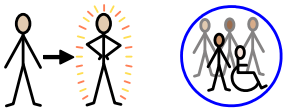
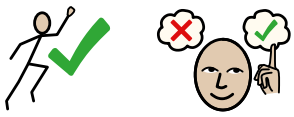
R A G Rating		
5	Green	Fabulous!
4	Green Amber	
3	Amber	Functional!
2	Amber Red	
1	Red	Action!

Recovery Pathway Standards

No.	Standard	Examples	R A G
1	 A clear pathway is identified with the service user on admission that looks at the services they are likely to need on the pathway into the community.	Visual pathway. Pathway mapping tool. Individual pathway documents. My Shared Pathway.	
2	 Care plans are written with the service user and the MDT together and include the following areas (as appropriate): My Mental Health Recovery. Getting Insight. Stopping my Problem Behaviours. Recovery from Drugs and Alcohol. Making Feasible Plans. Staying Healthy. My Life Skills (including technology). My Relationships. Positive Behaviour Support Plans. Advanced Directives.	Care plan audit. Evidence of collaboration. Evidence of reviews being collaborative. Recovery Star. Psychology Formulation.	
3	 Service Users choices are taken into account when selecting medication, therapies and activities, and are acted upon as far as possible.	MDT and CPA minutes Notes of discussions. Service users views recorded. Involvement evident in discussions and planning.	

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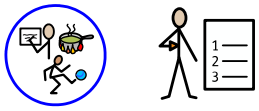
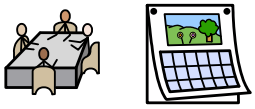
Recovery Pathway Standards

No.	Standard	Examples	R A G
4	 It is made clear to service users which outcomes they must achieve to progress to the next step on their pathway.	MDT and CPA minutes. Care plans linked to outcomes. Service user questionnaire.	
5	 There is a clear connection between planned activities and the Recovery Goals of service users.	Activity planners link in to recovery goals. My Outcome plans and progress.	
6	 The MDT regularly talks with the service user about their expected length of stay as well as looking at any obstacles to moving forward.	MDT audit. Regular recording of conversations about LoS. Discharge plans in place. CPA Goals.	
7	 Service users can meet their MDT care team at least once every 2 weeks to review their care, outcomes plan and progress.	MDT Rota's. MDT minutes.	

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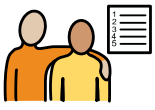
Recovery Pathway Standards

No.	Standard	Examples	R A G
8	  Service users have a CPA within the first three months of admission and as a minimum every 6 months after that to review outcomes plans and progress.	CPA Rota's. CPA minutes.	
9	  ervice user plans include individual outcomes and interventions in the following areas (as relevant): Health awareness. Weight management. Smoking. Diet and nutrition. Exercise. Any service user specific items.	Health care plans. Health action plans. Specific care plans around these areas in place.	
10	  he team provides information, signposting and encouragement to service users to access local organisations for peer support and social engagement such as: Voluntary organisations. Community centres. Local religious/cultural groups. Peer support networks. Recovery colleges.	Individual care plan. Clear information is available on local organisations including peer support that can be accessed within the hospital. Evidence that these are supported by the service, are available and are included in section 17 leave opportunities.	
		Total score for this area:	