

Psychiatry UK Quality Account

Highlighting our progress, priorities, and commitment to safe, effective, and compassionate digital mental health care.



2025 - 2026

psychiatry-uk.com



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Introduction

Welcome to Psychiatry UK's Quality Account. Organisations providing services under an NHS standard contract, that have staff numbers over 50 and NHS income greater than £130k per annum, are required to produce annual Quality Accounts to improve public accountability for the quality of care they deliver under the Health Act 2009 and subsequent Health and Social Care Act 2012.

Psychiatry UK welcomes the opportunity to detail, for all our stakeholders, the quality of the services we provide.

1

Part 1 are statements on quality from our Chief Executive, Nell Montgomery and our Director of Quality & Safety Natasha Sloman.

2

In **Part 2** we have included details of the priorities for improvement that we intend to deliver during 2024/25. There are also a number of mandated statements of assurance from the board regarding specific aspects of service provision in section 2.2.

3

Part 3 describes how we performed against the quality priorities we set for ourselves during 2024/5, together with performance against key national priorities for organisations delivering NHS care.



Statement from CEO

I feel immensely proud to open this quality account. The last year (2024/25) has been a year of tremendous transformation for Psychiatry UK. We successfully transitioned to a Limited Company, strengthened the Executive team, and made significant strides in improving patient experience and safety.

We are particularly proud of our achievements in **improving patient experience**. A remarkable 94% of patients rated our service as 'good' or 'very good' in the Friends and Family Test, reflecting our dedication to patient-centred care. We have successfully integrated innovative AI tools to streamline and enhance service delivery. In the realm of enhanced quality and safety, we have made substantial strides. Automating 90% of referral steps has significantly reduced response times, ensuring timely access to care. Our AI-powered risk screening has achieved 90% accuracy, enabling early identification and mitigation of potential risks. Furthermore, we have doubled our clinical capacity and successfully reduced ASD waiting lists to below 12 weeks, a testament to our commitment to addressing critical patient needs. The implementation of RADAR software for digital reporting has also improved our data dashboards, allowing for more informed decision-making.

Finally, we have **strengthened our governance** by recruiting Natasha Sloman, our Director of Quality & Safety and resourcing an enhanced, dedicated quality assurance function. Our quality and safety committee has an independent chair and is ensuring robust oversight of our quality initiatives. We have also updated key policies, including risk management and discharge, to align with best practices and evolving standards. Additionally, we have redefined the roles and responsibilities of the executive team to enhance accountability and streamline operations.



These achievements underscore our unwavering commitment to providing high-quality, safe, and effective care.

We began 2025 with an inspection from the CQC, and at the time of writing this account, we received a rating of 'Good' which we are incredibly proud of. Looking ahead to the remainder of 2025, our mission is clear: to be the UK's number one digital psychiatry service.

We will prioritise timely access to care by increasing clinical capacity, reducing waiting lists, and enhancing patient experience. We will do this through improved communication and feedback mechanisms. We will also strengthen our governance and safeguarding strategies, continue to invest in technology and AI, and develop a comprehensive quality strategy and plan.



Our vision

To be the UK's number one digital psychiatry service that supports the whole family throughout their lifecycle.

Our values



Compassionate



Ethical



Innovative



People-centric

Signed,

Nell Montgomery



Statement from Director of Quality & Safety

As the Director of Quality and Safety for Psychiatry UK, I am pleased to present our Quality Account for 2025/26.

This document reflects our **unwavering commitment to providing safe, effective, and compassionate care** to the patients we serve.

At Psychiatry UK, we recognise that quality in healthcare is not only about meeting standards but also about fostering an environment where patients, their families, and our staff feel valued and supported. Our mission is to deliver high-quality services that improve the health and well-being of our patients while ensuring that they are at the heart of everything we do.

This year has presented unique challenges and opportunities as we continue to navigate the evolving landscape of healthcare delivery. Despite these challenges, our dedication to quality improvement has never wavered. Through the collaboration of our dedicated colleagues, we have implemented innovative practices and patient safety initiatives designed to enhance care delivery and outcomes.

Our Quality Account outlines our achievements over the past year, including areas where we have made significant strides and those where we recognise the need for further improvement. We are committed to listening to the voices of our patients, staff, and stakeholders, and we welcome feedback that guides our future work.

I would like to take this opportunity to express my gratitude to all our colleagues for their hard work, resilience, and commitment to quality care. Together, we will continue to learn, adapt, and strive for excellence in all that we do.

Thank you for taking the time to engage with our Quality Account. We look forward to sharing our journey towards improving quality and safety and appreciate your ongoing support in this vital endeavour.

Signed,

Natasha Sloman



Priorities for Improvement in 2025

Our strategic priorities for 2025 Putting the patient at the centre of everything we do

Our mission; to be the UK's number one digital psychiatry service that supports the whole family throughout their lifecycle



Patient experience

**Patient satisfaction
5/5**

Evolve our patient journey to provide a consistently 'best' experience for all involved



Reduce waiting lists

**9 months or less
for all**

Increase clinical capacity and productivity to diagnose and treat more patients



Quality and safety

**On a path to an
'outstanding' CQC rating**

Consistently deliver safe, effective and high quality care

'Match-fit' people, teams and leaders, enabled by great systems, ways of working and skills

Boost employee engagement

Increase digital development velocity

In September 2024 we undertook our first self-assessment against the CQC's Single Assessment Framework.

In July 2025 Psychiatry UK agreed its first quality strategy. The action plan from that strategy will also inform next year's quality account.



In addition, we reviewed patient experience and feedback and formulated the following priorities for 2025:

Priority	Actions
Develop a quality strategy and plan	Develop a single overarching quality strategy and a plan with a set of clear metrics that enable us to determine success against the strategy.
Establish a learning culture	Develop clear processes for collecting, analysing, and acting on feedback. Use data consistently to learn from incidents, complaints and safeguarding events.
	Develop a framework of clinical governance aligned to patient need.
	Ensure feedback leads to tangible improvements through service improvement plans.
	Ensure the organisation is supported to understand 'what good looks like', the regulatory framework, and is striving towards Outstanding.
	Ensure the Speak Up process is working well and reported consistently to board.
Develop our co-production strategy	Employ an expert by experience to support the executive in pushing through an agenda of co-production.
	Actively seek and incorporate patient feedback into senior strategic meetings.
	Ensure regular reports of patient experience at exec/SLT and clinical team meetings.
	Review recruitment processes and incorporate patient voice.



Priority	Actions
Strengthen and improve our approach to risk management	Review our current approach to risk and ensure consistent application of meaningful risk management processes to ensure people are safe.
	Fully deploy and utilise the incident reporting system.
	Develop local clinical risk registers.
	Ensure continuous improvement to risk formulations.
	Regularly review and update risk policies and procedures.
Ensure policy alignment and effective policy management	Ensure policies align with NHS organisations and CQC requirements.
	Implement systems for the effective production, monitoring, and review of policies.
Improve consent and safeguarding procedure	Address gaps in understanding and processes related to consent, particularly in CAMHS.
	Develop a safeguarding assurance framework.
	Ensure staff are trained and aware of safeguarding procedures.

Statements of Assurance from the Board

Quality of Services

Psychiatry UK has reviewed all the data available to it on the quality of care in key specialties.

The income generated by the relevant health services reviewed in 2024 represents the total income generated from the provision of relevant health services by Psychiatry UK save for less than one percent generated by teaching medical students.



Clinical Audit

Psychiatry UK is committed to ensuring continuous quality improvement to areas in services identified through audit as requiring improvement, by conducting further clinical audit in a variety of forms (such as dip audits).

- Communicating findings of the audit to staff members involved in the relevant service to implement changes in practice.
- Developing guidance or policies to improve governance in relation to the audited area.
- Investigating data or areas found in the audit which were either anomalous or unexpected.
- Continuous monitoring or reviewing of data in areas found in the audit to be of high risk.
- Meetings between professionals to develop the utilisation of digital tools.
- Providing training for staff members in the audited areas.
- Providing opportunities for staff members to conduct local audits in their own service or team to identify areas of good practice and areas for improvement

Eligible 2024 National Clinical Audits

Audit Title	Details	Participation
Prescribing Observatory for Mental Health	Programme 16c: Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour	Not applicable
	Programme 21b: The use of melatonin	x
	Topic 24a: Opioid medications in inpatient mental health services	Not applicable



We reviewed the reports of 13 local clinical audits in 2024 and 97.8% of actions arising from these audits are complete. The three remaining actions relate to updates to policies or documents.



Local Clinical Audits

In 2024, 13 local clinical audits were carried out, summarised below:

Audit Title	Summary of aims, findings and resulting actions
CAMHS ADHD Assessment	Aim: To ensure assessment is in line with local policy and NICE.
	Findings: Thorough history taking and clear rationale for diagnosis. Cardiac history not always documented.
	Action(s): Reminder to consultant to annotate cardiac history.
CAMHS ADHD Titration	Aim: To ensure patients are prescribed medication and titrated in line with local policy, NICE and BNFC. Findings: Patients fully informed about medication and non-pharmacological routes. Monitoring process not always followed. Action(s): Reminder to prescribers to follow titration SOP.
CAMHS ADHD Shared Care & Discharge	Aim: To ensure patients are discharged as per local protocol.
	Findings: End of titration reviews are thorough. Template letters need to match NICE with regards to ongoing weight monitoring.
	Action(s): Templates updated.
CAMHS ADHD Transition to Adult Services	Aim: To ensure patients are transferred to adult services as per local protocol and NICE. Findings: Local transition policy needs review. Action(s): Transition policy updated.
CAMHS General Psychiatry Assessment	Aim: To ensure assessment is in line with local policy and national guidelines.
	Findings: Clear rationale for diagnosis. Mental capacity annotation not always present.
	Action(s): Remind consultants to annotate regarding mental capacity.



Audit Title	Summary of aims, findings and resulting actions
CAMHS General Psychiatry Treatment & Prescribing	Aim: To ensure patients are prescribed medication in line with local policy, NICE and BNFC. Findings: Clinic letters do not routinely show evidence of discussion when prescribing medication off-license. Action(s): Discussion at MDT regarding discussing and annotating when medication is prescribed off-license.
CAMHS General Psychiatry Discharge	Aim: To ensure patients are discharged as per local policy.
	Findings: Patients discharged with an agreed plan that supports self-management.
	Action(s): N/A
CAMHS ASD Assessment	Aim: To ensure assessment is in line with local policy and NICE. Findings: Assessments are thorough and involve an MDT approach, with clear rationale for diagnosis. Risk assessment not always present on clinic letter. Action(s): Discussion at MDT regarding including risk assessments in letters.
CAMHS ASD Discharge	Aim: To assess whether the discharge process is in line with local policy and NICE.
	Findings: Patients discharged with bespoke recommendations and advice via their discharge plan.
	Action(s): N/A
Adult ADHD Assessment	Aim: To ensure assessment is in line with local policy and NICE. Findings: Thorough history taking and clear rationale for diagnosis. Informant reports not always completed by someone appropriate. Action(s): Patient guidance updated around informant reports.



Audit Title	Summary of aims, findings and resulting actions
Adult ADHD Titration	Aim: To ensure titration is in line with local policy and NICE.
	Findings: Thorough pre-titration checks, medication generally prescribed in line with NICE and BNF and with close monitoring. Little evidence of discussion when medication is prescribed off-license.
	Action(s): Feedback to consultants and prescribers regarding updated local policy in relation to communication around prescribing off-license.
Adult ASD Biomedical Interventions	Aim: To assure certain biomedical interventions are not being recommended in line with NICE.
	Findings: No patients recommended any of the biomedical interventions.
	Action(s): Feedback to consultants regarding checking information on website links sent to patients.
Clinical Risk Assessment Audit	Aim: To ensure Clinical Risk Screening is carried out in line with local policy.
	Findings: Evidence of accurate BRAG rating and clear rationale for rating.
	Action(s): Update local policy to reflect recent changes to risk screening process.

Looking ahead to 2025, the clinical audit schedule is based around monthly themes, with two months with no theme where any high-priority audits can take place:

Month	Audit Topic	Month	Audit Topic
January	Medicines Management and Optimisation	July	Patient Records and Documentation Audit
February	Risk Assessments Effectiveness	August	Referral Effectiveness
March	Adherence to NICE Guidelines	September	Titration
April	Diagnosis Accuracy and Consistency	October	Discharge Effectiveness from Service
May	Patient Outcomes Review	November	Safeguarding and Consent Review
June	<i>Gap for any high-priority audits</i>	December	<i>Gap for any high-priority audits</i>



Research

Whilst we currently do not have a research strategy or have a programme of research in Psychiatry UK, we do have clinicians working with Psychiatry UK who carry out research through their affiliation with other NHS trusts or universities.

CQC

- Psychiatry UK is required to register with the CQC and is currently registered with no conditions placed upon the registration.
- The CQC carried out a full, announced inspection of the adult and children's service in January 2025, following the registration of Psych-UK Limited as a provider. We are delighted with the outcome of this inspection with a rating of 'Good' across all areas. At the time of writing the report is yet to be published.

Data Quality

Psychiatry UK have several planned actions to improve data quality.

What we achieved in 2024:

- Implemented a first draft of a cloud-based analytics architecture and a structured analytics data model, supporting scalable analytics/reporting.
- Performed successful regulatory submissions such as Mental Health Services Data Set. (MHSDS)
- Delivered key BI initiatives, ensuring smoother operations.
- Identified and improved management of key data quality issues.
- Continued progress in automating external and internal reporting.
- Implemented RADAR software, moving to automated reporting from manual
- Upskilled the internal team and enhanced reporting capabilities.

We are now focusing on enhancing the team with new senior expertise to manage day-to-day operations and lead strategic BI initiatives, including data quality improvements. Sustaining effective data quality and reporting requires developing staff skills and knowledge, and we recognise a structured knowledge transfer infrastructure will be essential for knowledge retention and long-term capability building.



We will continue to focus on enhancing data reliability.
We will be automating and redesigning the discharge process.



Information Governance

The Data Security and Protection (DSP) Toolkit is a performance tool produced by NHS Digital which draws together the legal rules and central guidance surrounding data protection and presents them in one place as a set of information governance standards. Psychiatry UK is required to carry out a yearly self-assessment of compliance against these standards.

Psychiatry UK's 2024 annual Data Security & Protection (DSP) toolkit submission achieved Standards Exceeded.



We also obtained our Cyber Essentials Plus Certification recertification in June 2024, demonstrating our high standards in Cyber Security posture.

Learning from deaths

Through the introduction of our Patient Safety Incidence Response Framework (PSIRF) Policy, introduced in March 2024 and amended to reflect updates in January 2025, Psychiatry UK outlines its approach to managing and learning from incidents involving patient safety, including deaths. The PSIRF Framework encourages a culture of learning as opposed to blame and looks at how to improve systems and processes following a patient safety event or death.

What we have achieved in 2024:

- Mandatory PSIRF training was introduced for all staff members ensuring organisation wide understanding. A new weekly PSIRF panel has been established to review patient deaths and serious incidents, whether an investigation is necessary, and learning from investigations to disseminate across the business.
- We introduced internal key performance indicators, ensuring deaths and serious harm incidents are being reported to CQC within 7 working days of us being notified.
- We launched RADAR software to more effectively manage our incidents processes, leading to easier reporting of incidents internally, greater capability to record actions and learning, as well as data analysis.
- We set up processes to ensure we are compliant with our LeDeR requirements (a national service improvement programme looking at the lives and deaths of people with a learning disability and autistic people).



Reporting Against Core Indicators

Friends and Family Test

Psychiatry UK is committed to providing a positive patient experience, which is reflected in our data. Last year we implemented the Friends and Family test. In December 2024, 94% of the 4,285 patients who responded stated the service they received was “very good” (75%) or “good” (19%). Patient feedback was collected on various aspects of the service, including audio-visual quality, quality of advice from the doctor, clarity of communication, service required, and professionalism of the doctor.

Freedom to Speak Up

At Psychiatry UK the Freedom to Speak Up (FTSU) initiative, as in the NHS, is designed to ensure that all staff, regardless of their role, feel empowered to raise concerns about patient safety, workplace issues or any form of malpractice without fear of retaliation. National guidance was established in response to increasing evidence that many healthcare professionals were hesitant to speak up due to concerns about job security or negative repercussions. It is grounded in the principle that open, honest communication is essential for creating a safe and high-quality healthcare environment. Psychiatry UK has clear, accessible channels for raising concerns, which are supported by senior leadership to ensure that staff feel confident in using them.

Implementation of FTSU varies across NHS trusts and other health providers but generally includes the appointment of dedicated Freedom to Speak Up Guardians (FTSUGs). Psychiatry UK's FTSUG is responsible for providing independent advice and support to staff who wish to raise concerns. This plays a crucial role in ensuring that issues are addressed appropriately and are not ignored or overlooked. This is to create a culture where staff are actively supported in speaking up, with clear policies and procedures in place for addressing concerns. This includes regular training for all staff to understand their rights and responsibilities, as well as providing assurance that concerns will be taken seriously and investigated in a timely manner. The FTSUG has presented an overview on speaking up procedure at the regular town hall meetings which are open to all staff within the organisation and are well attended.



In 2024 three cases were raised to the FTSUG by staff, each explored and resolved. There were no cases raised relating to clinical malpractice or risk to patients.



Additional Information

Technology and AI

Psychiatry UK leverages technology and artificial intelligence to enhance service safety and effectiveness.

1	QareScribe: This AI-powered tool generates appointment letters and had produced 36,027 letters as of March 2024.
2	TwynSyght: Launched in August 2024, this AI scans clinical notes for risk and has scanned 321,376 notes as of January 2025, with a 0% missed risk rate.
3	QareMail: This processes clinical emails and had processed 5,301 emails as of December 2024.
4	QareReferrals-2: This tool screens referrals for indicative risk and had screened 3,000 referrals as of December 2024



Achievements in 2024



Improved Patient Experience

- 94% of patients rated our service as 'good' or 'very good' in the Friends and Family Test.
- Successful implementation of AI tools like QareScribe, TwynSyght, and QareMail to enhance service delivery.



Enhanced Quality and Safety

- Automated 90% of referral steps, enabling faster response times.
- Achieved 90% accuracy in AI-powered risk screening.
- Doubled clinical capacity and reduced ASD waiting lists to below 12 weeks.
- Implemented RADAR for digital reporting and improved data dashboards.



Strengthened Governance

- Established a Quality and Safety Committee.
- Updated key policies, including risk management and discharge policy.
- Redefined roles and responsibilities of the Executive Team.



Conclusion

This Quality Account reflects our dedication to delivering accessible, person-centred, and clinically effective mental health care through our remote online service. Over the past year, we have continued to innovate and adapt our digital platforms to meet the diverse and evolving needs of our service users, ensuring that high-quality mental health support is available wherever and whenever it is needed.

We are proud of the progress we have made in enhancing digital engagement, improving clinical outcomes, and fostering a therapeutic environment that is both safe and inclusive. Our commitment to continuous improvement is driven by the voices of our service users, carers, and staff, whose feedback and experiences shape the way we deliver care.

As we look to the future, we remain focused on reducing barriers to access, strengthening our digital capabilities, and promoting mental wellbeing across all communities.

We will continue to work collaboratively, guided by evidence, compassion, and a shared vision of excellence in remote mental health care.





Delivering safe, effective and
compassionate digital mental
health care.



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