

Date posted	Topic	No. of posts	Response
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**Summary: MSU Email Discussion Group Activity.  
August 2007 – July 2008**

02/06/2008	<p><b>Adult Education Funding</b> A request for information on how MSUs fund Adult Education sessions was made.</p>	2	<p>Both respondents reported that Adult Education professionals at their units are paid for by the Trust and not the Learning and Skills Council. At one of the units the payroll costs come out of the same budget used for OT and Physiotherapy.</p> <p>Adult Education staff at one unit were reported to have similar holidays to local colleges with short closures at Christmas and Easter and a 4 week closure in the summer.</p>
22/04/2008	<p><b>Alcohol whilst on leave</b> A request was made for policies or useful experiences in regard to allowing patients without alcohol problems to drink whilst on leave.</p>	5	<p>One respondent reported that their unit does not allow alcohol (or smoking) on escorted leave. It is viewed that this level of community integration would be handled in low secure services and beyond.</p> <p>Alternatively, another respondent wrote that patients at their unit are regularly allowed to access alcohol on escorted and unescorted leave, within set limits agreed with the RMO and clinical team. The service has a policy and uses an alcohol meter to check the agreement is not being abused. It was noted that there have been very few incidents of abuse of the policy. An additional respondent supported the above procedure.</p>
29/11/2007	<p><b>Audits and Research</b> An inquiry was made regarding audits that are carried out in MSUs.</p>	2	<p>Audits carried out in other MSUs included: violent incidents, absconsions, use of leave, CPA documentation, use of mental health act forms (including consent to treatment), high dose prescribing, NICE schizophrenia guidelines, multidisciplinary notes audit, discharge summaries, suicide prevention guidelines and the use of seclusion.</p> <p>It was suggested that joining the National Forensic Audit Group would be useful.</p>

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31/03/2008	<p><b>Band 4 Nursing Staff</b> A request was made for information on the job role of Band 4 nursing staff.</p>	3	<p>One unit was reported to employ Band 4 nurses as Therapeutic Working Day Coordinators. The role is aimed at monitoring individual and group work in the clinical area as well as organising social events and weekend or evening events. It requires an experienced person who can provide reports on the progress/involvement of patients and working mainly on the 'shop floor' to enhance engagement and activities.</p> <p>Another unit was reported to employ Band 4 nurses as Assistant Practitioners/Life Skills Workers. Their key roles focus on supporting group work and primary nurse care. Although there are similarities with Band 3s there are additional responsibilities and expectations.</p>
18/09/2007	<p><b>Bullying and Harassment</b> A request was made for practical experience of interventions and strategies</p>	9	<p>Several units reported that they were currently in the process of developing or updating policies in this area. It was suggested that units should have:</p> <ul style="list-style-type: none"> <li>• policy and training on how staff should behave and on how they should protect patients from other patients through observation and intervention</li> <li>• complaints and independent advocacy services</li> <li>• buildings with good line of sight or plans for these</li> <li>• policy on sexual activity and systems for managing aggression</li> </ul> <p>One respondent wrote that the key seems to be to educate patients and staff on issue of equality, diversity and respect.</p>
06/12/2007	<p><b>Clinical Supervision</b> A request for information on clinical supervision systems for in-patient nurses.</p>	2	<p>Both respondents reported that peer supervision has been implemented for in-patient nursing staff, as the 'gold standard' of 1:1 supervision is a continuing challenge. Supervision was viewed to be the joint responsibility of the organisation and the individual. One unit included clinical supervision as an object in all staff appraisals.</p>

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30/04/2007	<p><b>Dental Services</b> A request was made for information on the dental services available at other MSUs.</p>	10	Four respondent report that their services had an on site dental suite and the local PCT fund the visiting dentist. One of these services was also noted to employ a dental nurse. Two other units were reported to be embedded within a larger hospital sites and so patients use the dental facilities at the hospital. One of these units also reported having a mobile dentist visit for 8 hours every month to carry out routine examinations and treatments.
18/12/2007	<p><b>Drug Dogs</b> An inquiry was made as to whether other units use drug dogs and whether they have been successful.</p>	9	Eight respondents reported that their unit has used drug dogs in the past. Only one of these reported the use of drug dogs to have had a limited impact, with the other units reporting positive results. It was suggested that police drug dogs are better trained than those from private companies. One unit reported owning their own drug with an in-house trainer.
18/01/2008	<p><b>Forensic Lead</b> A request was made for information regarding the 'Recruitment and Retention Premia'</p>	4	Notable variations were reported by the respondents of this post. One unit reported that all staff receive the premia. Another unit reported that existing staff receive the premia but since Agenda for Change, new staff and promoted staff do not receive it. A third respondent reported that MSU staff receive the recruitment and retention premia, however, staff in the Challenging Behaviour services do not. A social worker also noted that LCC do not pay a premia for working within secure/forensic psychiatry.

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29/11/2007	<p><b>Games Consoles</b> An inquiry was made about the wireless capabilities of modern games consoles and whether they are classed as restricted or contraband items in other MSUs.</p>	8	<p>The different wireless capabilities and storage devices of various games consoles were discussed (e.g. Nintendo Wii and DS, PS3 and Xbox 360). Suggested criteria for devices to be approved for use in an MSU setting:</p> <ol style="list-style-type: none"> <li>1) No modem</li> <li>2) No Ethernet</li> <li>3) No wireless LAN / WiFi</li> <li>4) No Bluetooth</li> <li>5) No SIM card</li> <li>6) No ability to write to local storage apart from saved games</li> <li>7) No flash card/USB port</li> </ol> <p>Two respondents suggested that supervised game sessions (rather than individual unsupervised use) could be a reasonable step to take. It was noted that the content of the games would need to be examined first.</p>
30/04/2008	<p><b>Handcuffs</b> A request for information on transferring mentally disordered offenders to medical/court appointments and the use of handcuffs/security firms.</p>	3	<p>One respondent reported that following an incident when transferring a patient, all qualified staff have been trained in the use of handcuffs. The unit now uses handcuffs and has developed a robust policy which is followed prior to and during their use. A second respondent reported that handcuffs are not used at their unit. The unit has a vehicle airlock and so patients can usually be placed into a secure vehicle without the need for handcuffs. If risk assessments suggest the need for more security (e.g. transferring from seclusion to maximum security) then the unit would A) liaise with the police and B) consider using a cellular vehicle through their transport providers.</p>

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04/02/2008	<p><b>Health Records</b> An inquiry about what other services do with information including case depositions and copies of reports and medical records from other Trusts</p>	3	<p>One unit reported that their unit keeps paper files of criminal justice information. After one year following the closure of a case at court, the file is reviewed and unnecessary information is removed. Case summaries or key victim statements are considered to be an integral part of a forensic mental health record and are kept for archiving along with the file. Another respondent reported that their unit uses an electronic patient record system as well as maintaining a parallel paper system. Court reports are considered to be an incredibly useful source of information for both general clinical care and risk assessment. A third respondent reported that their unit keeps reports from outside parties (e.g. independent Tribunal reports, court reports) as part the patient record, as they contribute important and relevant clinical information. The storage of court depositions were thought to be more problematic and the new electronic record system being developed was reported not to including them.</p>
30/11/2007	<p><b>Patient Participation in Management Board</b> An inquiry regarding what structures other MSUs have in place for service users' involvement in Board decisions was made.</p>	2	<p>One respondent reported that there is a monthly patients' reference group at their unit, which is attended by nominated patient reps from each ward, the Director, the OT Team Manager, the Clinical Director and the Head of Psychology. Topics discussed at these meeting include service issues and policy changes. It was also reported that the unit is looking at how they can include patients in their monthly clinical governance forum. Another respondent reported the Patient Council in their service to be a useful mechanism for service user views.</p>
28/11/2007	<p><b>Physical Healthcare</b> A request for information was made regarding the provision of physical healthcare to forensic patients in Medium and Low Secure Units.</p>	8	<p>A number of units were reported to have on-site GP clinics, which are visited on a weekly basis by GPs and/or Practice Nurses. Some units also reported having visiting dieticians, dentists and podiatrists. Developing good working relationships with local GPs and dentist was thought to be essential for the delivery of good quality physical healthcare. One respondent reported that there is a comprehensive physical activities programme in place within their service to promote good physical well being.</p>

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21/04/2008	<p><b>Referral Criteria</b> A request for information was made regarding referral criteria used in other MSUs.</p>	2	<p>One respondent reported that their service only accepts referrals from inpatient forensic facilities. Community referrals may receive an assessment and support to arrange a management plan for individual cases.</p> <p>Another respondent reported that their forensic rehab and recovery team only accepts patients who have spent at least two years in the secure hospital. Patients would not be accepted into the R&amp;R team case load unless they are in stable remission and showing evidence of good response to treatments aimed at risk reduction and risk management (HCR-20).</p>
11/12/2007	<p><b>Relapse Indicators</b> An inquiry was made regarding protocols used in CPA documentation to guide the identification of relapse indicators.</p>	2	<p>One respondent reported that the new CPA guidance in Scotland uses a "traffic light" system as a simple way to communicate risk issues and guide actions in the event of certain incidents happening. It was also noted to incorporate other risk issues not just illness relapse indicators</p>
18/04/2008	<p><b>Self-Harm</b> A request for information regarding the management of self-harm was made.</p>	3	<p>One unit was reported to deliver a 1/2 to 1 day training course around this issue, including the discussion of gender and self harm, an overview on the psychological treatment of self harm, risk assessment and procedures for responding to an incident of self harm.</p>

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03/12/2007	<p><b>Staff Pregnancy</b> An inquiry was made regarding protocols covering nursing staff pregnancy.</p>	4	<p>All units were reported to carry out a risk assessment when nursing staff fall pregnant with each case being managed individually. One unit reported that individuals would be moved to the pre-discharge ward as this is the area with lowest risk. At another unit nurses were reported to stay in the same clinical area but as the pregnancy progress become less involved in patient contact activities. It was thought that moving the nurse to a different clinical area could increase the risk due to the fact that they would not know the clinical and risk history of the patients. Alternatively, another unit reported that pregnant nursing staff usually stop working in clinical areas and work in reception, in a security role, or carry out audits. Requests to continue working in clinical areas are managed on an individual basis. However, it is a general rule not to have staff over 6 months pregnant in clinical areas.</p>
29/11/2007	<p><b>Supervision of Child Contact</b> A request for advice regarding practices in relation to the supervision of child contact.</p>	3	<p>One respondent reported that a social worker from the women's service supervises all child contact. Social work staff are thought to be in the best position to do this, as they have knowledge of child care legislation. The social worker was reported to assist patient with contact and to intervene and end a visiting session if it is not going well. Social workers were also noted to go on all home visits involving children.</p>

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