Mental Health Built Environment (mHBE) Quality and Safety Assessment Toolkit Application Guide

ASR300-005

Version 1 - June 2025.

Contents

Preface

The mental Health Built Environment (mHBE) Quality and Safety Assessment Tool is an app-based tool to support the systematic, holistic and rationale of consistent assessment of the quality and safety of our NHS in-patient adult mental health wards in Scotland. It also helps assess environmental factors that affect staff health and wellbeing in their clinical settings.

This document provides guidance on how to undertake the app-based assessments. It also provides supporting information to assist the wider Assessment Team and guidance on the reporting of mHBE assessment findings.

1.   Mental Health Built Environment Quality and Safety Assessment Toolkit
Overview

1.1.   The mental Health Built Environment (mHBE) Quality and Safety Assessment Toolkit is a digital app-based process, that goes beyond just ligature risk. The tool enables a systematic and holistic approach to measure and help manage the complex challenges of care and accommodation for people who need in-patient mental health care in our NHSScotland Adult Acute wards.

1.2.   This evidence-based app has been co-produced by a wide range of stakeholders, including people with lived experience. It harnesses the latest guidance, standards, and draws upon evidence gleaned through commissioned systematic research reviews into the impact of the built environment on the delivery of safe high-quality care, as well as its role in staff health and wellbeing. These combine into universal Quality Statements created for the mHBE app.

1.3.   This guide describes how to use the app, its wider framework, and the reporting of the assessment internally to NHS boards and nationally to the Scottish Government.

1.4.   This is a similar approach to the NHSScotland Fire Safety Assessment app. Each app is integrated into NHSScotland's Strategic Asset Management System (SAMS), our national digital estate database. This is a 'Once for Scotland' solution to enable strategic decision making in relation to property and land assets. It provides a collaborative and consistent approach to data collection, property performance reporting, fire safety and now mental health safety and quality, via the mHBE app. SAMS enables coordinated dashboards and reports via templates or for bespoke purposes, by NHS board, regions or nationally.

1.5.   The wider mHBE toolkit utilises already existing NHSScotland standard tools such as The Fifteen Steps Challenge, Healthcare Improvement Scotland (HIS) 5x5 safety assessment, ligature assessments and reports on ward cleanliness. Each is an important facet of effective care delivery and user safety.

1.6.   The four activity quadrants of the diagram below combine to deliver a comprehensive and structured mHBE Quality and Safety Assessment that considers how the care environment influences and impacts on the delivery of high quality, safe and person-centred care.

Figure 1.1 - mHBE Linked Assessments

1.7.   A mHBE assessment requires stakeholder representation from four defined core groups, with the primary group being the patient and carer voice. The assessment cannot commence without representatives from every one of these groups being present. This is set out in paragraph 2.5 below and confirmation is required through the app to allow the assessment to take place.

1.8.   It is anticipated that a mHBE assessment of a ward will take around half a day to complete.

1.9.   The information submitted via the app is stored in the SAMS database but remains the property of the submitting NHS board.

Scope

1.10.   This mHBE assessment is currently intended for use within NHSScotland adult acute psychiatry in-patient services only. This is to ensure alignment with the Scottish Government October 2023 Core Mental Health Standards for quality Adult Secondary Mental Health Services.

1.11.   This mHBE process and initial output is a response to Recommendation B from the three key recommendations of NHSScotland December 2020 Report on Self Harm Reduction.

1.12.   This Guide is intended to support the expectation of annual mHBE ward assessments by NHSScotland as set out in Scottish Government Policy Director Letter (DL).

2.   mHBE Implementation

Planning for the mHBE Assessment

2.1.   Each NHS board area will identify a Mental Healthcare Built Environment (mHBE) Service Sponsor and a Lead Assessor and an Assessment Team of Core Stakeholders.

Roles

2.2.   The stakeholders undertaking the roles involved in the assessment must ensure they are aware of their responsibilities before, during and after the assessments, as set out below.

Service Sponsor

2.3.   The Service Sponsor is a named NHSScotland senior person who is directly responsible to the NHS board for the delivery of the service being assessed. They will:

- identify each mental health ward for required mHBE assessment

- identify and nominate a suitable Lead Assessor for each ward and provide support for assembling each ward's Assessment Team

- ensure the Lead Assessor is resourced and trained for mHBE assessments

- manage NHS board communication, planning and delivery of local annual mHBE assessments

- manage mHBE licence allocation and engage with NHS board's IT structure to ensure provision of email addresses and access to the app

- ensure at least annual implementation and reporting of all four activity areas above for mHBE, such as the '15 Step Challenge'. As well as ensuring any corresponding action plans are embedded into NHS board governance with continuous monitoring

- ensure at least annual reporting to Scottish Government on key mHBE findings and actions, including NHSScotland Strategic Asset Management System (SAMS), Business Continuity and Whole System Plans.

- ensure that each ward assessment and its initial actions are carried out, written up and reported through NHS board Governance Groups.

Lead Assessor

2.4.   The Lead Assessor is the nominated NHSScotland Manager who is responsible at ward level, for the coordination, completion and reporting of an mHBE assessment. They will:

- plan for the assessment, arrange stakeholders attendance and participation, date, and meeting space(s). Ensure the Senior Charge Nurse is aware or involved in the assessment, and that assessors can access the ward on the required day

- ensure the app is available, up to date and working on the device(s) and WiFi is available

- work with Service Sponsor well ahead of time, to identify appropriate local stakeholders to represent all four key groups, for the Ward's Assessment Team

- communicate with, brief and involve stakeholders in assessment preparation (Lead Assessor to discuss one-to-one, the best way to ensure everyone's participation, with reasonable adjustments as required). Ensure local security, personal safety and any infection prevention/ control needs are pre-planned and adhered to. Maintain confidentiality/ data protocols

- ensure local systems are in place to collate dates, findings and action plans for all four activity areas above for the ward, such as the '15 Step Challenge'. Enter data related to these into the mHBE app, ideally prior to the mHBE assessment

- ensure early feedback to stakeholders and ward team following assessment

- share mHBE process feedback or recommendations to NHS board and NHSScotland Assure

- review the ward report, before final circulation to NHS board and NHSScotland Assure

Assessment Team of Core Stakeholders

2.5.   The Service Sponsor and Lead Assessor should identify a ward Assessment Team, ensuring a wide representation of local stakeholders and distinct perspectives:

- the team should be a minimum of four people and include a mix of views, from clinical staff, quality improvement (QI) staff, voices of experience/ users and carers

- the team should not be dominated by one group, as this could bias results, or be too large as that could be overly intrusive given the live clinical setting

- the team should be briefed on the process, consulted on any reasonable adjustments and confirmed for the date, time and venue, well in advance

- the team should have at least one representative from each of four key groups:
    - NHS/ Health and Social Care Partnership (HSCP) ward or unit staff
    - NHS/ HSCP Senior Managers or Trade Union representative
    - NHS Technical Advisors or NHS QI Advisors
    - Voices of experience/ service users or carers

Pre-Assessment Preparation

2.6.   A pre-meeting with the Lead Assessor and the Stakeholders should be held in advance of an assessment taking place, so that everyone is clear about the process, their role within this, and the resources available to support the assessment. This guidance document should be discussed at the pre-meeting.

2.7.   The pre-meeting should cover:

1.   the process for undertaking the mHBE Toolkit Assessment

2.   who is involved, timescales, venue(s), communication routes

3.   confirmation of access to the app, such as pre-test of on a range of digital devices/ suitable and local Wi-Fi

4.   an agreement on who will add information, such as facility data, scores, photographs or actions

5.   confirmation of the participation of lived experience/ service users or carers. How to involve patients or patient representatives if not involved in pre-meeting

6.   agreement on what and how to feedback the results to the ward and other stakeholders

7.   confirmation what, if any, local security, personal safety, infection prevention and control needs, are required

8.   confirmation how confidentiality/ data protocols will be maintained

9.   a review of up-to-date ward assessments and reports. Confirm their availability for discussion, pre or during the assessment date. These should include:

     a.   any Adverse Incidents or Safety Reviews

     b.   NHSScotland safety management, includes Healthcare Improvement Scotland (HIS) 5x5 tool plus Ligature risks

     c.   NHS 'The Fifteen Steps Challenge'

     d.   NHSScotland National Cleaning Compliance Report

     e.   Equalities Impact Assessment (EqIA) (if available, such as service change)

     f.   previous mHBE Assessments (if available, should be on the SAMS platform).

     g.   confirm process for actioning any amber or red flags from above. Review any related action plans to address prior findings. Where applicable, these should be incorporated/ linked into the mHBE Assessment app

     h.   confirm any local processes for ensuring product testing, such as ligature-reduced furniture and fittings, where these exists. If local processes do not exist, consider review of Design in Mental Health Network (DIMHN)/ Building Research Establishment (BRE) 'Informed Choices' product performance are Safety Information Message (SIM)2502. All these activities are set out in the checklist in Appendix Table A.1

Readiness to proceed to next stage

2.8.   Once the above preparation actions are complete, the Lead Assessor should confirm readiness to proceed by email to the Service Sponsor and the Assessment Team who then proceed to the next step.

Conducting an assessment

2.9.   Prior to entering the ward environment, the Lead Assessor will contact the ward to speak to the Nurse in Charge and confirm that the assessment visit can proceed.

2.10.   Upon entering the ward, the group should focus initially on any items highlighted in the supporting assessments and action plans that have been identified in advance.

2.11.   The Assessment Team should pre-agree the review format, such as who enters each data type, devices used and how to work through statements and consensus.

2.12.   Topics requiring photos or action plans should be identified by stakeholders during the assessment and recorded on the app or identified for later discussion.

2.13.   Care is to be taken when taking records to ensure patient privacy and dignity, ensuring that individuals are not identifiable within the submitted assessment.

2.14.   Areas requiring future action should be identified during the assessment and noted for later discussion.

2.15.   Once the ward assessment has been completed, it is recommended that the Assessment Team review the statements as a group in a separate room away from the ward to allow for further discussion to reach final consensus on scoring and actions without further disruption to the ward.

2.16.   The Assessment Team should then proceed to complete the assessment of the ward environment against the mHBE Quality and Safety Statements.

3.   mHBE Toolkit Application

3.1.   The assessment and recording of the mental Healthcare Built Environment (mHBE) quality and safety statement assessment process is app based.

3.2.   The app works via two application interfaces that link into the NHSScotland Strategic Asset Management System (SAMS).

> Note 1:
>
> - For **mobile devices** (tablets and mobile phones) - Zetasurvey:
>
> o   app Store
>
> o   Android apps on Google Play
>
> - For **Windows** (laptops and desktop) machines - Truecontext
>
> o   Windows | Microsoft Store

3.3.   Please ensure that the relevant version of the app has been downloaded onto a suitable device and the necessary permissions and internet access to enable completion of the assessment have been provided by your NHS board. If there are issues with permissions for downloading the app, please contact your NHS board's IT support team.

3.4.   Login details will be supplied by NHSScotland Assure through your Service Sponsor, to give access to the app. Overall control of the system will be retained by NHSScotland Assure, meaning no one out with the agreed user group will be able to access it. The data will be secured on SAMS.

3.5.   Each site will have access to a licence. Each licence allows for three separate logins.

> Note 2: Users need to be aware that a fourth login of a licence will automatically remove the first of the three users, with all previously inputted data lost. Therefore, NHS boards need to be clear about licence usage.

3.6.   The licences will be tied to a NHS board app specific email address and NHSScotland Assure will liaise via the Service Sponsor to ensure that each NHS board can set up suitable email addresses for the 2-FA (2 factor authorisation).

3.7.   Information can only be inserted from a single login; it is not possible to transfer live individual assessments between logins. An assessment in progress can be saved as a draft and opened on another machine that is logged in to the same user.

3.8.   During the assessment, a form can be saved as a draft and revisited from another device. This is available in the drafts folder on the introduction screen when launching.

3.9.   Please ensure that the Assessment Team can either capture walk round images directly (for example a tablet with wi-fi connection) or have a suitable method to transfer images onto a laptop to allow for uploading in the assessment.

3.10.   Training on the functionality of the app can be provided to Lead Assessors at NHS boards on a 'train-the-trainer' basis from NHSScotland Assure. Please contact nss.assuremhbesupport@nhs.scot

mHBE Toolkit app Basics

3.11.   Where a field has an asterix *, this indicates that the field needs to be completed.

3.12.   Three dots … indicate that there is a further menu. Click on the menu to see the options.

3.13.   Selecting the top right-hand X on the window will quit the application. Please be aware that there is no follow up screen requesting if this is correct. The application will quit and will need to be started again. The form is saved in 'Drafts' and can be recovered as an option when restarting.

3.14.   The top left back arrow allows you to leave the session and provides a warning box allowing for the draft to be saved or discarded.

3.15.   When using the True Context version of the app, the introduction screen shows a dashboard with six tiles. Select 'Forms' for a new submission, or 'Drafts' to recover a previous submission.

Figure 3.1 - Truecontext Frontpage
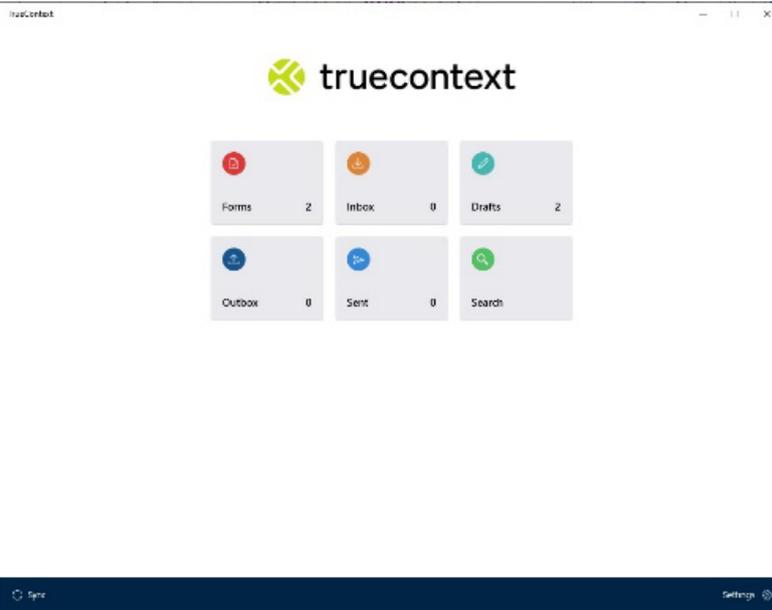
3.16.   When 'Forms' is selected, click on mHBE to launch the app. This will take you to the frontpage, refer to Figure 3.2

Figure 3.2 - Truecontext Forms Page

Figure 3.3 - mHBE app Frontpage
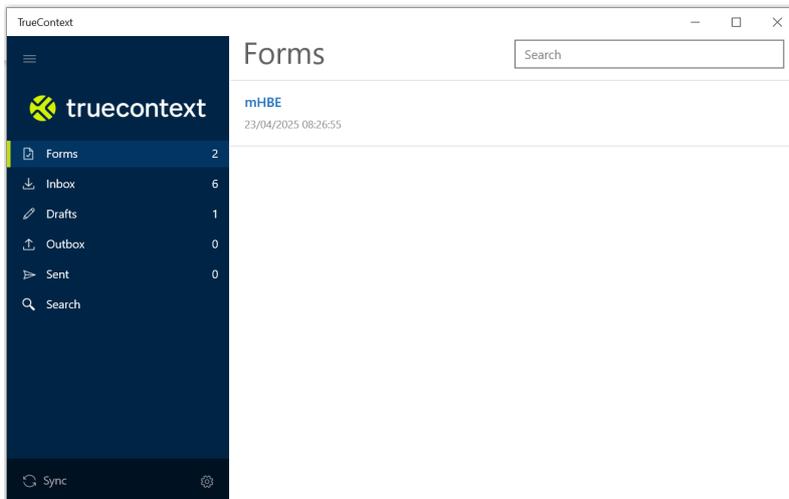
Figure 3.3 - mHBE app Frontpage
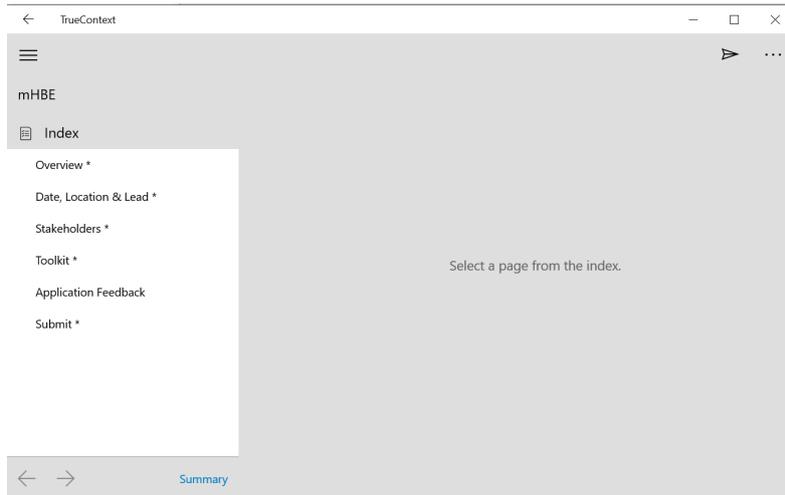
3.17.   The three horizontal lines at the head on the index list allows this pane to be hidden or revealed. The base of the index has direction arrows, these allow you to move through the list. They will be coloured red if there is a page in that direction. You can also click directly on the chapter in the list above.

3.18.   The summary button (in blue at the base) allows review of a full list of all inputs, prior to submission.

3.19.   Where an index title has been started and not completed, a red exclamation mark within a circle will appear. Where a chapter has been completed, a green tick within a circle will show instead.

3.20.   Where a blue title band has < at the end, clicking on this expands a drop-down menu. Clicking on this again brings the menu up.

Figure 3.445 - mHBE app Overview page, showing completed tick and warnings
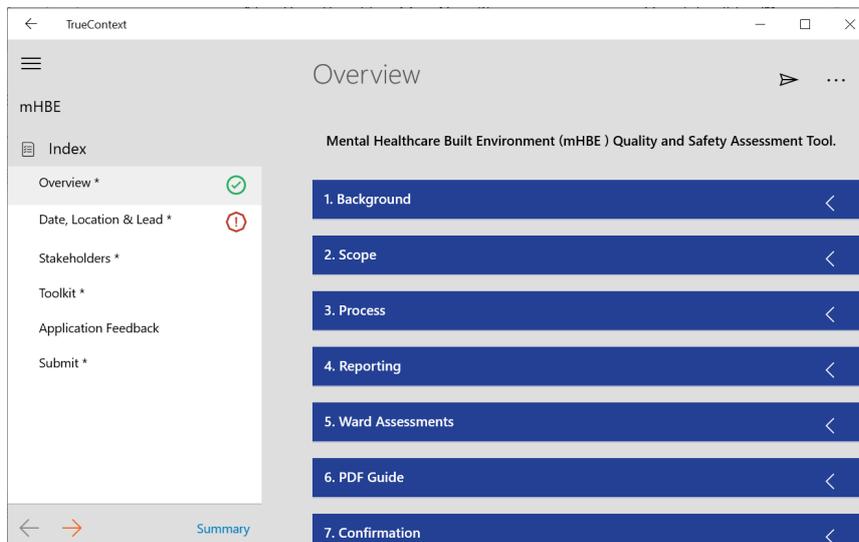
A red box around a table indicated that the table is still to be populated. Clicking on this will bring up an input screen. Once this input screen is completed, tick the arrow 'Done' in the top right corner of the window.

Figure 3.5 - mHBE app Toolkit input table

3.21.   When selecting a date a small popup window will appear, ensure you select the tick icon at the base of this to input the required value. Clicking outside the popup window will close the window without saving the date.

3.22.   Use the aeroplane in the top right corner to submit. All chapters must be completed before clicking submit, otherwise an error screen will appear. This allows the app to show the sections that have not yet been completed.

4. mHBE Toolkit Assessment

mHBE app Overview section

4.1. On the Zetasurvey page, click on forms and choose mHBE. In the 'Overview' section, please read each of the sections - Background, Scope, Process, Reporting before clicking 'Confirmation/ Yes' at the bottom to allow progress to 'Next' stage.

4.2. The introduction section shows basic information on the purpose and the use of the app. It includes a downloadable Portable Document Format (PDF) 'How-To Guide' on using the app (5. PDF Guide).

Figure 4.1 - mHBE app Overview Section
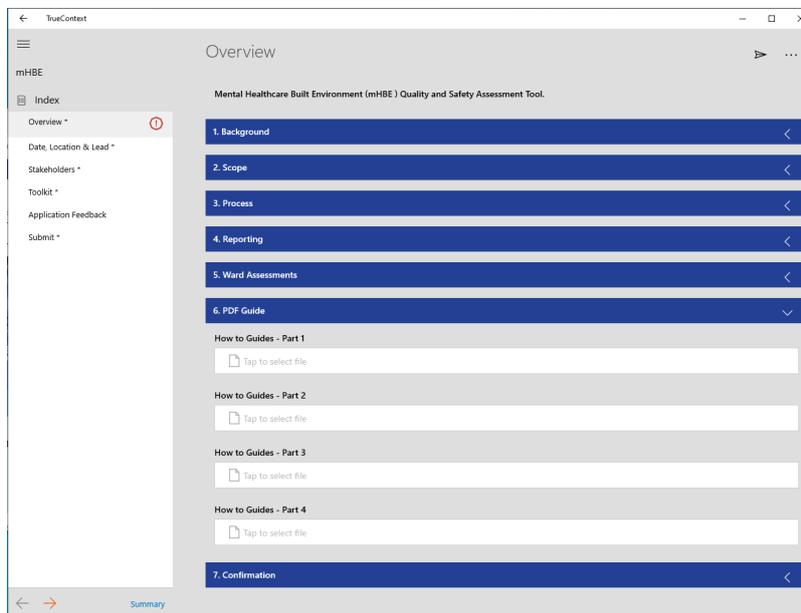
4.3. Move to the Next section by clicking on the index.

Date, Location and Lead section

4.4. Confirm the date of the assessment - this will automatically populate with the current date.

4.5. Show the date of previous assessment - leave this blank if this is the first assessment.

4.6. Select the 'Region', 'NHS board', 'Hospital', 'Clinical service', 'Block' and 'Ward' from the drop-down menus, this allows the draft submission to be tracked and easily transferred.

Figure 4.2 - mHBE app Date, Location and Lead Section
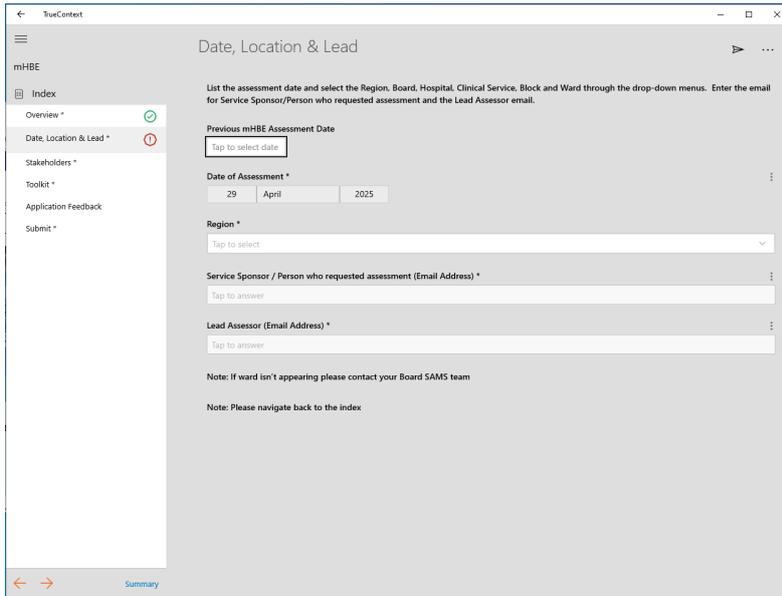
4.7.   Complete the email addresses of both the Service Sponsor and the Lead Assessor.

4.8.   Once the index symbol turns to a 'green tick in a circle', click on the 'Stakeholders'.

Stakeholders section

4.9.   Representative stakeholders of the four groups will have been identified in advance. The Assessment Team should confirm their details to the Lead Assessor to complete this section.

Figure 4.3 - mHBE app Stakeholders Section
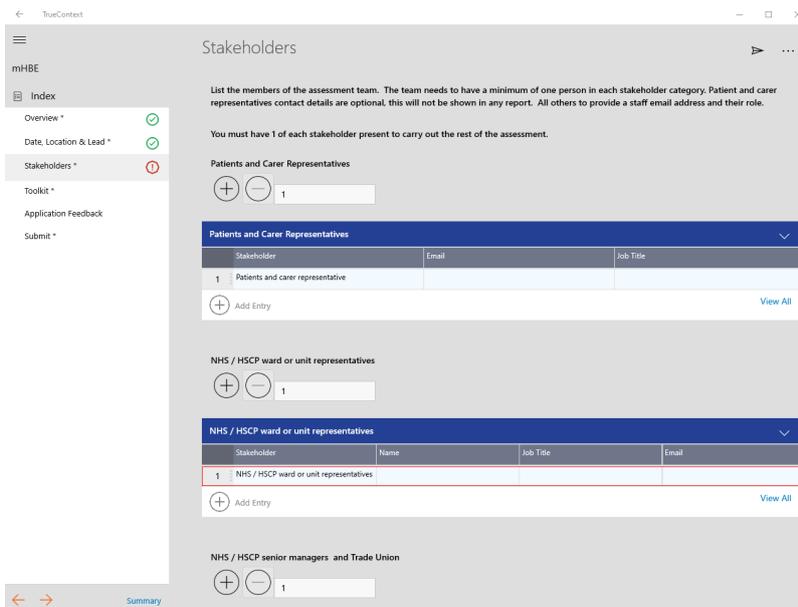
4.10.   Due to General Data Protection Regulations (GDPR) requirements, the stakeholder for patients and carer representatives, should not have their details recorded, unless they are from a professional organisation. Please either put in a nominal name, or fill out name, job title and email as 'n/a'.

4.11.   For all the other representatives, the app works on the assumption that everyone is an NHS employee, and their details can be provided as part of their employment.

4.12.   Where there is more than one representative for a category, please ensure to click the '+ button', before details are added otherwise previous details in that section will be lost.

4.13.   This section is a control point for the assessment and will not allow progression until all four of the sections are completed and the confirmation has been ticked at the base.

Toolkit section

4.14.   The mHBE app toolkit has a series of quality statements that are organised and coded into six themes. These are to be answered by the person inputting data into the app (as part of the Assessment Team), during their walk around of the ward. The statements are in the drop-down menu and organised in the six sub-sections below.

Figure 4.4 - Toolkit six quality sections

TC Therapeutic and clinical space	VC Carers, visitors and maintaining contact
PD Privacy and dignity	AC Accessibility
SS Security and safety	SF Staff facilities

4.15.   From the table, click on a quality statement and begin recording the assessment.

Figure 4.5 - mHBE app Toolkit Section
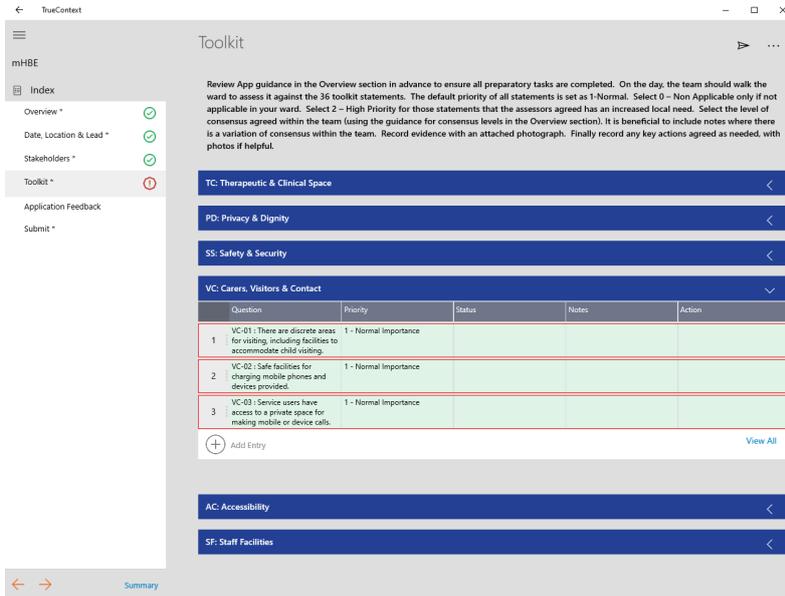

4.16.   Within each statement there is additional explanatory information to assist in the stakeholder discussions.

4.17.   Below that are two drop-down choices - '**Priority**' and '**Status**'.

Figure 4.6 - mHBE app Toolkit Section - Drop down section
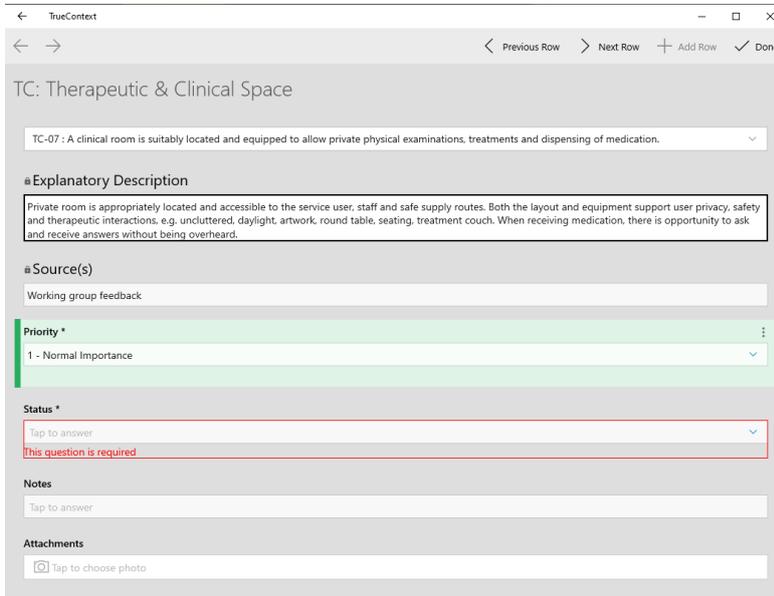
Priority

4.18.   The priority weighting drop down is set as standard default to '**1 – Normal Importance**' priority.

4.19. The Assessment Team can choose up to give particular statements an even higher weighting for their ward. For these select: '**2 - Highest Importance**'. To ensure the weighting is significant this should be limited to a maximum of three statements per theme.

4.20. If a statement is not relevant for the assessment, this should be recorded as '**n/a**'. It is intended that this should be used rarely, as most qualities should apply, and marking a statement in this manner essentially removes this quality from any assessment.

4.21. The Toolkit table has conditional formatting - visible on the table:

- **green: 1** - normal importance (standard default)
- **red: 2** - highest importance (sparingly applied, but select up to 3 per theme, where this quality is agreed to be particularly needed. Highest importance statements are highlighted in the report in a separate table.)
- grey: 0 - n/a (not applicable, apply rarely but select if a quality is not required)

Status

4.22. The **Status** is determined within the Assessment Team as being one of the following:

- A-Consensus - entire Assessment Team agrees that the statement met
- B-Some Consensus - a majority of the Assessment Team agrees that the statement is only partially met
- C-Little Consensus - a majority of the Assessment Team agree that the statement is not being met
- D-No Consensus - entire Assessment Team agrees that the statement is not met

4.23. The **status** records the Assessment Team's consensus, across all the stakeholders and all four key groups, whether each quality statement being considered is being fully met and delivered, by the current mHBE ward.

4.24. The status scored for each quality statement is linked back to a reporting dashboard in NHSScotland Strategic Asset Management System (SAMS) to allow a visual representation of the final assessment data in the reporting mHBE dashboard.

4.25. The Lead Assessor should work with the Assessment Team to ensure there is a clear resolution of opinions regarding each individual Toolkit statement. Where a minority still has specific dissents, this should be recorded in a statement's further notes/ actions.

Notes, attachments and actions

4.26. Each statement allows attachments for photos, files and further notes to create a holistic record. It is recommended that notes are added where there is a strong group opinion

difference, enabling future reference, explanation and continuous improvements. It is advantageous to ensure that when adding digital photos, files and so on, they are done to allow future identification by others, ideally as part of planning for upload onto the mHBE app.

4.27. If the Assessment Team consider that the review of a statement will generate an action, then the Lead Assessor should confirm the '**Action**' button. This opens an additional drop down field, where notes, actions, images or graphics can be attached.

4.28. This '**Action**' selection within each statement, allows for any actions that the Assessment Team consider important after the assessment, to be highlighted within the report. For example, if a broken piece of equipment is considered to be a risk, then a photo can be attached with a commentary and/ or recommended action. On subsequent assessments, if that broken equipment is repaired or replaced, the highlighted action can be verified as being completed or escalated if not.

4.29. Lead Assessors should be aware that the '**Action**' section is highlighted separately in the final mHBE Assessment report and can be used to highlight specific areas or risks which need additional attention or escalation.

Figure 4.7 - mHBE app Toolkit Section - Drop down action section
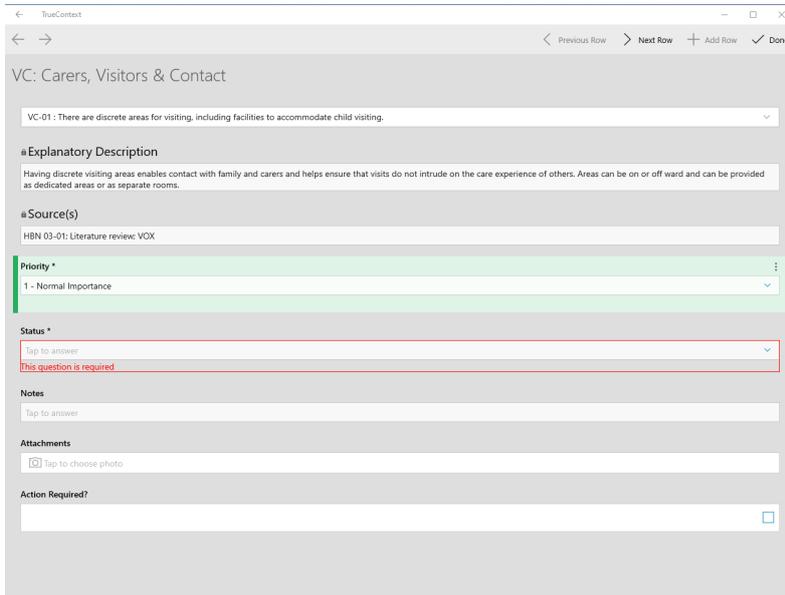
Completion of toolkit statements

4.30. Once the responses to the toolkit have been completed, it is recommended that the stakeholders to conduct a **final review** of the statement responses, to consider if any additional explanatory notes are required for future Assessment Teams.

4.31.   The completed toolkit table can be viewed by selecting '**View All**' at the bottom right-hand corner of the table (refer to Figure 4.5). This allows the statements to be filtered within the section for ease of understanding and for a final review prior to submission.

4.32.   On Android platforms, it should be noted that the system back arrow needs to be clicked to exit this screen.

4.33.   When all responses are completed, select the 'confirmation check' icon at the bottom of the Toolkit Statement page, to enable progress to the next section (insert screenshot).

Figure 4.8 - mHBE app Toolkit Section - confirmation check once Staff Facilities completed
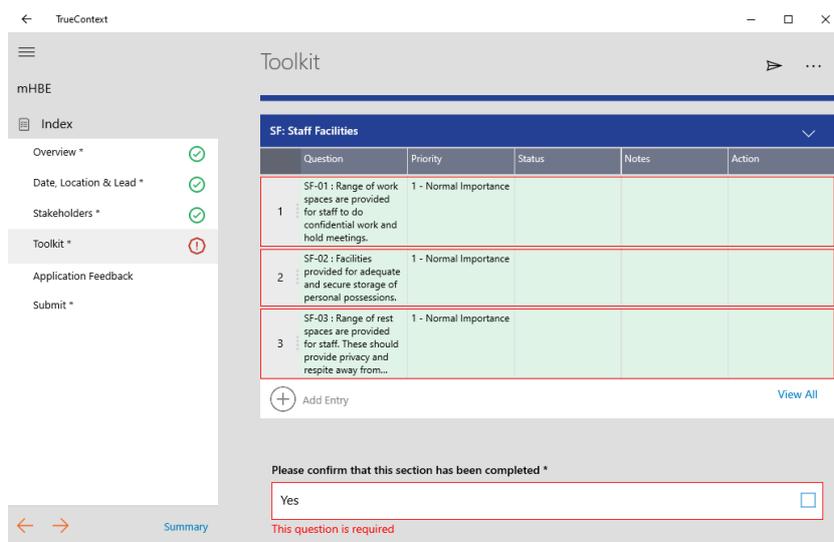
Application feedback section

4.34.   If the Assessment Team wish to give feedback on the mHBE app or its process, such as technical issues, this section sends your comments/ recommendations to mHBE app development team at NHSScotland Assure.

Figure 4.9 - mHBE app Application Feedback Section
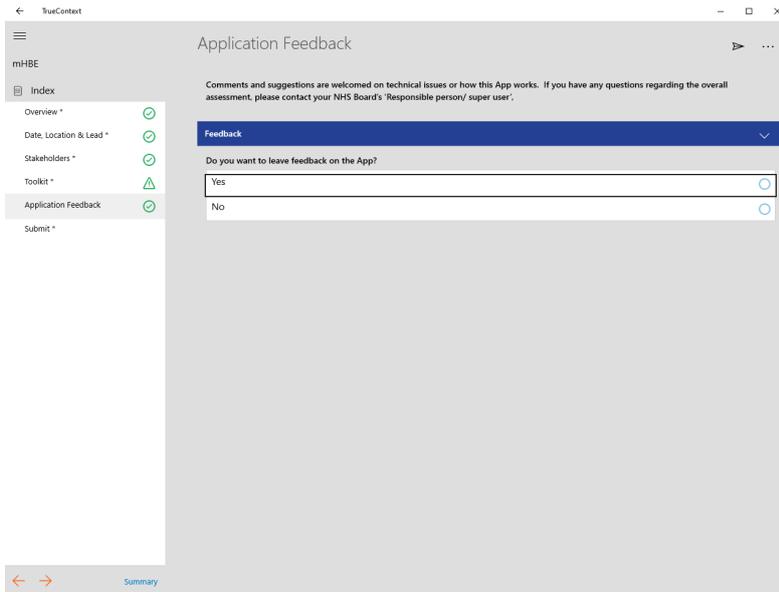
4.35.   The Lead Assessor should collate direct feedback from the assessment and share with their Service Sponsor.

Submit section

4.36.   Prior to the assessment being submitted on the app, the Assessment Team should review all the responses before clicking '**Submit**'.

Figure 4.10 - mHBE app Submit Section
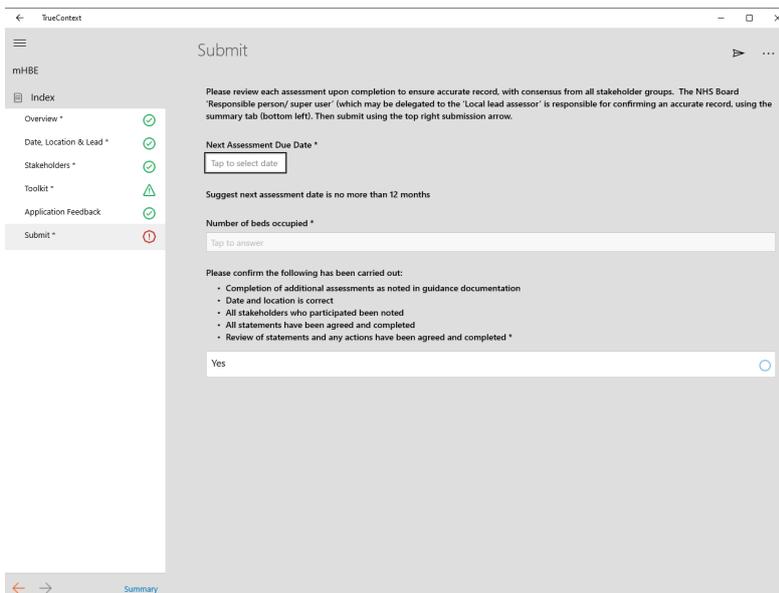
4.37.   A draft of the report collated as a result of adding information to the app, can be viewed by selecting the blue **'summary'** tab at the base of the Index.

Figure 4.11 - mHBE app Toolkit Section - Summary Section
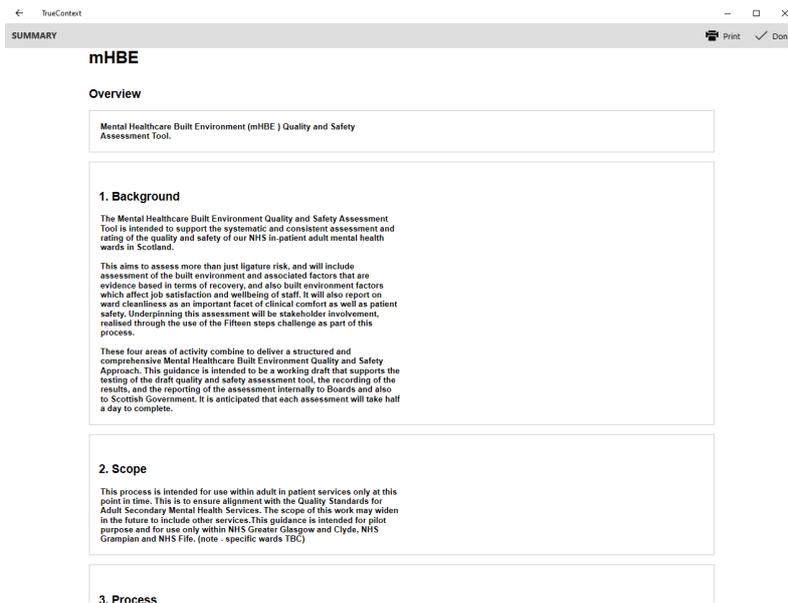
4.38.   The draft report, within the app, can be used by the Assessment Team to review content, ensure there is overall consensus on the assessment findings, and that all key items such as additional notes, photos, files plus any actions are recorded and agreed.

> Note 2: Once the final assessment is submitted and the ward review is completed, it is not possible to further edit or amend this record. Typically, a further assessment is carried out within a year, however if any significant change in either service or environment is undertaken, then this should trigger a new assessment.

5.   mHBE Reporting

5.1.   The mental Health Built Environment (mHBE) app provides two tiers of reporting to maintain data sensitivity. These are:

1. NHS board level Portable Document Format (PDF) report template, auto generated at the point of each submission of a single mHBE Assessment via the app

2. local and national level Power BI Dashboard Interface is within the NHSScotland Strategic Asset Management System (SAMS) platform for NHS board estate data. All access permissions for mHBE interactive data, is via SAMS login and protocols

NHS board level PDF report template auto generated at each app submission

5.2.   Once each NHS board ward assessment has taken place, the mHBE app produces a PDF report for this single assessment. It is automatically emailed to the Service Sponsor and Lead Assessor specified when completing the mHBE app. A copy is also recorded on the SAMS platform. This automated report contains all the data gathered in each individual mHBE assessment.

Figure 5.1 - mHBE example report frontpage
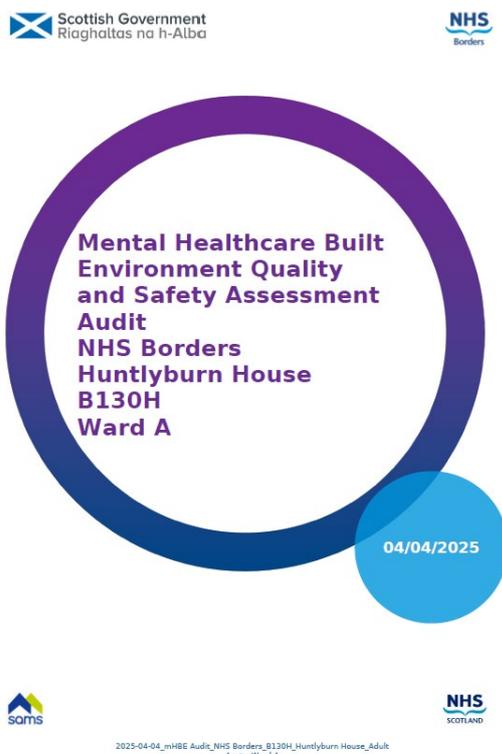
5.3.   The Service Sponsor has responsibility for ensuring that each ward assessment and initial actions are carried out, written up and reported through NHS board governance groups. The mHBE app generated report should be used as the basis for local governance.

5.4.   The Lead Assessor is to also offer an informal brief to ward staff on the results of the assessment. This could happen immediately after the assessment itself but should be planned to be no more than one week, along with the issued mHBE ward report.

5.5.   NHS boards should note that the findings are also reported back to the national Quality and Safety of Mental Health Estates Short Life Working Group, as this allows a national picture to be built to inform the mental health estate.

5.6.   This should include areas for improvement as part of the work associated with and refining this tool. The 'Application Feedback' section of the app can be used for this, as well as reporting back to the Service Sponsor who can feed this back via the relevant working groups.

5.7.   The information is also saved on the SAMS platform to feed into regional and national dashboards.

5.8.   These dashboards are accessible through the NHS boards login to the SAMS platform.

SAMS Power BI Dashboard Reporting

5.9.   Local and national level 'Microsoft Power BI' dashboards interface with the SAMS platform.

5.10.   This dynamic and interactive dashboard utilises the same ward assessment data as the PDF reports, however it also allows a cumulative view of assessments from multiple wards across a NHS board, and/ or for the same ward over time as its annual assessments accumulate.

Figure 5.2 - mHBE power BI dashboard
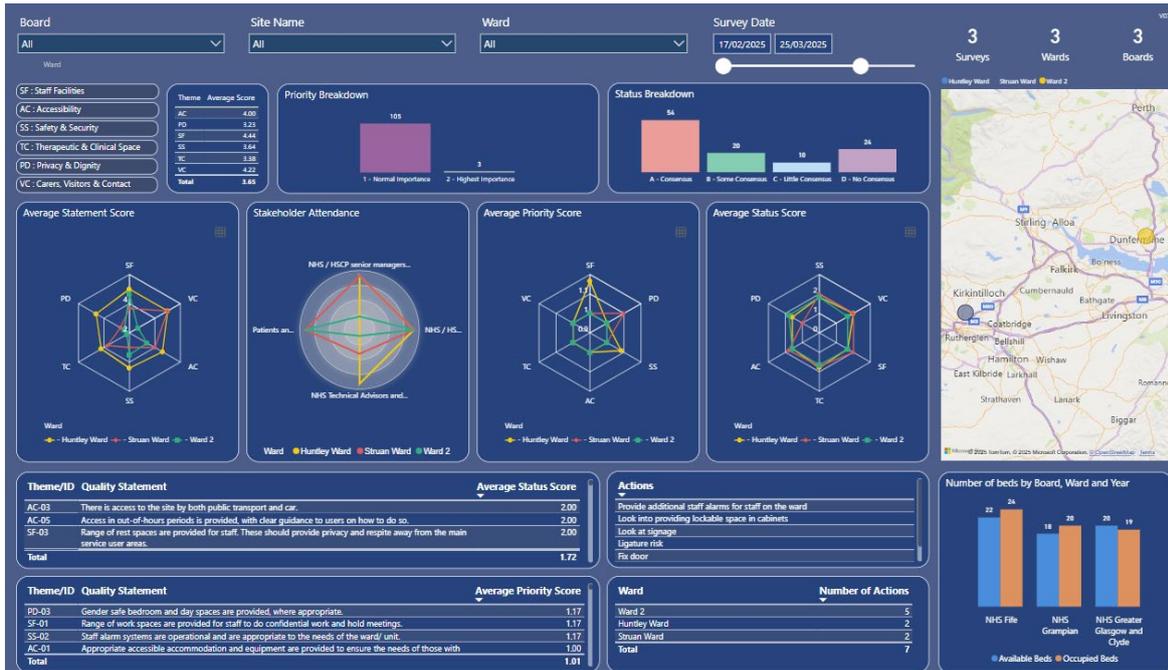
5.11.   Access to data on the Power BI Dashboard is via SAMS login permissions and protocols, held by the Service Sponsor.

5.12.   The mHBE assessment walk-round comments and photographs will also be available within the SAMS system but are not displayed on the pre-set mHBE dashboard.

Appendix A   Quality and Safety Assessment Checklist

A.1   In advance of assessment the mental Health Built Environment (mHBE), the NHS board Service Sponsor will:

Table A.1 - Pre-Assessment Tasks

No	Pre-Assessment Tasks	Yes/ No
1	Identify suitable local participants to form the Assessment Team, in collaboration with the Lead Assessor.	Yes/No
2	Ensure local system is in place to gather in environmental risk assessments (such as ligature audits) and action plans, cleaning audit results and action plans, prior to the quality and safety assessment.	Yes/No
3	Plan the dates, venues and completion of local assessments. Ensure the Nurse in Charge is aware of the assessment.	Yes/No
4	Ensure the availability of the mHBE app on a suitable device with a suitable system logon to the app and available wi-fi.	Yes/No
5	Confirm communication mechanism and timeframes with stakeholders and Assessment Team.	Yes/No
6.1	Ensure the Assessment Team receives copies of, and familiarises themselves, with the quality and safety assessment tool guidance.	Yes/No
6.2	Ensure the Assessment Team familiarises themselves with quality statements and consensus requirement.	Yes/No
6.3	Provide the Assessment Team a copy of the most recent 'Fifteen Steps Challenge'.	Yes/No
6.4	Supply previous quality and safety assessment reports to the Assessment Team (if available)	Yes/No
7	Ensure there is a suitable meeting room available for the Assessment Team to meet in before and after the ward assessment.	Yes/No

Appendix B   Lead Assessor Tasks

B.1   On the day of assessment (pre-assessment) mental Health Built Environment (mHBE) nominated Lead Assessor will:

Table B. 1 - Lead Assessor Tasks

No	Lead Assessor Tasks	Yes/ No
1	Identify 4 section leads for welcoming/ safe/ caring and calm aspects of assessment.	Yes/No
2.1	Brief Assessment Team on processes, the app and paperwork for the assessment ahead (such as confidentiality, feedback, Health and Safety (H&S), fire alarm, infection prevention and control measures, and so on)	Yes/No
2.2	Brief Assessment Team on the most recent '15 Steps Challenge'.	Yes/No
2.3	Brief Assessment Team on the most recent Equalities Impact Assessment (EqIA) (if available).	Yes/No
2.4	Brief Assessment Team on the most recent ligature assessment (if available).	Yes/No
2.5	Brief Assessment Team on the most recent cleaning audits (if available).	Yes/No
2.6	Brief Assessment Team on local processes for ensuring products are Design in Mental Health Network (DIMHN)/ Building Research Establishment (BRE) informed choices product performance assessed (if available).	Yes/No
2.7	Brief Assessment Team on previous mHBE assessments (if available).	Yes/No
3	Confirm with Nurse in Charge that access to wards can proceed.	Yes/No

Appendix C   Post Assessment Tasks

C.1   After completion of the assessment the mental Health Built Environment (mHBE) Lead
           Assessor will facilitate:

Table C.1 - Post-Assessment Tasks

No	Post-Assessment Tasks	Yes/ No
1	Chair an Assessment Team meeting to discuss/ review findings. Ensure scoring/ rating and initial findings agreed.	Yes/No
2	Review the Portable Document Format (PDF) report that will be automatically emailed to Lead Assessor and Service Sponsor. Report any errors to NHSScotland Assure.	Yes/No
3	Lead Assessor to provide initial feedback with the ward team.	Yes/No
4	Escalate any significant concerns (if applicable) through local line management structures on the same day.	Yes/No
5	Service Sponsor to report local findings and action plans to local clinical governance groups.	Yes/No

Appendix D   Toolkit Statements

Table D.1 - Therapeutic and Clinical Space Toolkit Statements

ID	TC: Therapeutic and Clinical Space mHBE Statements	TC: Therapeutic and Clinical Space Explanatory Descriptions
TC-01	The ward environment feels clean, safe and comfortable. Where necessary, institutional features blend-in.	The healthcare built environment (HBE) feels and smells clean. It is comfortable and psychologically supportive/ welcoming, with a range of appropriate spaces and furnishings, inside and out, for the service user's comfort and wellbeing. Institutional features are minimised and where necessary are designed to be discrete, do not dominate, such as specialist ironmongery, alarms, signage.
TC-02	Service users have their own en-suite bedroom	Single bedroom with appropriate space for sleep, sitting, individual activity, and storage of personal belongings. Homely, with an ability to personalise and make comfortable. A shower, WC, basin and mirror, plus personal grooming storage, are accessible. Privacy, dignity and service user normal daily use, seem well balanced with any appropriate safety features.
TC-03	Bedroom lighting can be controlled by the service user, both artificial and daylight.	Both room and task lights can be switched on and off. Ideally with dimmer switch or low light option available. Curtains and/ or blinds fully cover windows, ideally with black-out option. Appropriate privacy for good daylight penetration in a normal user day, such as curtains not closed normally due to overlooking.
TC-04	Bedroom heating and ventilation can be controlled by the service user.	User environmental comfort control is available to reduce or increase bedroom temperature and airflow, within an appropriate range, such as switch off local heater, open window. Overheating plan is in place; such as cooled room
TC-05	Unwanted or stressful noise is minimised. Service users have control whether to engage with or avoid a noisy event.	The environment feels relaxing, with little unwanted noise to stress users from either inside or outside the facility. Noise levels are generally normal for the user and their activities during a normal day. Noise is controlled, with exposure adjustable, including by the service user, such as options to close doors or relocate to quieter space, during a noisy event. Sleep is not disturbed by unwanted noise (from inside or out).
TC-06	Private rooms are provided for interactions, such as clinical interviews.	Private rooms are appropriately located and accessible to the service user and/ or visitors. The layout, fixtures and equipment support user privacy, safety and therapeutic interactions, including clinical interview, private discussions, such as close proximity, uncluttered, daylight, artwork, comfortable furnishings, round table. Conversations cannot be overheard.
TC-07	A clinical room is suitably located and equipped to allow private physical examinations, treatments and dispensing of medication.	Private room is appropriately located and accessible to the service user, staff and safe supply routes. Both the layout and equipment support user privacy, safety and therapeutic interactions, such as uncluttered, daylight, artwork, round table, seating, treatment couch. When receiving medication, there is opportunity to ask and receive answers without being overheard.
TC-08	A quiet, low-stimulus space is provided	Private space is appropriately located and accessible to the service user. Both the layout and equipment support user privacy, safety, therapy, respite and de-stressing; such as quiet, user-controlled lighting and sound options, uncluttered and comfortable seating.
TC-09	A multi-faith room is provided for worship, meditation and reflection.	Private room or suite is appropriately located and accessible to the service user and/ or visitors. Both the layout and equipment support user privacy, safety, worship, meditation and quiet reflection; such as quiet, user-controlled lighting and sound options, uncluttered and comfortable seating.
TC-10	A range of day activity and social spaces are provided, to work, rest and play, both inside the ward and outside.	Dedicated activity, therapy, resting and exercise spaces are appropriately located, accessible and equipped for the service user throughout their normal day, both inside and out; such as dining, laundry, entertainment, walking, sport, reading, creative arts and gardening.
TC-11	Regular access to daylight, long views, fresh air and nature are provided.	The HBE's orientation, layout, spaces, windows, doors and landscape enable service users, across their normal day to self choose a variety spaces (big, small, high or outside), where good daylight, views of nature, natural materials and a 'breath of fresh air' are readily available.
TC-12	The environment enables regular, natural interactions and communications between all users	The HBE's layout, spaces and fixtures psychologically support all users and good communications. Institutional barriers are minimised and discrete. Good design facilitates natural human interaction and regular audio and visual communication between staff and services users; plus visitors, such as clear sightlines; good acoustics; choice and shared spaces; open staff base; in-person and phone or digital links to family and carers.

ID	TC: Therapeutic and Clinical Space mHBE Statements	TC: Therapeutic and Clinical Space Explanatory Descriptions
TC-13	Regular, easy access to make drinks and snacks is provided. Ideally 24 hrs a day.	The HBE's layout, spaces and fixtures support service users' independence and wellbeing with readily available access to make their own drinks and snacks whenever needed. Where necessary, institutional controls are discrete and do not dominate.
TC-14	There is a choice of activities and social participation level.	The HBE's layout offers a range of spaces, both formal and informal, for social interaction and activity participation. The layout also gently encourages service users towards participation such as small informal social space a few steps from user bedroom, sightlines to a medium size activity space, larger communal spaces have nooks and/ or glazed panels/ doors to allow tentative users an initial experience of a formal activity.

Table B.1 – Privacy and Dignity Toolkit Statements

ID	PD: Privacy and Dignity mHBE Statement	PD: Privacy and Dignity Explanatory Descriptions
PD-01	Service users can lock their bedroom door from both in or outside, with the capability for staff to override this to protect their safety	Bedroom door ironmongery allows easily operable locking by service users to control their own privacy and security. However, in event of a safety or security incident this lock can be overridden by staff swiftly, using a special key/ tool.
PD-02	Service user toilets, baths and showers are lockable and/ or not visible by any other service users. Where lockable, staff are able to override this to protect user safety.	Bathroom type door ironmongery allows easily operable locking by service users to control their own privacy and security. However, in event of a safety or security incident this lock can be overridden by staff swiftly, using a special key/ tool. Following user risk assessment ensuite doorway may have reduced privacy/ rely on bedroom door lock but must ensure visual privacy from persons external to bedroom such as from corridor door or window.
PD-03	Gender safe bedroom and day spaces are provided, where appropriate.	The HBE's layout seems appropriate in bed numbers and grouping, day spaces and support spaces to meet the needs of the service, including its most vulnerable users.
PD-04	Storage for personal belongings is adequate, accessible and controlled by service user. Locked storage provided, where appropriate.	The HBE's bedroom furnishings seem appropriate to safely store reasonable number of patients' personal possessions. Where appropriate, additional secure storage should be accessible locally but may be controlled by staff for safety and security.
PD-05	Service users control blinds, curtains or vision panels for privacy in bedroom windows and glazing, such as door vision panel. Staff are able to override this to protect user safety.	Bedroom window, door or corridor glazing allows easily operable blinds, curtains or vision panels, by service users to control their own privacy. However, in event of a safety or security incident, the mechanism can be overridden by staff swiftly, using a special key/ tool.

Table B.2 – Security and Safety Toolkit Statements

ID	SS: Security and Safety mHBE Statements	SS: Security and Safety Explanatory Descriptions
SS-01	Sight lines are good and unimpeded. All exits and entrances are within sight of staff.	Oversight of key spaces should minimise 'blind spots', such as corridors, communal spaces, private/ clinical rooms, bedrooms. Toilets and ensuites should be clearly seen from doorway of these, but not from a secondary space.
SS-02	Staff alarm systems are operational and are appropriate to the needs of the ward/ unit.	Not applicable.
SS-03	Bedroom and bathroom doors are designed to prevent holding, barring or blocking.	In the event of a clinical incident or emergency, doors can easily be opened outwardly so as to enable access prompt access. Door handles should not be able to be easily held with the intention of preventing access.
SS-04	All areas look and smell clean. A ward cleaning schedule is available and infection prevention and control advice, and aids (such as antibacterial hand gels) are clearly visible.	High standards of ward cleanliness enable compliance with infection prevention and control measures and help ensure a safe and comfortable care and work environment.
SS-05	Fire exits are clearly signposted and visible, firefighting equipment is readily available and emergency assembly points are visible. The procedure to activate emergency response is clear and visible.	Not applicable.
SS-06	Notice boards are visible to service users and carers that contain information on how to provide feedback about services.	Not applicable.

Table B. 3 – Carers, Visitors and Maintaining Contact Toolkit Statements

ID	VC: Carers, Visitors and Maintaining Contact mHBE Statements	VC: Carers, visitors and maintaining contact Explanatory Descriptions
VC-01	There are discrete areas for visiting, including facilities to accommodate child visiting.	Having discrete visiting areas enables contact with family and carers and helps ensure that visits do not intrude on the care experience of others. Areas can be on or off ward and can be provided as dedicated areas or as separate rooms.
VC-02	Safe facilities for charging mobile phones and devices provided.	Access to and use of mobile devices are an important part of maintaining contact with family, friends and significant others. Charging of these devices often involves cables which need to be safely managed so as not to represent a ligature risk.
VC-03	Service users have access to a private space for making mobile or device calls.	Not applicable.

Table B.4 – Accessibility Toolkit Statements

ID	AC: Accessibility mHBE Statements	AC: Accessibility Explanatory Descriptions
AC-01	Appropriate accessible accommodation and equipment are provided to ensure the needs of those with protected characteristics are met in a way that promotes equality.	Appropriate accessible accommodation and equipment are provided to ensure the needs of those with protected characteristics are met in a way that promotes equality such as staff and visitor accessible WCs, hearing and visual impairment aids or adjustments.
AC-02	The area is easy to navigate and there is clear signage.	Not applicable.
AC-03	There is access to the site by both public transport and car.	Not applicable.
AC-04	Entry and reception area are welcoming, calming and inclusive.	Not applicable.
AC-05	Access in out-of-hours periods is provided, with clear guidance to users on how to do so.	Clear guidance will be available to all, for accessing the building during out of hours periods.

Table B.5 – Staff Facilities Toolkit Statements

ID	SF: Staff facilities mHBE Statements	SF: Staff facilities Explanatory Descriptions
SF-01	Range of workspaces are provided for staff to do confidential work and hold meetings.	Access to private space is essential in ensuring one-to-one work can be undertaken such as personal development planning and supervision. This should be separate to clinical office space. Adequate space should be available for group meetings (such as clinical team meetings) on a dedicated or bookable basis and equipped to meet the needs of the meeting.
SF-02	Facilities provided for adequate and secure storage of personal possessions.	Dedicated changing areas are provided for staff so that they can change into uniform in the workplace and meet requirements as they relate to infection prevention and control. Each member of staff should have access to individual secure locker.
SF-03	Range of rest spaces are provided for staff. These should provide privacy and respite away from the main service user areas.	Not applicable.

Abbreviations

BRE: Building Research Establishment

DIMHN: Design in Mental Health Network

DL: Director Letter

EqIA: Equalities Impact Assessment

GDPR: General Data Protection Regulation

HBE: Healthcare Built Environment

HIS: Healthcare Improvement Scotland

HSCP: Health & Social Care Partnership

mHBE: Mental Health Built Environment

PDF: Portable Document Format

QI: Quality Improvement

SAMS: Strategic Asset Management System