MAPPA), Public Protection Arrangements Northern Ireland (PPANI) or equivalent.
46	Team members, including bank and agency staff, are able to identify and manage an acute physical health emergency.	x				Such as initial Cardiopulmonary resuscitation (CPR).
47	When mistakes are made in care this is discussed with the patient themselves in line with the Duty of Candour agreement (or equivalent).	x				

Patient Experience		Essential	Expected	Desirable	Reference	Guidance
48	Patients are actively involved in shared decision-making about their mental and physical healthcare, treatment and discharge planning and supported in self-management.	x				
49	The service asks patients for their feedback about their experiences of using the service and this is used to improve the service.		x			This might include patient surveys or focus groups.

50	Patients are treated with compassion, dignity and respect.	x				This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.
51	Patients feel listened to and understood by staff members.	x				Efforts and adjustments are made for patients with communication difficulties.
52	Confidentiality and its limits are explained to the patient verbally and written information is offered. Patient preferences for sharing information with 3rd parties are respected and reviewed regularly.	x				
53	The patient's consent to the sharing of clinical information outside the team is recorded. If this is not obtained the reasons for this are recorded.	x				
54	Patients know who is coordinating their care and how to contact them if they have any questions	x				
55	The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation.		x			
56a	The service engages with programmes and partners such as Diverse Cymru's Cultural Competency Workplace Good Practice Certification Scheme to ensure the prison	x				

	estate understands and is delivering for its diverse population.					
56b						

Collaborative Partnerships		Essential	Expected	Desirable	Reference	Guidance
57	The team has a policy on inter-agency working across criminal justice, social care, physical healthcare and the third sector within limits of patient consent, confidentiality and risk management.		x			Where integrated healthcare models are in place, the policy will detail effective multi-professional working and collaboration.
58	There are written policies in place for liaison and joint working with substance misuse services and primary care in cases of co-morbidity in accordance with NICE guidelines 57 (2016) and 66 (2017).		x			This can be an individual policy or included as part of a wider operational policy.
59	There a regular complex care or multi-pathway meetings involving mental health, primary care and substance misuse to share information and develop management plans.			x		
60	There are contracted agreements for joint working with primary care to ensure high standards of physical healthcare and mental healthcare for patients with co-morbid physical and mental health problems.		x			Where integrated healthcare models are in place, there are clearly outlined roles and responsibilities in place for patients with co-morbid

						conditions.
61	The team understands and engages in policies on reporting intelligence according to the establishment's security reporting system.		x			
62	There is a joint working policy between the establishment, primary care, substance misuse services and the mental health team on the control and management of substance misuse and substances.		x			Where integrated healthcare models are in place, there are clearly outlined roles and responsibilities in place for patients who are under the care of various teams.
63	The team supports the establishment in the provision of mental health awareness training for prison staff in accordance with NICE guidelines 66 (2017).		x			This could include the direct involvement of the team in delivering training sessions, or the team has input into the development of training content and learning materials.
64	Where specialist interventions exist within prisons, a joint working protocol exists, with shared formulations and meetings in place.		x			This could be Offender Personality Disorder (OPD) pathways, Psychologically Informed Planned Environments (PIPES) and Therapeutic Communities.

Medication Management		Essential	Expected	Desirable	Reference	Guidance
65	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.	x				
66	The safe use of high risk medication is audited at a service level, at least annually.	x				This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines, gabapentinoids and stimulants for Attention-deficit/ hyperactivity disorder (ADHD).
67	Psychotropic prescribing rates (antidepressants, antipsychotics, ADHD, anxiolytics, hypnotics) are regularly monitored and reviewed.			x		This includes regular reports from the pharmacy team, with findings being discussed at a local or directorate meetings.
68	For patients prescribed medication, annual medication reviews are in place (NICE guidelines 5, 2015; NICE guidelines 87, 2018)		x			
69	A system is in place for recording non-compliance with medication.	x				Guidance is available to the team on the management of medication and how to deal with non-compliance.
70	Compliance with medication is recorded as part of the patient's care plan and this is	x				The team proactively follows up with patients who fail to collect or

	reviewed on a monthly basis, or more frequently where required.					take their medication and this is included in their care plan
71	There are clear written protocols outlining prescribing responsibilities between psychiatrists, GPs and nurse prescribers.		x			Clinicians refer to 'Safer Prescribing in Prisons: Guidance for Clinicians, Second Edition' (RCGP, 2019).

Environment		Essential	Expected	Desirable	Reference	Guidance
72	Patients are able to attend appointments with the team at the scheduled appointment time.		x			
73	There are designated rooms for the team to run clinics and one-to-one sessions.		x			
74	There are designated rooms for the team to run group sessions.		x			
75	All interview rooms are safe. This includes the rooms being situated close to staffed areas, having an emergency call system, an internal inspection window and the exit is		x			

	unimpeded. Objects cannot easily be used as weapons.					
76	Clinical rooms are private and conversations cannot be easily over-heard.	x				
77	The team has dedicated spaces and meeting rooms for confidential working.	x				
78	There are sufficient IT resources (e.g. computer terminals, adequate data speeds) to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements. Staff also have access to online conferencing applications (e.g., Microsoft Teams) to facilitate remote meetings and videocalls.	x				

Workforce		Essential	Expected	Desirable	Reference	Guidance
79	The multi-disciplinary team consists of or has access to staff from a number of different professional backgrounds that enables them to deliver a full range of treatments/therapies appropriate to the patient population.	x				This should include specialists who can undertake assessments and provide treatment/therapy relevant to the needs of the patient group.
80	The service has a mechanism for responding to safer staffing issues, including: ● A method for the team to report concerns about staffing;	x				

	● Access to additional staff members; ● An agreed contingency plan; ● An overdependence on bank and agency staff members results in action being taken.					
81	When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member	x				
82	Prescribers can contact a specialist pharmacist to discuss medications.	x				
83	There is a clearly identified clinical lead for the team. .	x				The clinical lead has overall responsibility for the clinical requirements of the service.
84	There are written arrangements and processes in place which ensure that specialist mental health advice can be accessed out of hours.		x			
85	There is a minimum of monthly multi-disciplinary team clinical meetings, which are recorded with written minutes.		x			
86	There are processes and initiatives in place to support staff health and well-being.	x				This includes: ● Providing access to support services; ● Monitoring staff sickness and burnout; ● Encouraging staff to take scheduled breaks; ● Assessing and improving

						morale; ● Providing wellbeing programmes; ● Monitoring turnover; ● Reviewing feedback from exit reports and taking action where needed.
87	All permanent full-time staff within the team receive a full local prison induction within 28 days of commencing employment and before being issued with keys.	x				This includes: key security, prison awareness, the prison processes on managing self-harm and suicide (such as ACCT, SPAR Evolution) and personal protection, or equivalent.
88	New staff members, including bank staff, receive an induction based on an agreed list of core competencies.	x				This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.
89	All staff who use an electronic patient recording system receive formal training and are competent in its use. For example, SystmOne training.	x				
90	The team receives training consistent with their roles on risk assessment and risk	x				

	management. This is refreshed in accordance with local guidelines. This training includes, but is not limited to training on: : ● Safeguarding vulnerable adults and children; ● Assessing and managing suicide risk and self-harm; ● Prevention and management of aggression and violence.					
91	Staff have an understanding of Trauma Informed Care and have the opportunity to access training on this practice.			x		Where staff have received the training, they are able to demonstrate how this has influenced their practice.
92	Staff receive training consistent with their role and in line with their professional body. This is recorded in their personal development plan and is refreshed in accordance with local guidelines.	x				
93	Staff receive training on the use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	x				
94	Staff receive statutory and mandatory training	x				This includes equality and diversity, information governance and basic life support.
95	Team members are trained and fully informed about the assessment and	x				

	management of mental health presentations in people with learning difficulties and neurodiversity.					
96	All staff members receive an annual appraisal and personal development planning or equivalent.	x				This contains clear objectives and identifies development needs.
97	All clinical staff members receive individual clinical supervision at least monthly or as otherwise specified by their professional body.	x				Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. The activity should offer the supervisee an opportunity to reflect upon their practice and to think about how their knowledge and skills may be developed to improve care.
98	All staff members receive monthly line management supervision.		x			Supervision forms a part of individual performance management and discusses organisational, professional and personal objectives.
99	All staff members who deliver therapies and activities are appropriately trained and supervised.	x				
100	Staff members are able to access reflective practice groups at least every six weeks where teams can meet to think about team dynamics and develop their clinical practice.		x			

101	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.	x				They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.

Leadership and Governance		Essential	Expected	Desirable	Reference	Guidance
102	A representative of the team is part of the establishment's clinical governance and quality processes.	x				
103	Patients are involved in the governance and development of the team.		x			This includes representation from a patient or a patient representative in governance meetings and/or direct consultation with the patient group on areas of development.
104	The service has a strategic managerial meeting, at least annually, with all stakeholders to consider topics such as referrals, the clinical model, service developments, issues of concern and to re-affirm good practice		x			Stakeholders should include staff member representatives from across the care pathway, as well as patient representatives

105	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	x				Where health policies are used, these are accessible to staff when working in the prison.
106	Staff members can quickly and effectively report incidents. Managers encourage staff members to report this and staff members receive guidance on how to do this.	x				
107	Staff members who are affected by a healthcare related serious incident are offered a debrief and post incident support.	x				
108	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	x				
109	There is a widely accessible complaints policy, for staff and patients, that clearly sets out the ways in which a complaint can be made, the process for investigation and how communication is managed throughout.		x			
110	Complaints are reviewed on a quarterly basis to identify themes, trends and learning.		x			
111	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.	x				

112	Services collect information and data to evaluate their own performance and measure improvements. This data is shared with key stakeholders, the organisation's board and staff.		x			This could include Key Performance Indicators (KPIs), diagnosis timeframes, transfer and remission timeframes, diversity and accessibility etc. This information could be gathered as part of the contract review data
113	The team engages in service relevant research and academic activity.			x		

24 hour Mental Healthcare		Essential	Expected	Desirable	Reference	Guidance
114	There is an agreed operational policy which includes the following areas: ● admission and discharge criteria; ● admission decision making, including out of hours; ● leadership of the unit, including clinical and discipline; ● the clinical model of the service, including therapeutic activities and prescription/administration of medicines; ● the process by which other prisons may refer to the unit when it operates as a regional resource; ● the process for liaising with families; ● follow-up arrangements.	x				

115	Patients have a comprehensive assessment which is started within 4 hours and completed within 48 working hours. This involves the multi-disciplinary team and includes the patient. An immediate care plan is completed which includes: ● mental health and medication; ● physical health needs; ● risk assessment, including risk of suicide.	x				
116	The purpose of the admission is explained to the patient and an assessment of their capacity to consent to admission, care and treatment is completed within 24 hours of admission.	x				This relates to mental health admissions only.
117	Managers and practitioners have agreed weekly clinical review meetings.	x				
118	Activities are provided seven days a week.	x				This can include occupational therapy, art/creative therapies, non-therapeutic activities and in cell activities.
119	Each patient receives a pre-arranged one-hour session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns.		x			
120	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.	x				

121	Discharge planning begins at the first review and outcomes for discharge are agreed.	x				
122	Every patient is engaged in active conversation at least twice a day by a team member and this should be recorded in patient notes.	x				This is an opportunity for patients to discuss any issues or difficulties they are experiencing.
123	There is a weekly minuted community meeting that is attended by patients and staff members.			x		This is an opportunity for patients to share experiences, to highlight issues on the unit and to review the quality and provision of activities with staff members.
124	Risk assessments and management plans are updated according to clinical need or monthly, at a minimum.	x				
125	Patients are able to access safe outdoor space every day and should be encouraged and supported to do so.	x				
126	Patients have their medications reviewed at least weekly. Medication reviews include: ● assessment of therapeutic response; ● safety; ● side effects, with a clear care plan to manage them when they occur; ● adherence to medication regime.	x				Side effect monitoring tools can be used to support reviews.
127	The team keeps medications in a secure place, in line with the organisation's medicine management policy.	x				

128	There is a clear policy agreed with the establishment concerning the management of violence and aggression within the unit. This includes: ● the roles of discipline staff and healthcare staff; ● the use of restraint; ● reviews following episodes of restraint in the unit; ● audits of restraint.	x				
129	There is a clear policy regarding the use of rapid tranquilisation within the unit, which includes the issue of consent.	x				This includes PRN medication
130	An audit of environmental risk, including ligature risks, is conducted annually and a risk management strategy is agreed with the establishment.	x				Any problems are recorded and reported to the establishment's senior management personnel.
131	There are agreed minimum staffing levels that include at least one qualified nurse present on all shifts.	x				
132	The unit is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.		x			The use of agency staff is monitored on a monthly basis. An overdependence on bank and agency staff members results in action being taken.
133	Arrangements are in place to ensure that a doctor is available at all times to attend the unit, including out of hours.	x				
134	Patients are not discharged from the	x				

	inpatient facility without the consultation of a mental health professional and/or duty healthcare manager.					
135	The operation of the unit is explicitly included in the commissioning specification.		x			
136	Patients who are affected by a healthcare related serious incident are offered a debrief and post incident support.	x				

Welsh Language		Essential	Expected	Desirable	Reference	Guidance
137	Services comply with their legal duties in relation to the Welsh language and ensure that the Welsh language is treated no less favourably than the English language.	x				
138	Prisoners are aware that they are able to communicate in Welsh with each other and with external contacts.	x				
139	There is a continuous process in place to collect current data on the language skills of prison staff, and it should use that data to plan services for Welsh speakers, including raising prisoners' awareness of the opportunities available to use Welsh with staff.	x				
140	Processes for dealing with internal complaints give prisoners confidence that	x				

	matters are being resolved appropriately and enable prisons to improve their services.					
141	People currently in prisons are aware that they have the right to complain to the Commissioner about matters relating to the Welsh language, and staff should facilitate any complaint a person wishes to make.	x				

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