

Welcome

Issue 17 **October 2011**

Welcome to the 17th edition of the Quality Network's newsletter, a themed edition regarding Service Users and Carers. Many thanks to all those who have contributed to this edition, in particular the service users who have written about their experiences of medium secure care. It is always beneficial to obtain the views of those using the services we provide, and indeed to learn what is working well from a service user perspective.

The sixth Cycle of peer-review visits are now well underway. Service User Telephone Conferences have taken place for over a third of member services and nearly a third of the 70 peer-review visits scheduled for this Cycle have taken place. The project team would like to welcome the three newly recruited Service User Experts, Ian, Rob and Seb who have all attended a peer-review visit and conducted a number of Service User Telephone Conferences.

Dr. Paul Gilluley
Chair, Advisory Group

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Retail Therapy with a difference

Nottinghamshire Healthcare NHS Trust

In November 2008 Wathwood Hospital opened its own hospital based shop, Woody's, which is a collaborative venture with patients. This development was met with positive reviews from patients, staff and visitors to the hospital.

"The patients here at Wathwood Hospital are very fortunate to have such support and help from the staff and to have a shop which is purely patient focussed. We have all been highly in-

cover article continued...

volved from the start to where we are now". (patient and farm shop director).

The achievements here led the hospital team to consider possibilities for further development in order to maximise potential and push the boundaries of vocational rehabilitation within secure services. The team therefore began to plan the development of a social enterprise retail outlet outside the secure perimeter but within the hospital grounds, making the most of the picturesque setting.

Wathwood 'Farm Shop' opened to the public in April 2011. As with **Woody's** the principle of the social enterprise is involvement - concept to evaluation - realised through patients being on the Board of Directors, to buying, producing and being part of the sales team. Further aims of the shop were to increase employability and reduce stigma. In order to achieve this from the early planning stages through to implementation, the Board was made up to consist of local residents, patients, local business people and hospital staff. Opting for a Community Interest Company (C.I.C.) as the structure provided best fit with both the lofty philosophical aims and **the business's social objectives**. In short, the whole point of the enterprise was focussed on equipping patients with the ability to better integrate into the community on discharge from hospital whilst maximising their potential and realising self efficacy. In addition, the farm shop also proved to be a valuable commodity for the local community enabling ethical buying and reduction of food miles.

Throughout its establishment and development the farm

shop team has had the benefit of invaluable assistance, in particular from the Social Enterprise Team from Voluntary Action Rotherham, and The Source (Meadowhall), who have facilitated the team in developing a viable business which even in its infancy is proving very successful with the team, the hospital, the wider trust and the local community.

The ability to provide patients with opportunities to gain valuable vocational skills and training is proving (from a clinical practice point of view) to have a significant and positive impact on the levels of patient motivation and wellbeing. Furthermore, this has facilitated meaningful opportunities to promote the anti stigma campaign with the public accessing and interacting with patients in a work related environment (Social Exclusion 2004; DoH 2007; 2008; 2009; NICE 2009).

The development of vocational skills has enabled a wide range of products to be stocked and sold within the farm shop. These range from hand crafted wooden pieces such as bird tables to market garden items such as flowers and plants, seasonal vegetables and a range of foodstuffs and gift ware. The shop team are involved in decisions regarding the range of products for sale, sourcing of local produce and the team manufacture of other products for sale, for example, the production of an assortment of chutneys and preserves has been well- received by patients and staff alike.

Patients working in the shop have welcomed being part of the farm shop team and have felt it has impacted positively on many areas of their recovery. One patient in particular has commented:

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"Working in Wathwood farm shop has helped build my confidence; I have learnt new skills, improved my routine and helped me to feel normal and capable". (team member).



In its entirety the enterprise and the hospital shop presents a very real and significant opportunity for patients with the chance to engage in work related occupation and develop a meaningful vocational role which positively impacts on their recovery process (Evans and Repper 2002; Perkins and Rinaldi 2002; Boardman et al 2003; Sainsbury's Centre for Mental Health 2006; Carson Review 2010). Furthermore it also offers opportunities to garner local partnership working and facilitates increased awareness of mental health issues.


For the future

Given the success chartered to date through the development and implementation of both Woody's and the farm shop, plans are afoot to further develop available opportunities. In planning future progression the team have a vast array of exciting and ground breaking ideas which are being individually considered and/or worked into viable project plans.

With this in mind we are far from done, with ideas and future plans in various stages of development it is anticipated that vocational activity at Wathwood in support of patient recovery will go from strength to strength.

Woody's Shop Team and the Farm Shop Team
Wathwood Hospital

A Thank You to Practical Skills at
 Llanarth Court
 Hospital



I would like to say that Practical Skills, which I believe to be a rare set-up amongst secure psychiatric hospitals, has had a considerable impact on me getting better.

Why is this?

It offers, in its uniqueness, something for everyone. There are the obvious aspects of gardening, woodwork and small animal care, of course. But there is so much more to gain from it

Sitting in the serenity of a flowering garden, digging with your own hands in bare soil and seeing the fruits of your labour grow, socialising with different kind of faces than daily ward life offers, learning in animal therapy to take responsibility and gain respect for other beings, are just a few to make this place special. Being part of a team or working by your self, skills for life can be learned in a pleasant environment and fresh air, the best proven medicine against many a condition the hospital treats here.

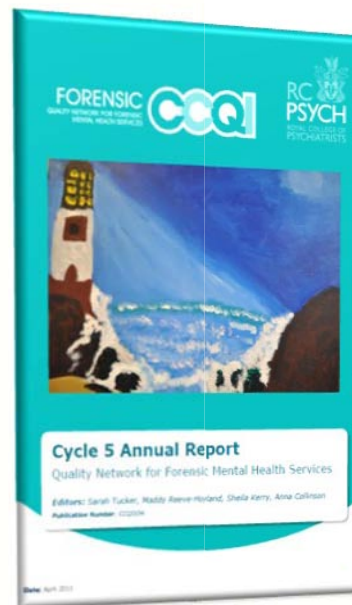
The achievement factor, due to a humorous team of technical instructors, who still remain firm and vigilant, yet encouraging, adds to self-esteem and confidence of lots of people attending. Lighter aspects are equally important to the work be-

ing done, playing chess, crib or card games, create fairness and helps service-users to deal with disappointments, frustration and even anger. Reading, watching telly or listening to music helps to further relax the atmosphere.

I think the success of Practical Skills can physically be measured by the fact that there never seems to be an assistance shout, even though tools etc are freely handled, albeit under supervision.

I'd like to thank the Hospital for making this possible and hope it never changes.

Service User (ID)
Llanarth Court Hospital



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 Cycle 5
 Annual
 Report at:**
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 .ac.uk/
 QNFMHS](http://www.rcpsych.ac.uk/QNFMHS)

At the John Howard Centre (East London) service users are at the centre of determining the quality of care offered by the unit. Service users wanted a way to tell professionals what was important to them. Through the User Involvement Group and in weekly community meetings service users came up with a set of ten standards that they wanted the hospital to work towards. The standards are as follows:

1. Service users can access ward staff at all times and feel treated with dignity and understanding.
2. Service users are provided with information and guidance on how to complain and feel able to raise concerns without fear.
3. The religious, spiritual and individual needs of every service user are respected and accounted for.
4. Service users are provided with information (written) and guidance (verbal) about medications, including potential side effects.
5. Service users are involved in important decisions about care planning and access to leave.
6. Service users have regular access to therapeutic groups and activities that enhance their wellbeing.
7. Service users receive regular, quality 1:1 time with their allocated nurse.
8. Service users understand their placement in a medium-secure setting and their right to access clinical notes.
9. Service users are provided with information and advice on practical matters, such as how to access an advocate or solicitor.
10. On admission, service users receive a Welcome Pack containing useful information.

Service users said the following about creating the standards:

"It was interesting to think about what helped me"

"It was good to work towards something"

"I hated it when we disagreed but we all got through it"

"Lots of the nurses and professionals agreed with the standards which I thought was interesting"

Auditing the Standards

We didn't just want to give the wards our standards and leave it at that, we wanted to make sure that the wards were meeting our standards. We got an agreement from the management team that they would take our standards seriously. In order to measure how well the wards are doing a researcher designed a questionnaire. Although a researcher designed the questionnaire we decided that it was really important that service users carried out the questionnaires. It is easier for service users to be honest with other service users, more people fill in the questionnaire when service users are the auditors and it gives service users valuable experience that they can put on their CV. Before we carried out the audits someone came to give us some training which was really useful. In order to carry out the audits we visit every ward and ask service users to complete the questionnaires, we usually find that about 50% of service users fill the questionnaires in). Once we have completed the questionnaire we send them to a researcher and wait for the results.

Service users said the following about carrying out the audit:

"I love talking to people about their experience"

"It gives me another role so I am not just a mental health patient. I am an auditor!"

"It is hard when people wont fill the questionnaire "

"Some staff see you in a different way."

"I look back at what I use to be like when I was first admitted and feel really proud about how far I have come"

The results

The results are sent to the People Participation Lead which means that the auditors see the results before anyone else. The results are done by ward and by hospital so we can compare each ward but also see how things are going overall. The results are discussed in the community meetings, in management meetings and in the clinical improvement groups and action plans are agreed. Staff take the results and the action plans seriously. The User Led Standards and audits have led to improvements.

GK (Service User)

Rachel Eborall (People Participation Lead)

The John Howard Centre

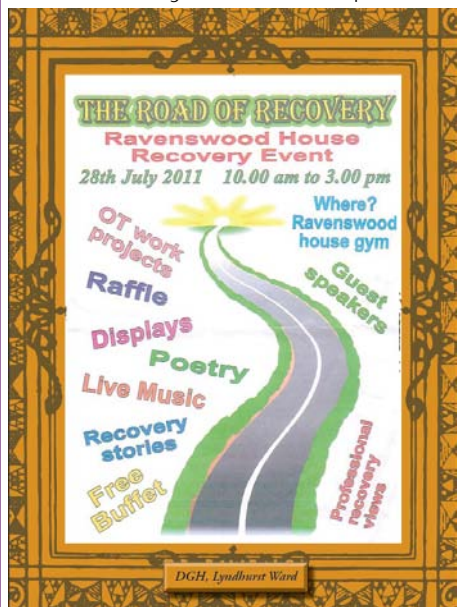
Presenting Service User Job Roles at The Road of Recovery Event

Southern Health NHS Foundation Trust

Employment should be at the heart of the recovery vision for mental health services (New Horizons, 2009). Currently within Ravenswood House, 92% of service users worked before coming into hospital, and 84% of service users have stated they would like to return to work. Vocational positions within the hospital aim to provide service users with a valued role and a more balanced routine. They provide work experience and allow service users to develop and learn skills for the future.

The Occupational Therapy Department at Ravenswood House offers paid and voluntary employment opportunities for service users. This is in the form of supported employment in which service users are supported to apply and interview for positions. There are nine paid job roles, which in total offer seventeen positions, as well as four voluntary roles. The occupational therapy department work closely with **the Trust's HR department and paid roles are on formal trust contracts.**

A recovery event was planned at Ravenswood House in July 2011. The event was named 'The Road of Recovery' by service users. It was designed by a committee of Ravenswood House service users and staff and was open for staff and service users across Southern Health NHS Foundation



Trust and associated services/charities to attend.

Service users working within job roles at Ravenswood House were asked if they would be interested in writing a piece to present on how their job roles have impacted on their recovery journey. Five service users took up this opportunity. They attended a meeting with occupational therapy staff and were given support, to a level which they requested, to write a piece to read at the event. Four of the five service users chose to read their own piece out, and one service user had theirs read out for them.

Service users wrote about the benefits of having a job and what the jobs mean to them. Through the pieces written, the joint working between staff and service users in relation to the job roles at Ravenswood House is evident.

"Working in the League of Friends shop was a good experience for me...Being part of the team of volunteers was helpful and rewarding. Being able to be trusted with the financial side and doing the end of day takings was also a learning process which I enjoyed. I had a six month contract and I think I did just over that, plus there was a time at Christmas when the usual staff couldn't get in so I helped out for the day."



Wayne Smith, League of Friends Shop Assistant

"My experience of work at Ravenswood House is working in the library...CLAIT computer course and English...[and] I am the ward representative for Meon Valley ward...As ward rep, the job helps me to talk in groups of people and to chair meetings [with senior members of staff]. I also help other service users which is satisfying for me...I have to liaise with staff which is good training for me and helps me progress in hospital and to achieve things, which my MDT hopefully sees as being positive."

John Williamson, Ward Representative

"I have been employed by the trust for three months now and have found that I have gained many skills during this time....Prior to starting the job I lacked confidence in going to the gym because of the size of it.

Since going down there on a 1:1 with staff to clean, I nowadays have the confidence to use the gym for lessons, which I would not have done before....Overall cleaning the gym has given me something to keep my time busy, increase self confidence, self esteem and I'm finding I take more pride in myself. I'm so thankful for having a job I really like and that is helping me with my recovery."

Terry Williams, Gym Cleaner



The Road of Recovery event was very well received by both service users, staff and visitors. Throughout the day, a total of thirty service users attended the event, in addition to outside visitors. The service users that presented their pieces on jobs presented to a varied audience including service users, ex-service users and professionals including Time to Change workers, and senior managers within the Trust. The presentations by the service users not only helped in building their confidence and self esteem but also promoted the work of the occupational therapy service, from a service user perspective. All service users involved in the event worked extremely hard towards the day and the Road of Recovery event proved a great success, and something that staff and service users should be very proud of.

Kerri Sealy
Occupational Therapy Practitioner
Ravenswood House

With Contributions from:

Wayne Smith
Terry Williams
John Williamson
Photography by MW

References

Cross-government strategy: Mental Health Division, 2009. *New Horizons*. UK: HM Government

Involvement, Relationships,
Language, Networks and Complaints;
a Personal View



I first set foot in a psychiatric hospital, employed as a Nursing Auxiliary, six weeks after my eighteenth birthday, so I've been calling myself a nurse for the whole of my adult life. That was over three decades ago and, as you might imagine, I've seen a fair number of changes in the delivery of in-patient care in that time.

As I think about it, I realise that it's now been almost twenty-five years that I've worked exclusively in in-patient Medium Secure settings. I realised a long time ago that if a hospital can foster a positive, collaborative working relationship with a service user then there is a chance of a positive outcome for that service user. It's not guaranteed but there's a chance. However, if a hospital can't foster that relationship then there is no chance of a positive outcome.

I also came to realise that this relationship is influenced not only by individual professional

relationships but also by the interaction of the service user with the systems of the hospital. If you then add the restrictions placed on individual choice by any institution, amplified by the need to maintain security and minimise risk, then there you have a complex and dynamic system.

A system that very easily places very large barriers in the way of developing that collaborative relationship.

It's been quite a journey but the last place I would have predicted ending up would have been Doncaster.



When I arrived at Cheswold Park hospital about three and a half years ago I perceived it to be overly focussed on security, containment and control.

The language used by staff and service users alike concerned me; to me it sounded far more like a prison than a hospital.

I was asked to "take over" facilitating the Patients

Council. I was also told that I had to contact Yorkshire and Humberside's Involvement specialist commissioner and attend their conference. Establishing a fairly consistent group of service users who would come to the council month after month took a little while. To begin with council meetings were almost **exclusively taken up with service users' complaints and much questioning if the Council was anything other than a waste of time.**

However, over time we were able to introduce more positive initiatives, especially the principles of the Reaching Joint Solutions project, and to start participating in the Yorkshire and Humberside strategy group. We were also able to start participating in what are now the Involvement for Improvement groups, **if you weren't aware these are the service user forums that define a number of the CQUINs.**

About a year ago the Hospital Director asked me to write a job description for a service user involvement and complaints person. I did this and piloted the post as a secondment. The post is now substantive and continues to grow in its scope.

What has all this meant for the hospital and its relationship with service users? We now have service users regularly employed in various parts of the hospital, service user representation at clinical governance, service user representation at Health and Safety, an emphasis on a therapeutic pathway through the hospital, access to mobile phones and the internet for service users, much improved involvement in CPA and other meetings, service users regularly meeting with the head chef and contributing directly to menu choice, an agreed smoking policy, a far more recovery focussed approach and one service user has just done his first peer review of another service as an expert service user.



Obviously this has not all been achieved only as a result of service user involvement but service users have played a part in making suggestions and driving change. The language has changed as well.

I now hear service users and staff using language that sounds **like we're in a hospital not a prison. We still have complaints** and some issues still seem to go round and round, but on the whole it does feel like we are moving forward.

If you have read this far I'd like you to take two messages from my experience; firstly, service user involvement at a strategic level in an organisation may seem daunting and

threatening, but, if you make a positive commitment to service user involvement it can only improve your service and the experience that service users have as they pass through it. Secondly, I cannot overstate the importance of the external network both for professionals and service users. The opportunity this affords to all to share ideas, experiences and information is not only useful but highly motivating. All the service users involved from Cheswold Park Hospital have said to me at one time or another that attending meetings where they are automatically regarded as serious people with valid opinions is one of the most positive experiences of their time in secure services, sometimes their lives. It is unfortunate that the only Health Region that supports such a network is Yorkshire and Humberside

As this has been a very personal account I'd like to acknowledge all the people that have contributed to the continuing progress of Service User Involvement at Cheswold Park Hospital: Steph Corker and Jodie Harwood for hours of meetings taking minutes and organising; the vision, endless support and guidance **of the Hospital Director and other colleagues at Cheswold Park Hospital who've got involved along the** way; Yorkshire and Humberside Specialist Commissioning team and everyone in the strategy group; but most of all thank you to all the service users, past and present, at Cheswold Park Hospital who got involved, **because if you hadn't none of this would have been possible.**

Ian Simpson
Service User Lead
Cheswold Park Hospital

Photography by Service Users

Strange Fascination:

The growth of a new Art Therapy Service with Learning Disabled Service Users in a Medium Secure Unit.

East London NHS Foundation Trust

(originally presented at the 2010 International Association of Forensic Psychotherapists/RESPOND conference)

"Battle not with monsters, lest ye become a monster, and if you gaze into the abyss, the abyss gazes also into you". Friedrich Nietzsche.

In July 2009 I took up a new post as Head of Arts Therapies at The John Howard Centre and clinically appointed to the brand new Learning Disabilities service. I walked on to the ward, a complete stranger, saw the newly decorated rooms, new furniture, a new TV, that had already been broken...and some unfamiliar faces who seemed to be expecting me but I had no idea who they were. I was offered tea, a few friendly words, lots of smiles, then I realised the ward was full of Service Users wandering about looking how I felt. It slowly dawned on me that the new team had arrived to work with a full ward of patients and none of us had a clue what to do first, nothing had been set up, it was a blank sheet waiting to be filled with colour, shape, form.

As a team we huddled together wondering how to devise 7 days of activities, week in week out. What were our resources? Do we have any money? Here the Responsible Clinician, Specialist Doctor, SHO, Speech and language therapist, Occupational therapist, Psychologist, Music Therapist, Art Psychotherapist, Modern Matron, Educator, specialist nurses, bank nurses, care workers all sat poised for action in the complete unknown whilst a group of frustrated, anxious, bored, terrified, lost, disturbed patients ran riot each performing their own daily routine of behaviours communicating whatever they needed us to know...exciting? Bewildering and strangely fascinating...

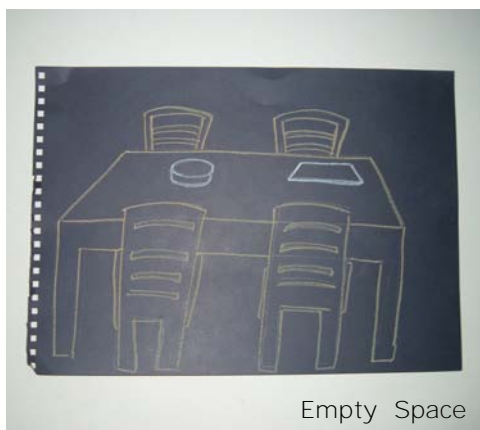
Something had to be done so it was decided... we could draw a map! Getting some large sheets of paper, sticking them together and drawing ruled lines we created a timetable. It looked simple but was very complicated...do we say what we are doing or what we want to do????

With very good intentions in tact the Music therapist and I decided to join forces and run the first ward group open to all the Service Users every Monday morning. It was held in the group room, which was more of a large table and chairs surrounded by

walls. No materials or instruments but I borrowed some felt pens and had some paper and I was ready!

No Service Users arrived, no one was interested, some slightly curious but unimpressed when they saw we had little to offer! And there we sat each week, alone, waiting, staring at empty tables and chairs with just the cleaners looks of pity to spur us on, nurses tried to rally the Service Users but with no success.

Sitting on my own with everyone outside, staff and Service Users, wandering up and down the ward, being busy, being occupied, drifting, meandering like schools of basking shark, I sat drawing the empty space, or drawing the patient who did join us for a sleep, or horses waiting to unfurl.



Then I realised what it was to be them with the world and society moving around purposefully up and down whilst they sit in a space, often alone, waiting...is anyone going to take an interest?

This was not a conscious but gradual realisation, my soaking up the emptiness. This felt very different to my previous experiences with Personality Disordered Service Users who functioned very differently... "I take control by doing something...you can't do anything because I'm making you do something because of what I'm doing". here it was different with the Learning Disabled Service Users... "I take control by doing nothing so you can't do something".

I felt totally disempowered. Fortunately over the weeks lovely art materials and beautiful musical instruments arrived and everyone thought it was their birthday. The music therapist and I rounded up a group like wandering minstrels singing our invitation and observations. The Service Users thought we were strangely fascinating and quite mad...but it worked.

I have since discovered the need to be open to many different ways of working, this work calls for flexibility and creativity. I have found myself with a SU playing baseball with a large rolling pin and ball of clay, finding he is a good batsman and I'm better at throwing, or chasing SUs round the art therapy table in an attempt



Unfurled Horse



to bring life to role play, using humour, being playful, being prepared to listen to music at the worse moment when I'm trying to get to a meeting, exploring in cartoon form the most painful and sensitive issues of sexual offending, substituting the victim and perpetrator with Squidwood and Spongebob Square Pants.

I now have a group of skilled draftsmen who see the process as 'going to work'. It has a point. Some kind of fascination. And now gradually some have moved on back into the community or into the Low Secure Unit. They have worked hard and found a way of benefitting **from the whole teams' dedicated and committed input.**

It can be a struggle to connect on an emotional level and brings up intense feelings of loss and failure, only safely

explored with the most skilled of clinical supervisors, as I realise the relationship with the therapist may be the only kind of relationship with anyone, due to the sense of negativity SUs can imbue, such despondency and disappointment, when they have so many needs, the therapist can bring a positive attitude to the problem of challenging behaviour, and which has a knock on effect for staff when they see concrete results - as in the images - and can change professional assumptions about what insight and understanding SUs may or may not have.

Working with people with Learning Disabilities is like working in the dark. It can stretch the skills, flexibility and imagination of arts therapists facing barriers to working with LD offence related work, and can limit the use of traditional techniques and ideologies. Fortunately working with SUs with Learning Disabilities has been the bread and butter for art therapists since the birth of the profession in the 1940s. Therapists have **had to develop novel approaches to meeting the needs of clients, it's been a natural path to non-verbal** creative treatment. We have not ever faced the obstacles faced by verbal therapies to be recognised as a valid treatment option - Arts Therapies are the treatment option....maybe by default.

Thinking is more interesting than knowing but less interesting than looking (Goethe).

Kate Rothwell
SRAT (A) UK, BA, MA, BTC
Lead Arts Therapist for ELMHT
The John Howard Centre



Meaningful employment for Service Users has been a priority for the Trust for some time. However, during a period of high unemployment and large budget cuts it requires a creative approach. Historically, forensics has provided internal paid opportunities for service users. Although these opportunities offer a step in the right direction an employment review highlighted that small improvements could provide dramatic results. If the existing employment projects were taken over by a service user led social enterprise the projects could be developed to become profitable and sustainable. Professional services offered would include those currently outsourced by the trust, to provide a saving whilst also creating opportunities for meaningful employment and skills development for service users prior to discharge and beyond.

"There are so many things that we could do as patients instead of contracting external organisations to come in. It would be a great opportunity to boost service user confidence. If we have the opportunity to do something inside we are often surprised by our achievements and it gives you the confidence to try something similar in the community. With confidence comes motivation to find employment and a belief that your life can be different. Many users here face a lot of negativity in a variety of situations and believe they are not able to work because of their illness or the stigma they face. A service user led social enterprise is a direct challenge to these negative thoughts and perceived stigma. I also think this would contribute to recovery instead of sitting on the wards doing nothing; it would be a distraction, relieve frustration, and assist reflection which may in turn help face problems. To some degree some of these things are being achieved by the current on site jobs but not as much as they could or should be to support us in our rehabilitation **and discharge back to the community."** MM, Millfields Resident, John Howard Centre

As a result NU-Leaf Enterprises was developed. It is a

community interest company providing internal employment, catering, marketing, publishing, design, recruitment, consultancy, retail and maintenance services whilst providing Service Users with meaningful employment and opportunities for skill development. Once established and developed NU-Leaf will also be offering services to external organisations, but for now it is up and running and ready to provide publishing, marketing and design services internally.

If you have a requirement for posters or any other marketing material or would like more information on service user employment or NU-Leaf Enterprises please email:

Sharon.Frammingham@eastlondon.nhs.uk or
Victoria.Wasteney@eastlondon.nhs.uk



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Employment Development Manager

Millfields

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"Speaking with One Voice" A Brief Insight In To Service User Involvement at Newton Lodge

South West Yorkshire Partnership NHS
NHS Foundation Trust

Newton Lodge, (also known as The Yorkshire Centre for Forensic Psychiatry) is an NHS medium secure inpatient unit based in Wakefield. The hospital, which is part of the South West Yorkshire Partnership NHS Foundation Trust, provides specialist mental health care and treatment to service users from across the Yorkshire and Humber region who require to be cared for in hospital under the Mental Health Act (1983) within conditions of medium security.



At Newton Lodge service user involvement is truly embraced and given the importance it justly deserves. The benefits of working in partnership with those that use our services is acknowledged; there is also a recognition that we not only have a duty to provide the best possible care to our service users, but we also have a responsibility to work alongside the service user's families and loved ones. There is commitment from all levels within the service to work in collaboration and partnership with the service user to plan, deliver and improve services. This can only be achieved by obtaining the views of service users, by listening to their 'voices'. Our service user forums at Newton lodge allow us to hear what service users have to say and make changes based on these views.



One Voice

Newton Lodge's service user involvement group ('One Voice') continues to grow from strength to strength. As the name suggests, this

group (which is held on a monthly basis) provides service users who are inpatients at Newton Lodge with a collective voice; a forum where issues and concerns important to service users and their experience at Newton Lodge can be heard and addressed by all. 'One Voice' has been running as a group since October 2006. We started with just two service users and have since continued to expand to include representation from each of

One Voice ~ Our Values

"The place we live & the food we eat are fundamental needs for everyone, having a collective (one!) voice means we can have an influence on these both at ward & hospital level".

"We value everyone's contribution at whatever level ~ the strength

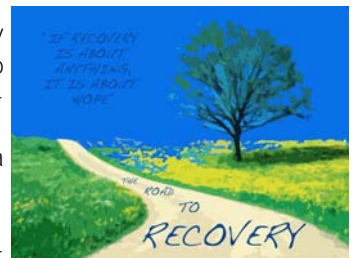
the seven wards at Newton Lodge. Meetings now typically attract in excess of fifteen service users!



ONE
VOICE

Service users are accompanied to the meetings by staff representatives, who support those service users needing an extra bit of help to put forward issues from their respective wards. Monthly community meetings are held on the wards prior to the One Voice Group taking place; this ensures that all service users at Newton Lodge are provided with an opportunity to contribute and put forward agenda items to be discussed at the One Voice Group.

One Voice meetings are led and chaired by a rotating service user chair. We actively support service users in becoming involved with 'One Voice' & value the contribution each service user brings whether this is at the meeting or on a more individual basis. The meetings can be very lively & active, discussion and debate is encouraged and certainly takes place during meetings. Service users take responsibility within the meetings to move issues forward, for example by writing to the management team for a response.



The administration of the group is also undertaken by service users themselves, even down to the production of accessible minutes for the meetings, which are produced jointly by staff and service user representatives. Issues brought to the One Voice group cover a wide range of topics; for example, discussions on the quality of food served, access to religious and cultural services, service users views on wider Trust issues (such as payment for involvement), are all issues that have recently been discussed.

The group has established links with the regional service user involvement meetings that take place. Service user representatives from the One Voice Group attend these re-

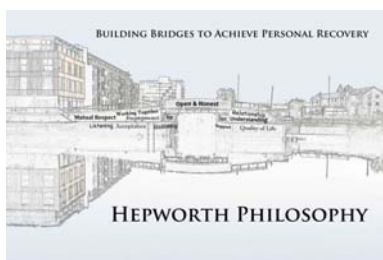
gional meetings and feedback on wider involvement initiatives such as the Care Programme Approach standards and My Future Plan as well as the 25hr Activities work. We are also proud that the Women's Service has been chosen as one of the pilot sites for the 'My Shared Pathway' project.

The One Voice Group works hard to advocate for what service users at Newton Lodge value and want. There are numerous achievements of the One Voice Group to note over the past year. One example amongst many to choose from is the development of a service user run shop, due to open soon, an idea pioneered by service users themselves!



Carers Dialogue Group

Newton Lodge launched its Carers Dialogue group in March of this year. This valuable group provides a forum where carers and relatives of service users at Newton Lodge can meet with the management and staff caring for their loved ones on a daily basis. Carers are able to ask questions and receive answers to issues important to them that have previously gone unanswered. We know that carers often report feeling isolated and lonely; this group provides an opportunity for carers to meet other carers and share their experiences. The first meeting took place in March and was a success.



The Forensic Social Work Department at Newton Lodge have continued to deliver educational sessions for relatives and carers of service users at Newton Lodge. Various topics have been covered including sessions on substance misuse, psycho social interventions and community treatment orders, to name a few. Carers that have attended these sessions have reported that they have found them informative and beneficial.

Family & Carer's Information Brochure

We know from research that carers of service users with mental health problems value being provided with information about services. Information and knowledge empowers and reassures carers. An audit undertaken of relatives and carers views of service users at Newton Lodge identified that relatives would welcome more information about the unit and different aspect relating to their loved ones care. Newton Lodge listened to what carers told us they wanted and developed a relative and carers welcome information brochure. Relatives and carers of service users were involved in deciding what information went into the brochure. The brochure covers a range of relevant topics such as information on the Mental Health Act, Care Programme Approach to what carers will be expected to bring when they visit the unit. The brochure has been welcomed by new relatives of service users. It provides a tangible resource for carers and plays a part in helping us work in partnership with carers.

Festive Activities within Medium Secure



Newton Lodge have been the host of two memorable festive events over the past year which have brought together both staff and service users to rekindle a sense of community spirit and fun. Last years 'Lodge Fest' (summer fate) was thoroughly enjoyed by all. Service users and staff worked together to coordinate this fantastic event. Various activities and stalls were held, including a BBQ, Sumo Wrestling, Water Stocks, Karaoke, Relaxation, and even a production by Rockin Raj (Consultants band)! The Christmas carol concert, '12 Days of Newton Lodge' similarly was another event, where service users and staff joined together to put on a magical production. Each ward also entered



into a Christmas cake competition. Such events help to address the power imbalance between service users and staff; a sense of fun and wellbeing is also achieved for all.

A Vision for the Future...

Where do we go from Here?

Over the coming months we hope to build on the strong foundations that we have laid in terms of involving service users in the planning, delivery and improvement of the services we offer. Only last week two service users were supported to attend a senior management meeting to deliver a presentation to influence an important decision to be taken (whether service users would be allowed access to mobile phones in the unit). We will work to build on these links to ensure service users are better placed to influence decisions and shape policies.

Next month service users will be invited to talk to new staff on the unit's induction about their experience of being a service user. We see this as a step towards service users becoming more actively involved in the recruitment process.

Whatever the future holds, we know the vibrancy & diversity of our group will ensure it continues as a united service user voice at all levels of the service.

Annika Leyland Senior Forensic Social Worker and Matthew Gaughan Clinical Practitioner
Newton Lodge

Adult Education at Warren Court

Hertfordshire Partnership NHS Foundation Trust

Patients at Warren Court, part of the Eric Shepherd Unit were very pleased with themselves and the Adult Education Unit staff. Most of them achieved national accreditations in literacy, numeracy and life skills.

They were asked to give comments about their educational experience whilst in hospital. This is what they wrote:

"In my last place for 14 months I never learned nothing. Came here 5 months down the line I can almost read and write. Thank you AEU staff"

"From last year I did a course at 2009 up to 2011. I pass the course. It went Ok. I was happy about it. I will start a new course from 2011-2012. I like doing things in AEU like computer course and relationships, drug, sex (condom). Male/female, maths, money, yourself and others, sexual and personal health."

"I find AEU....."

- Very helpful with the needs I have
- Very helpful with the skills I need for the future
- Very helpful when I am stuck or need help with my work
- Very friendly
- **Very understanding"**

"We come and learn in the education and enjoy ourselves"

"I like coming to Adult Ed because I liked using Printmaster to make Fathers Day card. I enjoy work on my formula 1 poster"



"I enjoy AEU I have learned loads since I came to Warren Court. I never read or write before I came here. I like the staff"

"I like AEU because I like learning about new skills. I like meeting new people. I like reading the Dr Who. It taking me a long time to read it"

"Adult Education is a place where you can sit and learn new things like maths and English meet new friends and learn computer skills. You get help from staff. They are very helpful when you need it."

"What I have done in Warren Court:

I think that I have achieved a lot of courses and I like them very much. I like Adult Education staff as they are hear to help you.

I did all my courses because I like getting involved in with all sorts of things like computers, cooking and I did like to achieved them all.

All staff at Adult education are hear also to try and make things better for you as much as possible and try to learn you how to do all sorts of **different things"**

"The staff are helpful to people who do not speak English. I learned to use the computer use money and spelling, write, reading

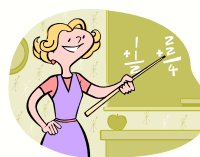
I learned mathematics fractions

The staff is good to everyone and make a nice drink.

I enjoy Adult Ed because help with my English and give a opportunity to get a certificate.

Service Users

Eric Shepherd Unit



Being in Secure Services



When I came into Secure Services in my early teens I did not know what was going on. The first unit I was sent to was Baynard House, in the what used to be De-Le-Pole Hospital in Humberside. The unit was for adolescents with behaviour problems. Eventually I ended up in Rampton High Secure Hospital.

There was none of this My Shared Pathway or Service Users chairing their own CPA (Care Programme Approach). After 6½ years in High Secure Services I was sent to a Medium Secure Hospital in Yorkshire.

To me it was just a hospital with a lack of OT and focused mainly on DBT. It was an up and down time for me. After 3½ years I was moved to low secure services at Cheswold Park Hospital in Doncaster.

For me the experience at Cheswold Park is very much patient focused. Not only in my treatment but also in involving service users in things like; interviewing new advocates, working in the shop and working in the Gym.

I would say the dedicated staff who work at Cheswold Park from the Senior Manager to the Chef and all the OT and education staff are here for the patients, to work with CPAs, My Future Plan and My Shared Pathway.

Cheswold Park for me is the best hospital I have been in. Staff have supported me in not self harming for over a year now. I can now see light at the end of the tunnel, which I could not see when I entered Rampton Hospital back in 2000.

Mark

Service User

Cheswold Park

Photographs taken by a service user



My Recovery Journey

Partnerships in care

When I first came to Llanarth Court I was experiencing severe psychosis. My Doctor explained that it was stress induced but it did little to re-assure me or combat that feeling of losing my mind, never to speak of the fear the psychosis imposed on my daily life.

Looking back at it in reference to the Recovery Star, which is a Recovery-orientated assessment tool that we have used here at Llanarth for the last few years, I can see now that I was feeling stuck or at Level 1 on the Ladder of Change, experiencing the full force of my symptoms over which I felt I had no control.

A quick succession of certain events seemed to pull me out of this state of mind more rapidly than staff and carers ever expected. Most important, I believe, was a drastic change in medication. Now I understand that my mind had indeed been very irrational but a big mountain was yet to climb. The end of psychosis spelled the beginning of a deep despair and depression. Only the continuous non-judgemental stance of the staff, who had yet again to clean up one bloodbath after another, helped me to overcome this shadow. By now I was well enough to appreciate certain freedoms, for example Zonal walks and attending workshops. **These 'freedoms' led on to more interest** on my behalf and depression lifted gradually.

I moved to the Rehabilitation bungalow within Llanarth Court, when I was actually only just beginning to **believe** there could be a future possible for me, coupled with millions of doubts. Yet again, I attribute the progress I made to supportive staff who work alongside the principles of the recovery approach. This was done in a manner of learning step by step to believe **again, 'I CAN.....'**

Now, after a year in the Rehab House, I have learned to accept that I can achieve things and my self-esteem has risen with it. To show you just a couple of achievements - I have entered poetry competitions 4 times and have been awarded copy-rights for each of them. I am in rehab, a road I never thought I would make so fast after my initial illness. On the Recovery ladder of change I believe I rate a

good '8' now, feeling reasonably robust and learning effectively to manage my life's ups and downs. The Recovery Star, when properly implemented, can empower patients and aid recovery with more self-awareness.

Service User

Llanarth Court Hospital.

A Video Link for Carers



Shannon Clinic is Northern Ireland's Regional Medium Secure Unit. It provides 34 beds for adults with mental illness who require treatment in medium secure conditions. Before Shannon opened in April 2005 there was no specialist inpatient forensic service in NI and forensic patients were treated in psychiatric intensive care units, in prison and in Carstairs in Scotland.

Mrs Jackie Elliott has been the Facility Manager since April 2010. The Operational Team and Multi-disciplinary team are working together to constantly improve the service provided for patients and their carers in Shannon Clinic. Recent recruitment across Occupational Therapy, Psychology and Senior Social Work means there is now a full complement of staff which has been very positive for all improvements.

When a patient in Shannon is deemed to require higher levels of security they are transferred to Carstairs. This is very difficult for carers as a substantial journey and cost is required to maintain regular contact with their family member. To help with this situation Shannon Clinic has developed very innovative help for carers by providing a video-link with Carstairs. This enables the service-user and carer to speak with and see each other regularly via the link. The carer finds this very engaging as they are able to see and communicate with their family in the privacy of a room provided in Shannon Clinic and the service-user feels less isolated and more connected to home.



The video-link meetings are facilitated by our Carer Advocate, Moira Harper on a weekly basis. Moira works for an organisation called CAUSE, an independent organisation supported by the DHSSPS and our local Health and Social Care Trusts. She provides peer-led, practical and emotional support to the carers and families of people with mental illness. Moira dedicates five hours per week to carers of those in Shannon Clinic.

Moira Harper

Carer Advocate, **CAUSE**
(The Shannon Clinic)

Carers Event



At Cheswold Park Hospital we believe that contact with carers is a part of the road to recovery and in maintaining good mental health and wellbeing for our patients. We use the term 'carer' as an umbrella term to refer to family, friends and significant others. Patient contact with carers often involves the assistance of the Social Work Department at the hospital. As we want to provide the best service we can to our patients, their families and friends, we have in the last 3 years completed a carers survey which we send out with stamped addressed envelopes in order to maximize a return. The questionnaire covers a number of areas such as asking carers if they know the names of the RC or named nurse. We ask if carers are aware of what their friends/relatives do during their day. We ask about their involvement in CPA, Tribunals and HMM's etc. We also ask about their level of satisfaction with their relatives care. The 2010 survey asked carers if they would be interested in a carers event at the hospital and despite a mixed response we went ahead with it.

The purposes of the carers event was to be as transparent as possible and demonstrate to all family and friends that despite the apparent austere initial impression of the physical security of the hospital, that we have worked very hard to soften the patient environment and provide as much opportunity for therapeutic and meaningful activity for all our patients, irrespective of the level of security under which they are detained, or the level of opportunity they have for leave outside the hospital.

We set aside a Saturday in April 2011 for the event. We formally invited carers by letter and again enclosing

stamped addressed envelopes asked for expressions of interest and numbers. The event was a semi-formal affair, with a mid morning meet and greet, followed by a welcome and introductions by the Head of Social Work. There were representatives from each of the clinical departments who came to speak about their respective disciplines and the contribution they make to patient care. Additionally we had a number of patient representatives to talk about their experience of the hospital and this was very warmly received by the carers.

We had decided in advance that we wanted to take carers beyond the visitors area and into the secure part of the hospital. In consultation with the Patient Council a ward was nominated and the patients decanted off the ward with their agreement, for a brief period of time in order for carers to visit the ward. The carers were able to see the type of accommodation their relative lived in including lounge areas, dining rooms and bedrooms. We then took the carers group around the rest of the hospital facilities which included a look at the seclusion facilities in order to demystify the 'padded cell' myth.



The feedback from carers was really encouraging and everyone who attended felt the day had been really positive. A number of carers said it was really helpful for them to see the patient kitchen area and other OT areas in order to visualise where their relative was when he reported what he had been doing during the day. One carer said she would regularly cry at the weekend thinking about the conditions in which her son was living, but stated having seen the hospital environment she no longer did this.

All staff who had been involved in the event commented that giving up a Saturday for such an event had been extremely rewarding and very worthwhile. We now regularly produce a carers newsletter and receive requests for a further carers event which we are planning for late 2011.

Dave Watkinson
Head of Social Work
Cheswold Park Hospital

The Development of Carer Support Worker Roles in Forensic Mental Health Services

Carers and forensic mental health

Previous work has identified that relatives and informal carers of people residing in forensic mental health settings are significantly more likely to record dissatisfaction with services compared with carers of non-forensic mental health service users, and are more likely to document more severe burdens, MacInnes and Watson (2002). However, it is also acknowledged that, currently, little work has been done to address the needs of carers in forensic mental health settings.

In an important piece of work Canning et al (2009) surveyed 38 MSUs/HSUs and found that the majority of services (74%) provided some form of support to carers although the type of support and frequency varied. The usual form of support was through information leaflets. It was also acknowledged:

- offering support to carers improved the relationship and the quality of communication between services and carers
- logistical difficulties in setting up support groups
- **some services didn't understand these carers needs**
- 61% stated there had been difficulties in establishing and maintaining support.

It appears that although some support is offered, no consistent approach has been adopted. In addition, there appears to have been difficulties in both ascertaining **carers' needs and also in developing appropriate support structures.**

Based on the above information, a collaborative project was devised and supported by the Bracton Centre, Dartford, the Trevor Gibbens Unit, Maidstone and Canterbury Christ Church University. The focus of this project was to introduce and develop a carer support worker role into the two secure units. This work **built upon a survey of carers' needs** in the two services. The survey aimed to identify the support needs

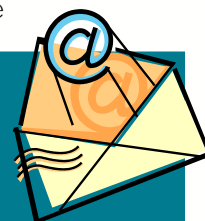
of carers and interviewed 63 carers about their needs, as well as their experiences and views of the service received. The main finding was that the provision of appropriate information and support was the most important need and was significantly associated with their level of satisfaction with services. The types of information and support requested included that they:

- Could access relevant information quickly,
- Receive regular progress report/phone call,
- Have ongoing access to a named staff member who knew them and their friend/relative and so could give relevant information to them when needed,
- Be listened to,
- Be given advice about facilities near to, or in, the hospital (i.e. cafes, disabled facilities, hotels),
- Have a time plan of what is going to happen to their relative/ friend and when,
- Have the facility to debrief after visiting their relative/friend.

It was proposed that the introduction of a Carer Support Worker would allow the service to provide for these identified areas of need and help to develop the service provided to carers.

Carer Support Worker role

The Carer Support Workers provide advice and support to the carers of the two services as well as undertaking a liaison role to aid better communication between carers and clinicians. The role is being supported by the two services for an initial trial period of one year to ascertain the impact the role has on addressing carers support and information needs. The main aim of the project is to develop and embed the Carer Support Worker Role within the working practices of the services. It is viewed as developmental in nature with changes to the role expected over the course



Join the MSU Discussion Group!

The discussion group enables members to share good practice, policies and information within the Forensic Community

'A very useful service, which helps with a wide variety of tasks ranging from policy formulation to ethical issues'

'Its accessibility is a big plus'

'Such a national network is rare'

If you would like to join the MSU Discussion Group email 'Join' to:
MSU@cru.rcpsych.ac.uk

of the year as new information about the effectiveness of the role and the requirements of carers become more apparent. It is acknowledged there are likely to be differences in the needs of carers and consequently a divergence in the role performed by the Carer Support Worker in the two services. To help in developing the role, the types of contact made with the carer support worker, the needs of carers, carer satisfaction, the training needs of the carer support worker, the support needs of the



carer support worker, and the types of intervention undertaken

by the Carer Support Worker will all be recorded and evaluated.

We would like to briefly detail the main approaches developed so far in establishing the Carer Support Worker role.

Training programme and ongoing support:

A two-day bespoke training package was designed and delivered in order to prepare the CSWs for the role. The content included:

- Background and overview of the project and underpinning research
- Mental Health Act Law and legislation (with specific focus on forensic sections of the MHA)
- Definitions, Diagnosis, Causation, Prognosis, and Treatment approaches for a variety of diagnoses (Psychosis, Personality disorders, Affective disorders)
- Counselling Approaches and Principles (including telephone counselling)
- **Designing a carer's information package** (also to be available on DVD)
- An overview of the project documentation

Monthly supervision (for 1.5 hours) is provided by senior members of the project team (both of whom have considerable experience in working with carers of people with mental health problems). The aim

of these sessions is to evaluate progress, discuss issues arising and provide clinical support.

Recording contacts:

In order to ascertain the type, length and nature of contacts with carers a recording form was designed. This form was discussed and modified during the training programme.

Practical issues faced so far:

Initial delays were encountered due to obtaining a dedicated phone number and having paperwork approved by the NHS Trusts. Some of the consultant psychiatrists in one Trust expressed concerns about the role and how it would be managed and social work colleagues were also uncertain about the extent of the CSW roles and responsibilities; this required clarification and reassurance.

We found that confidentiality issues slow down the process of referral to the CSW, cause some anxiety amongst staff and present some of the greatest challenges (particularly in relation to obtaining consent from service users to share information with carers). The need to security-clear visitors before they are allowed onto the units is a process that can delay carers visiting; the CSW in one site has often found herself explaining this issue to carers and facilitating the process.

Progress so far:

The CSWs have now attended service-user meetings on all units in order to promote the role and answer any queries from service users and staff. A letter was also sent to all staff members to inform them about the project. The Carers information packages (specific to each site) have been developed and 130 packs have been sent out to carers across the two sites.

The theme for the next
Quality Network Newsletter is:

Access to Work and Education
for Service Users

The project team would be pleased to include articles relating to any initiatives that services have developed in this area, as well as articles regarding challenges and solutions to providing service users with access to work and education

If you would like to submit an article of interest for the next edition please email:

[Maddy Iqbal](mailto:Maddy.Iqbal)



Contacts made so far:

A total of 48 CSW contact forms have been completed. Thirty two of these were telephone contacts and mainly related to completing vetting forms required to clear visitors. Information about visiting times and rules/regulations was also shared during these contacts.

The average length of time for contacts was 15 minutes (for phone calls) and 60 minutes (for meetings). The main themes of the discussions related to: visitor clearance, sharing information about ward rules/routines, passing on messages to the clinical teams and listening to carers' concerns about service users' treatment and progress.

Future plans:

The service will be continued in both NHS trusts for at least a year and depending on the feedback received the role will be modified accordingly. In order to evaluate carers' needs and experiences of the service three telephone interviews will be conducted over the year using two standardised measures: Carers Well-being and Support Scale (RETHINK 2011) and the GHQ12 (Goldberg & Williams, 1988). The service is now likely to be extended to the forensic learning disabilities service over the coming year.

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Dan Bressington, Senior Lecturer, Canterbury Christ Church University

Doug MacInnes, Reader in Mental Health, Canterbury Christ Church University

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Service User and Carer
Involvement in
the Quality Network for
Forensic Mental Health Services



regular support meetings are organised by the project team to enable the Service User group to feedback on their work and any challenges they have faced.



Recent Recruitment

The initial Service Users employed by the Quality Network tended to be from services based in the London area, this enabled them to form part of the peer-review teams for London based services, however it was more of a challenge facilitating visits further afield. As such, recent recruitment drives by the project team have focussed on ensuring that, as far as possible, we have representation from the various regions in England. This enabled service users to be part of nearly a third of reviews in Cycle 5 and, with the recruitment of three new members of the team, the goal for Cycle 6 is for Service Users to attend at least 50% of the review visits.

Carer Representation

Once the Service User Expert group was established the project team were keen to extend this to involving carers in the work on the network. In 2010 we advertised for the role of 'Carer Representative' for the Advisory Group and were pleased to recruit two carers to this post. Initially, the role involved attending the quarterly meetings however, in consultation with the two representatives, it was decided that a pilot for

The involvement of carers and Service Users in the work of the Quality Network is an area of the project of which the team are most proud. Starting with two Service User Experts in Cycle 2 the project now has a team of representatives of those people who use forensic services, including nine Service User Experts and two Carer Representatives. Undoubtedly, having this kind of representation on the project's Advisory Group and out on peer-review visits ensures that all aspects of the care provided are considered.

Programme of work – Service Users

The nine Service User Experts are involved in a variety of aspects of the project work. After receiving induction training the Service Users conduct Service User telephone conferences, attend peer-review visits, write articles for the newsletter, present at conferences and sit on the advisory group. In addition to this,

Carer Telephone conferences would be beneficial for the review process. It was felt that the views of carers should be more adequately represented in the peer-review process. So, the Cycle 6 workbooks now included additional criteria, relating to carers, from the Best Practice Guidance and a further two criteria which were developed in consultation with the advisory group and the Carer Representatives. All member services are required to review themselves against these criteria and the project team are pleased that 18 units have signed up to the carer telephone conference pilot. It is hoped that this will be rolled out to more services in later cycles.

Targets for Cycle 6

As part of the presentation delivered by two of our Service User Experts at the last Annual Forum the targets for Service User involvement throughout Cycle 6 were shared with the membership. These include:

- Recruit more Service User Experts
- Reorganise roles for SU Experts
- 100% target for SUTC delivered by Service Users
- Increase number of Service Users attending peer review visits

So far we are well on track with these. As previously mentioned we have recruited three more Service User Experts and have reorganised the roles. We have two dedicated members of



the team who sit on the Advisory Group, to ensure consistency within this role. They provide feedback from the other members of the team, which is collated in the Service User support meetings. Compared to this time last year we have had an increased number of Service Users as part of peer-review teams and the Service Users have been committed in carrying out the Service User telephone conferences they are scheduled to do.

Thank you

The project team would like to thank the Service User Expert team and the Carer Representatives for all the

hard work they do for the project and hope that this will continue to grow in all the future cycles.

Maddy Iqbal
Deputy Programme Manager

Quality Network for Forensic Mental Health Services

Being a Service User Expert



I have just recently been given the post of service user expert. I now work closely with mental health professionals and use my lived experience to good use as a team member on peer reviews.

I have no formal qualifications as I was excluded from school, when I was thirteen years old but realized soon after starting the job that in my role none were needed, as my lived experience were in a way my formal qualifications. I came to the attention of mental health services because of a combination of factors, such as bad choices and decisions, youthful defiance and a self-destructive chaotic mind set and lifestyle. These were made worse and fuelled by excessive substance misuse and by the constant personal battle of being witness to early childhood trauma. These factors and having a genetic predisposition resulted in me coming into contact with mental health services.

When I started the post I had no real idea of what to expect and also what a rollercoaster of emotions and personal analysis it would prompt. So far I have found every review different in many ways and on the whole, when I have had time to put my own personal coping strategies in place and reflect, they have been

If you would like to advertise an event that your service is organising please email

Maddy Iqbal

for inclusion in the next edition of the Newsletter

OR

Email the MSU discussion group for circulation to members

(MSU@cru.rcpsych.ac.uk)



very positive. I have found the complex issues, that I have experienced during reviews very interesting and I have found myself eager to learn more and fulfil my role to the best of my ability. I have found myself empathizing not just with the service users who are in an MSU environment and their carers, but with the frontline staff and their plight.

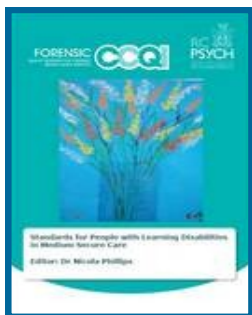
I have also experienced and understanding of the equally personal struggle and everyday battle of the frontline staff and professionals in dealing with changing policies and training commitments and how emotionally draining this must be. Because I have had the opportunity to witness this from both sides of the fence I now have a new found admiration for these individuals who day in and day out do their best to balance the fine line of a therapeutic and secure environment as equally as possible while being up against it with this present time of cuts and uncertainties. While living in an MSU environment I just never understood the bigger picture and complexity of this whole situation.

The opportunity to be part of this process has been a great learning curve to me and focused my mind on many different issues and problems experienced by all people who are in some way involved in it. It has given me insight into this complex and constantly changing workplace, that i really enjoy and it has given me the opportunity to use a negative side of my life for a positive outcome. It has been great to learn from this experience and develop new skills and use them these to work with like minded people in the hope that in some way however big or small these skills will have a positive effect on the service users and professionals alike.

I feel certain from my own personal point of view and experience of the review visits that people of lived experience working with professionals can only be a good use of a widely available and untapped resource and it is something that I really enjoy being part of.

Ian
Service User Expert
Quality Network for Forensic Mental Health Services

Quality Network Publications



Standards for People with Learning Disabilities in Medium Secure Care



MSU Discussion Group Summary (June 2010 - May 2011)



Implementation Criteria for Recommended Specification: Adult Medium Secure Units (2nd Edition)

Visit the Quality Network's website to view our recent publications



25 Hours of Structured



Physical Security Booklet - Problems and Solutions



Good Food in Medium Secure Services: How do we Provide it? Challenges and Suggested



Standards for Relational Security

Quality Network for Forensic Mental Health Services



Annual Forum Cycle 6 2011

Tuesday 1 May 2012 10.30am - 4.30pm

Royal Society of Medicine, 1 Wimpole Street, London, W1G 0AE

A conference for forensic mental health staff and service users participating in the Quality Network for Forensic Mental Health Services and for others interested in the Quality Network



Picture by Paula Aston, Alpha Hospital

About the day:

Presentation of key findings from the sixth annual cycle of self- and peer- reviews.
Annual General Meeting of the Quality Network for Forensic Mental Health Services.
Workshops to explore findings from the review process, share achievements, exchange views with peers and make action plans.
Plenary session to exchange and reflect on shared quality improvement challenges.

Who should attend:

All forensic staff and service users involved or interested in being involved in the quality network review process
All commissioners, managers, staff members, service users interested in the Quality Network for Forensic Mental Health Services

Cost:

£75 Quality Network members, £85 non-members (staff and service users)

To book a place at the Quality Network Annual Forum 1 May 2012 complete:

Name

Job Title

Address

.....

Tel

E-mail.....

I enclose a cheque payable to 'The Royal College of Psychiatrists' () please tick.

Please invoice my organisation () please tick.
(Please provide an invoice address if different to the address already given).

If you would like to display a poster at the Annual Forum please tick () and send to Ilham Sebah at the address below.

Return completed forms to Ilham Sebah at Royal College of Psychiatrists CCQI, 4th Floor Standon House, 21 Mansell Street, E1 8AA or by e-mail to isebah@cru.rcpsych.ac.uk or by fax to 020 7481 4831

Quality Network for Forensic Mental Health Services



Advisory Group Vacancies

The Quality Network for Forensic Mental Health Services has the following vacancies on its Advisory Group:

- Chair of the Advisory Group
- 3 Advisory Group Members

Please contact Maddy Iqbal, at the address below, if you would like to see the recruitment information, including:

- Advisory Group Terms of References (containing role descriptions for Chair and group members)
- Advisory Group Organisational Chart
- Current Advisory Group membership list

How to apply:

Please send all application information to the address below or electronically to mrhoyland@cru.rcpsych.ac.uk **by 11th November 2011**

To apply for the role of Chair: Please provide an expression of interest letter and a C.V. (Interviews will be held on 29th November 2011 (TBC) by Sarah Tucker, Programme Manager, and with members of the Advisory Group)

To apply for the role of Advisory Group Member: Please provide an expression of interest letter and a C.V. (These will be considered via a structured selection process by Sarah Tucker, Programme Manager, and the Advisory Group in late November 2011)

We would very much welcome applications from staff from within our member units for each of these roles. We look forward to hearing from you and staff from your unit

Return applications to Maddy Iqbal at The Royal College of Psychiatrists' CCQI, 4th Floor Standon House, 21 Mansell Street, E1 8AA or by e-mail to mrhoyland@cru.rcpsych.ac.uk

Useful Links

- ⇒ **Department of Health** <http://www.doh.gov.uk/>
- ⇒ **Forensic Psychiatric Nurses' Association (FPNA)**
Aims to promote the art and science of forensic psychiatric nursing, thereby improving the quality of care to patients
<http://www.fnrh.freeseve.co.uk/fpna/>
- ⇒ **Health and Social Care Advisory Service**
An evidence based service development organisation working in all aspects of mental health and older people's services across the health and social care continuum
<http://www.hascas.org.uk/>
- ⇒ **Healthcare Commission** Promotes improvement in the quality of the NHS and independent healthcare
<http://www.healthcarecommission.org.uk/homepage.cfm>
- ⇒ **Institute of Psychiatry**
The largest academic community in Europe devoted to the study and prevention of mental health problems
<http://www.iop.kcl.ac.uk/>
- ⇒ **National Forensic Mental Health R&D Programme**
Recently completed programme of research funding to support the provision of mental health services for people with mental health disorders who are offenders/risk of offending
<http://www.nfmhp.org.uk/>
- ⇒ **National Institute for Health and Clinical Excellence**
An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Includes the National Collaborating Centre for Mental Health (NCCMH), a partnership between the RCP and BPS
<http://www.nice.org.uk/>
- ⇒ **National Offender Management Service (NOMS)**- brings together the work of the correctional services
<http://www.noms.homeoffice.gov.uk/>
- ⇒ **Prison Health**
A partnership between the Prison Service and the Department of Health working to improve the standard of health care in prisons
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/PrisonHealth/fs/en>

Useful Links

- ⇒ **Prison Health Research Network**
DH funded initiative, led jointly by the Universities of Manchester, Southampton and Sheffield, and the Institute of Psychiatry
<http://www.phrn.nhs.uk/>
- ⇒ **College Centre for Quality Improvement homepage**
<http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement.aspx>
- ⇒ **College Education and Training Centre Offers courses for professional development in mental health care**
<http://www.rcpsych.ac.uk/crtu/cetchomepage.aspx>
- ⇒ **Centre for Mental Health**
An independent charity that seeks to influence mental health policy and practice and enable the development of excellent mental health services through a programme of research, training and development.
<http://www.scmh.org.uk/>
- ⇒ **QIPP**
http://www.institute.nhs.uk/cost_and_quality/qipp/cost_and_quality_homepage.html

Some of The Quality Network's Development Work

- ⇒ ***Psychotherapy Scoping***
The Quality Network for Forensic Mental Health Services is conducting a survey to establish the current provision of psychotherapy within medium secure services. We would be grateful if you would spare the time to respond to this questionnaire in relation to your own service. Please visit the [Quality Network's Website](#) to complete the Survey.
- ⇒ ***Community Forensic Mental Health Services Consultation***
A survey was circulated to member services to establish the current arrangements in place in relation to Community Forensic Mental Health Services. The responses have now been collated and working group established to discuss the findings. These will be presented at the Annual forum in May.
- ⇒ ***Recovery workshop***
One of the recommendations in the Quality Network's Cycle 5 Annual Report related to the implementation of Recovery Models in Medium Secure Services. In order to support services to make improvements in this area the Quality Network will be running a workshop addressing the challenges and solutions in implementing recovery models and would like to invite services to submit work that they have done relating to recovery plans and any challenges that they have faced. For example, plans/outlines for recovery based groups/sessions, examples of recovery folders, and also any work that has been compiled by patients on the wards. If you would like to submit something, or have any queries please email Maddy.lqbal.
- ⇒ ***Women's induction***
The provision of a specific induction for staff working in female services was another recommendation in the cycle 5 Annual Report. As such the Quality Network would like to consult with member services via email to gather examples of staff inductions for working with women in medium secure care. The information gathered will then be disseminated across the network. If you would like to submit your induction programme for women please send the relevant information to Maddy.lqbal.

Events and Dates for the Diary

- ⇒ **NHS Reform: Managing the Transition**
10th November 2011, The Barbican, London
www.publicserviceevents.co.uk/programme/196/nhs-reform

- ⇒ **A Practical Guide to Measuring and Monitoring Service User Experience in Mental Health**
Tuesday 15th November, 76 Portland Place, London
www.healthcareconferencesuk.co.uk/service-user-experience-mental-health

- ⇒ **Nurse Clinics 2011**
Thursday 17 November 2011, Manchester Conference Centre, Manchester
www.healthcare-events.co.uk/ct/HCE29

- ⇒ **Psychological Therapies in the NHS 2011**
Thursday 24 and Friday 25 November 2011, Savoy Place, London
www.healthcareconferencesuk.co.uk/psychological_therapies

- ⇒ **START: Advanced Course for Instructors**
25th November 2011, The Brunei Gallery, Russell Square, London
Further information and booking forms Contact: Alessandra Scotti forensic.teachingunit@kcl.ac.uk

- ⇒ **Advanced Legal Masterclass: Safeguarding Vulnerable Adults**
Monday 28th November 2011, 5 Great College Street, London
www.healthcareconferencesuk.co.uk/conf/uploads/brochures/692_20111012-164921_Vulnerable_Adults_Masterclass.pdf

- ⇒ **Efficiency and Reform: Delivering Productive Public Services**
29th November 2011, The Barbican, London
www.publicserviceevents.co.uk/programme/198/efficiency-and-reform-2011

- ⇒ **Delivering Safer Care and QIPP Improving Ward Round Processes and Practice**
Wednesday 18th January 2012, London
www.healthcareconferencesuk.co.uk/conf/uploads/brochures/690_20110919-130724_Ward_Rounds.pdf

Contact the FORENSIC Team

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