



Inside this issue:

2 Quality Network News

4 Project Team Details

5 Addressing the Challenges of Supervision

10 Lead Reviewer Training

11 What makes a good review?

13 Carer Days at Arnold Lodge

14 Caring for Carers at Wathwood Hospital

17 MSU Email discussion Group Hot Topic Summary

19 Update from the Quality Network Service User Experts

20 Consultation Events

21 Quality Network Annual Forum

22 Events

23 Useful Links

Quality Network For Forensic Mental Health Services

Introduction

**Dr Paul Gilluley, Consultant Forensic Psychiatrist,
Chair of the Quality Network Advisory Group**

We are delighted to welcome 41 new members to the quality network for this fourth annual cycle. This increase in membership, now standing at 251 wards, across 64 services, has enabled the quality network to become an increasingly active community, characterised by lively debate, information sharing and peer support. Eight services will soon be taking part in their fourth peer-review, with another eight services taking part in their second and a further seven units about to embark on their second cycle of reviews. We look forward to meeting the staff at the units who will be involved in their first peer-review over the coming months.

The meetings of the network Advisory Group continue to be productive and we are currently in the process of recruiting new members. Furthermore, an Outcome and Activity Measures working group, whose membership includes the Chair of the National Specialist Commissioning Group, has convened and is meeting on a regular basis to discuss the routine use of outcome measures in medium secure units. Upcoming events over the next year include the Standards Consultation event to be held on 7th December 2009, Lead Reviewer training session at numerous points throughout the cycle, as well as the Annual Forum planned to take place on 12th April 2010.



Quality Network for Forensic Mental Health Services News

Sarah Tucker – Programme Manager



Consultation Questionnaire and Event

We have been very aware that members of the Quality Network have expressed many views (positive and negative) about the 'Best Practice Guidance: Specification for adult medium-secure services' (Department of Health 2007) in formal and informal settings. The guidance has now been in operation for almost two years. It is timely then that the Department of Health has commissioned the Quality Network to undertake a consultation with its member units. This work will constitute the first stage of a programme of engagement led by the Department of Health. We are very pleased to be able to provide members of the Quality Network with the opportunity to consult on the guidance and in this way provide a platform to use the strength, wealth and wide ranging experience of those who live and work in medium secure settings to influence the standards for good practice.

The consultation of the Best Practice Guidance carried out by the Quality Network has two parts. The first part of the process uses a questionnaire which has been disseminated

to staff and service users across the Quality Network's membership, to the Quality Network's service user expert group and to commissioners. This questionnaire asks for views about the Best Practice Guidance in relation to the following aspects of it:

- Content
- Implementation
- Clarity
- Impact on Equality and Diversity
- Omissions
- Positive Aspects

The second part of the process is a consultation workshop on the Best Practice Guidance to be held on 7th December 2009. For information about the consultation questionnaire or the workshop please contact Anna Collinson, Project Worker, Quality Network for Forensic Mental Health Services acollinson@cru.rcpsych.ac.uk 020 7977 6660

Addressing the Challenges of Supervision

Aggregated findings from Cycles 1 and 2 showed that regular staff supervision was not taking place across most units and in particular for frontline nursing staff. In response to this finding the Quality Network organised a

Visit us online at www.rcpsych.ac.uk/QNFMHS

workshop on 17 February 2009 on 'Addressing the Challenges of Supervision'. The workshop provided a forum for troubleshooting on supervision for nursing and other frontline staff. It proved to be an interactive event for a good cross section of MSU nurses, supervisors and managers during which delegates explored what hinders the provision and take up of supervision. Supervision and training policies were shared. The key themes of the workshop presentations and recommendations from the small group discussions are outlined in dedicated separate article in this issue. We hope members find these useful.

elect. It was formally noted that John O'Grady is leaving the Quality Network after three years of skilled, impartial but strong leadership and he was thanked for the support he had offered the project team throughout his chairmanship. He leaves the Quality Network primed to expand nationally in the fourth annual cycle with approximately 70 peer-review visits across 300 wards planned.



In the afternoon member units gave presentations about their units and their experience of the review process. This offered a rich opportunity for networking and sharing of good practice.

Third Annual Forum and Annual General Meeting

We were delighted that this event which marks the completion of the third annual cycle of Quality Network reviews took place on 7 April 2009 and was attended by over 140 member unit staff and service users. Following a presentation of key findings from the third cycle of reviews there was a talk by Alain Aldridge representing the Quality Network's Service User Expert Group. He outlined the increasing ways in which this group have been developing their role within the Quality Network's project team in ensuring involvement of service users in both the self- and peer-review process. These included self-review telephone conferences and membership of a proportion of peer-review teams. The final session of the morning was the Quality Network's Annual General Meeting during which key live issues for the network were discussed. It was agreed that over the next year the process for selection to the advisory group would be developed.

This was Dr John O'Grady's last meeting as Chair of the Advisory Group and Dr Paul Giluley was ratified by the meeting as Chair

Annual Report 2008-2009



The third annual report presenting the aggregated data from the last cycle of reviews has now been published. This provides an opportunity for members to benchmark their service against others.

Outcome and Activity Measures Working Group

The Quality Network held an initial workshop on Outcome and Activity Measures on 5 May 2009. Staff from all member units were in-

vited to attend. The workshop was attended by over 30 members of the Quality Network as well as by commissioners. It was intended to be a workshop to brainstorm on the development of outcome and activity measures and on the structures and processes of a potential new Quality Network Outcomes and Activities Measures Working Group. Ged McCann (Chair of the Secure Commissioning Group) and Paul Lelliott Director of the College Research and Training Unit) provided introductory presentations designed to foster exploration and discussion. Adrian Worrall (Head of the Centre for Quality Improvement) led discussion workshops. It was a successful event resulting in a decision to form a working group with the task of developing a set of outcome and activity measures for medium secure services. We will keep you informed of the progress of the working group.



The Project Team:

Sarah Tucker—Programme Manager

0207 977 6661 stucker@cru.rcpsych.ac.uk

Kerry Painter—Deputy Programme Manager

0207 977 6665 kpainter@cru.rcpsych.ac.uk

Maddy Reeve-Hoyland—Project Worker

0207 977 6662 mrhoyland@cru.rcpsych.ac.uk

Anna Collinson-Project Worker

0207 977 6660 acollinson@cru.rcpsych.ac.uk

Adrian Worrall— Head of the Centre for Quality Improvement

0207 977 6690 aworrall@cru.rcpsych.ac.uk

Dr. Paul Gilluley—Consultant Forensic Psychiatrist

Advisory Group Chair

Office address:

4th Floor Standon House, 21 Mansell Street, London, E1 8AA

Fax 0207 481 4831

Visit us online at www.rcpsych.ac.uk/QNFMHS

Addressing the Challenges of Supervision in Forensic Mental Health Services



What follows are written versions of the presentations made at the workshop on the challenges of providing and ensuring uptake of supervision for frontline staff organised by the Quality Network for Forensic Mental Health Services on 17 February 2009. Key recommendations that emerged are summarised in the final section.

Introduction and Context

Dr Paul Gilluley, Consultant Forensic Psychiatrist, West London Forensic Service

From the aggregated findings of the first two review cycles the Quality Network has noted common themes between units where there appear to be difficulties in meeting the criteria. Figure 1 illustrates that for the pilot units that were members of both cycle 1 and 2 the number of criteria met in supervision and support falls far below that in other areas. Figure 2 lists the criteria that units were assessed against. In response to this the Quality Network planned a workshop to help define these issues, to understand the difficulties in fulfilling the criteria, to learn from the experiences of other services and to help develop actions plans on how to address the standard. The overall aim of the workshop is to improve the quality of patient care.

Figure 1.

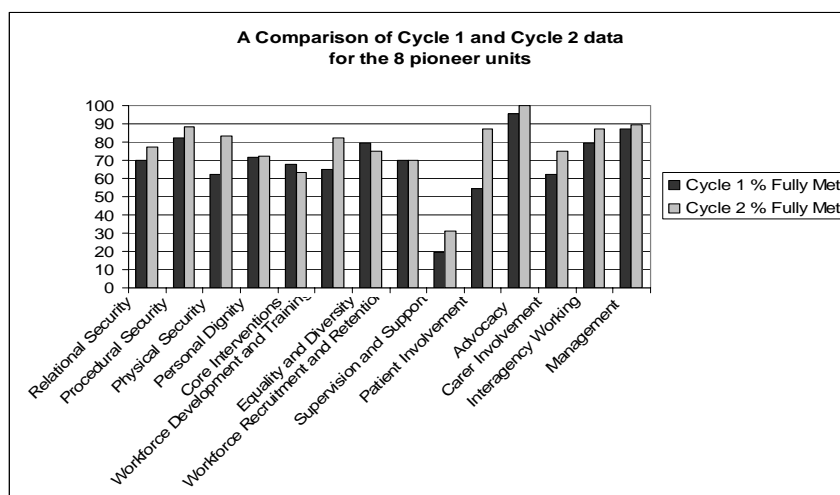


Figure 2.

A90	There is a programme of clinical supervision and support to meet the needs of all staff
B27	Staff take up of supervision and support is regularly monitored and audited
B28	All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience
B29	Junior staff have regular supervision totalling at least one hour per week and are able to contact a senior colleague as necessary
B30	There are regular forums for all staff to reflect on their experience of the work



From informal discussion it was agreed that the profession that faced the most difficulty in the provision and uptake of supervision was nursing staff. Within other professions there appeared to be arrangements where secured supervision time was timetabled into job plans and part of the unit culture. Nursing staff had difficulty fitting in supervision with the demands of the job.

The Challenges in Provision and Uptake of Supervision for Frontline Staff

Presentation slides by:

Mike Gatsi, Clinical Manager, Cygnet Hospital Stevenage

Nikki Churchley, Service Improvement, Fromeside

Resitives/ Challenges

- Time Commitment
- Supervisor/vissee not on same shifts
- Increased ward activity
- Sickness/Holiday cover
- Not seen as important/high priority
- Staff not working within diary system
- Not needed/don't have any issues
- Hierarchical resistance


Positives of supervision

- Time to reflect
- Discuss difficult case
- Work through issues –
- Confidence to practice
- Makes staff feel valued
- Boost morale
- Supportive process
- Evidence based practice



What changes can be made?

- Raising profile
- Working by example
- Trio system
- Live supervision list
- Embed in performance management process
- Ensure that paperwork recording captures all types of supervision.
- Cultural shift of ward staff



What changes can be made? Cont'd

- Displaying monthly table in ward office/staff room
- Mini audits
- Regular sessional training packages for supervisee and supervisor
- Those that won't/don't engage managed through management supervision/performance management



How do we raise the profile

- Sharing good practices that are going on nationally/locally
- Learn from others experiences
- Use creativity to capture all elements of supervision.



Best Practice / Peer Review compliance

- Realistic aims.
- Proportionate time for part-timers under certain hours.
- Standards and compromising

Multidisciplinary Reflective Practice Groups

Dr Kirtchuk, Consultant Psychotherapist, West London Forensic Service
John Gordon, Psychotherapist, West London Forensic Service

In this presentation we discuss the role of reflective practice for staff in the context of a particular form of psychopathology and its effects on patient-staff interactions within mental health settings. The value, even the indispensability, of reflective practice as a group modality of supervision and work discussion emerges from an understanding of this context.

Most psychiatric patients, especially those suffering from psychotic illnesses, personality disorders or combinations of the two, have a deficit in their reflective functioning. They find it difficult, perhaps most of the time or only during acute phases of the illness and moments of intense emotional arousal or pain, to represent their feelings and

thoughts to themselves and to use words to communicate their states of mind to others. Instead action on bodies, the patient's own or, in the case of forensic patients, others', replaces thinking and reflecting on their mental states, perceptions and experiences.

Both the deficit in reflective function and its replacement by action continue in the treatment setting. In fact this setting is precisely one in which deficit and action meet and clash with the staff's provision of control (incarceration) and care. And the effective exercise of professional roles depends on a complex, creative integration of treatment and control in response to engagement with patients. However, communication un-

der conditions of deficit and action mode is often through the emotional impact of patients on staff – sometimes including physical impact and most usually the breaking of boundaries.

As individuals and as members of multidisciplinary teams, professionals need a regular opportunity to stand back and think about their turbulent interactions with patients. The central task of reflective practice is to reflect on the work to restore lost meaning through coherent individual and team interventions. Reflective practice is not pastoral support, free association or abreaction. The emotional impacts on individual members of staff, parts of the staff group and the team as a whole may be openly and honestly expressed, but the objective is to use this material in the service of understanding what is going on in the patients' minds – something they cannot do for themselves – in order at least to avoid being sucked into maladaptive reactions and at best to develop coherent team interventions.

The reflective practice group meets weekly. It is multidisciplinary, and the regular presence of senior clinical and managerial members of the team is essential. A dedicated room should be available. The activity must be sanctioned and supported by the management unit as part of clinical governance. Finally, the reflective practice facilitator should have a professional training in the psychodynamic and/or systemic approach, e.g., Consultant Forensic Psychotherapist, and regular supervision should be available to facilitators.

An example of reflective practice

To illustrate the process of working with communication by impact, consider a reflective practice group for the MDT on a secure forensic ward. Usually attended by a Consultant Forensic Psychiatrist and members of the nursing staff, on this occasion seven nurses, including the ward manager were present. The Consultant had not sent apologies, but the group facilitator recalled from another meeting that he had agreed to cover for a colleague who also worked on the ward and was on leave for two weeks. The Consultant had expressed considerable apprehension over having to be responsible for all the patients on the ward

during this period.

Talk in the group was desultory, and the atmosphere appeared simultaneously tense and fatigued. Eventually the facilitator got the impression that things had been very difficult on the ward with two patients on observation. One

of these patients had been particularly threatening. But it was impossible, beyond a general sense of unease and disruption, to get any clear description of what had been happening, how the work had been for individual nurses or what they were feeling about the work.

The facilitator tried several times to indicate his awareness of how hard it had been while also commenting on the prevailing silence in the group. There was little response to his comments until, eventually, a nurse who had presented himself from the start of the reflective practice group as a spokesman for the nurses sharply said, "Why should we talk to someone who only comes for 20 minutes a week? Spend 2 or 3 hours on the ward and you'll understand what it's been like"!

This statement felt like a punch to the facilitator, who realised that now he might know something of what the nurses had been feeling over the week. Since his 45 minute presence for reflective practice had been minimized by over half, it seemed that he represented for the team the absent Consultants (both the one on holiday and the one who regularly attended the group). This loss had not been registered – loss rarely is explicitly attended to and thought about in forensic settings – but the facilitator had experienced it in the shape of his ongoing feeling in the reflective practice session that something fundamental was missing in the nurses' own presence and communications.

Paradoxically, the facilitator could simultaneously identify both with the absent Consultants and with the staff who were missing them. The "punch" represented the feared reaction of patients to this



loss, which staff had been anxiously coping with, now conveyed directly through impact to the facilitator. A further aspect of this situation was that reflective practice – supervision in group form – mobilises what we all feel to some extent when “super”-vised: that a superior figure is looking down on us, probably at the behest of management, to monitor and criticise our work. This is why it is so vital for senior staff to offer examples to their teams of presenting honestly and openly their struggles with the work. It also shows why the reflective practice facilitator must be trained to take and to understand the “punches” of his colleagues.

In the event, the facilitator was able to say that he appreciated the direct comment of the nurse; that he understood that its aggressive punch was

related to a picture of him as uninterested and probably critical, but that it also conveyed the depletion of important staff during the week and feelings of anger about additional difficulties which had to be endured over this period. The ward manager and several other members of the

group became very active in reassuring the facilitator that the remark had not been meant to be aggressive, that they really appreciated and valued the reflective practice. The facilitator commented that ultimately only frank communication was the best way to value the reflective practice.



Summary of Recommendations from Workshop Small Group Discussions

Sarah Tucker, Programme Manager, Quality Network for Forensic Mental Health Services

Participants of the workshop were asked to split into smaller groups for discussions exploring:

1. the problems of provision and uptake of supervision for frontline staff
2. recommendations for solutions to the problems

The recommendations from these small group discussions are summarised here. They are presented as a list and not necessarily in order of importance.

- To provide training for supervisors and supervisees on the essential value of supervision for effective job performance
- To ensure time is protected for supervision
- To support staff across the whole organisation to change their attitudes towards supervision for frontline staff via training (e.g. develop a culture in which protected time is owned by everyone within the organisation)
- To create structures which have flexibility built in concerning the frequency of supervision (e.g. to increase provision if the need arises)
- To encourage the provision and uptake of group supervision
- To review shift times/patterns with the provision of protected time for supervision as a focus
- To ensure systems and procedures for recording supervision are easy and non-cumbersome to implement (e.g. supervisees record their attendance)
- To encourage creative use of ‘inter-shift’/handover period for supervision
- To encourage staff to use less busy/quieter periods on wards for supervision (e.g. weekends and early mornings)
- To recognise ‘ad hoc’ supervision as valuable (e.g. non pre-arranged supervision may not be recorded but still should be acknowledged)

Visit us online at www.rcpsych.ac.uk/QNFMHS

- To support the development of supervision leads/champions in each ward environment to promote the provision and uptake of supervision
- To ensure supervision is structured and well facilitated so that it can be used productively rather than created a culture for 'grumbles' sessions
- To make the expectation that staff attend supervision regularly an integral part of the contract that is signed at when staff are recruited
- To ensure the expectation that staff engage in supervision is an integral part of induction
- To provide training and supervision for the supervisors
- To encourage telephone supervision and/or supervision via video link as necessary.
- To ensure a dedicated environment is provided (i.e. a private room rather than in public on the ward)
- To consider re-phrasing/terminology e.g. support rather than supervision
- To include in supervision policies staff accountability for engaging in supervision and the consequences of failing to do so
- To include supervision in organisation's business plan
- To monitor provision and uptake of supervision as an integral part of service management (e.g. via balance score card)



Lead Reviewer Training

Tuesday 18th May 2010,
Tuesday 20th July 2010, or Tuesday 7th September 2010
From 09.30 To 13.40

WHO IS IT FOR?

Forensic mental health professionals from all disciplines with an interest in leading external peer-reviews for the Quality Network for Forensic Mental Health Services

THE WORKSHOP:

AIM:

To enable staff from forensic services that are members of the Quality Network to lead peer-review visits of other forensic services.

LEARNING OUTCOMES:

participants will gain practical and theoretical knowledge of all aspects of leading a peer-review visit.

TEACHING METHODS:

The day will involve presentations, seminar discussions and role-play scenarios.

CERTIFICATION:

Those who complete the workshop and then lead a peer-review visit will be awarded a certificate in peer-review leadership by college Centre for Quality Improvement.

The training will be held at:

College Research and Training Unit, Standon House, 21 Mansell Street,
London, E1 8AA

For an application form, please visit our website www.rcpsych.ac.uk/QNFMHS

Visit us online at www.rcpsych.ac.uk/QNFMHS

Northumberland, Tyne and Wear **NHS**
NHS Trust

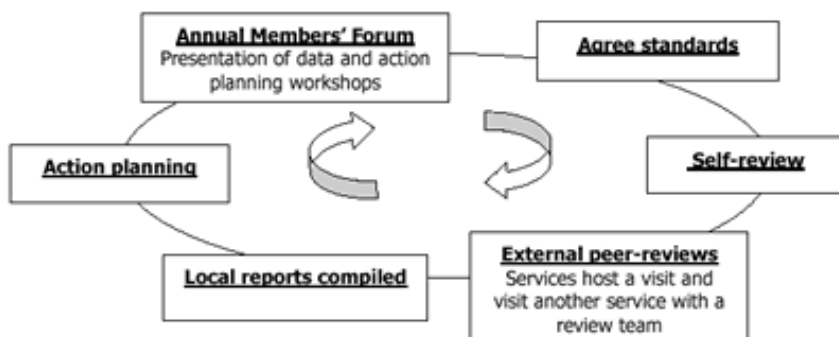


What Makes a Good Review?

Dave Cook, Ward Manager, Cheviot Ward,
Kenneth Day Unit
Russell Gray, Ward Manager, Bede,
St Nicholas Hospital

“The network aims to facilitate quality improvement and change through a supportive peer review network. A fundamental principle is that of listening to and being led by front-line staff and service users. The network serves to identify areas for improvement through a culture of openness and enquiry rather than inspection or blame”. (QNFMHS, Annual Report 2007-2008).

The Cyclical Review Process



The network uses the above iterative cycle with the aim being for member services to demonstrate engagement in an ongoing process of improvement, working on areas highlighted by the previous years review.

This article focuses primarily on the self-review, peer-review and action planning aspects; however a positive process would incorporate all the sections to make it a wholly effective one.

The Self-review and Preparation

Each member service has a requirement to rate themselves against the agreed standards prior to the peer-review. Effective self-review is crucial for a number of reasons as discussed below.

A thorough self-review makes the peer-review far easier for all parties. It allows the reviewing team to focus on specific areas or issues already identified as opposed to looking at a blank page. Thorough preparation also gives the receiving service the opportunity to identify areas they wish to be discussed or focused upon, which makes for a much more open and beneficial review.

Being realistic in the self-review, shows to the network that the receiving service are committed and engaged in quality improvement. Unrealistic statements defeat the object somewhat and may obviously lead to contradiction somewhere during the process or in future cycles.

Involving more people from day one hopefully ensures that the self-review comments are more objective and well-rounded. There is an increased chance that more people will take greater ownership, responsibility and

also some pride from helping to make the process a positive one. Also: -

More People Involved = Less Work for All! (Allegedly)

Once an effective and thorough self-review has been done, all the comments need to be backed up with hard evidence for the day of the peer-review. Information needs to be accessible and cross-referenced and signposted to the standards, making it as straightforward as possible for the reviewing team to assess and validate.

As well as involving people with the self-review process, it's vital to make everyone aware of what the network is about and what the whole review cycle entails. This means that all service users and staff, of all levels and disciplines need an awareness of what's going to happen throughout the process and how they can be a part of making it a positive and beneficial experience.

Service users will also need awareness and time to prepare for the telephone interview process with the Service User Expert.

Once the peer-review timetable has been issued, it's important to fill in names for each of the sessions and communicate the information so that everyone knows their role.

Suitable, conducive and the correct number of facilities need to be booked along with, most importantly, refreshments, meals and posh biccies!

The Peer-review

If the reviewing service are welcoming, organised, honest and positive during the peer-review process, the ethos of an open review and an engagement in ongoing improvement

will be met.

The emphasis is on the service being organised, both in their preparation as already discussed and on the day, ensuring that from their part everything

is done timely and professionally.

Being positive is particularly relevant when the reviewers give their verbal feedback at the end of the review. Nobody particularly likes reviews, but to constructively accept both the achievements and the challenges highlighted will assist in the action planning process and can be used in evidencing and strengthening business cases.

Action Planning

Once the peer-review feedback has been given, the plans to meet the identified challenges can be compiled. The action plan should objectively identify where a service is currently, where they aspire to be and what they have to do to get there.

Some of the challenges may be easy to overcome; other plans may be developmental and some may be currently aspirational. Some may require the support of business cases or new ways of working to make them happen. In essence, to turn aspiration into reality or challenges into strengths for future cycles.

In summary, if the receiving service shows an organised approach to the self and peer-reviews and constructively action plan identified challenges for the next cycle, they will be able to give assurance to the network and other parties that they are a committed and improving service.



Carer Involvement Initiatives in Member Units



Nottinghamshire Healthcare 
NHS Trust

Carer Days at Arnold Lodge

Alison Rimmington, Senior Occupational Therapist

Arnold Lodge is a medium secure unit in Leicester which forms part of Nottinghamshire Healthcare NHS Trust. It provides treatment and care for male patients across 2 carestreams: Mental illness, Personality Disorder and has a dedicated Women's service.

Arnold Lodge is committed to the involvement of carers and carers are regularly invited to meetings with clinical teams, involved in family intervention work and are actively invited to be part of the CPA process and meetings.

In addition to this, headed by the Social Work Team, a need was identified to provide a forum whereby carers could gain a greater understanding of the unit and care provided and have the opportunity to gain support from each other.

Initially, this need was met through the provision of a Carers Meeting which were held approximately four times a year after visiting time. These meetings were facilitated by staff

from different professions and were solely for carers.

These meetings then developed into Carers' Days which involved a greater level of service user involvement. The days provide an opportunity for carers to learn more about the services offered and see examples of patient work and achievements.

Each day has a specific theme but always has a focus of showcasing patient work and achievements. Past days have involved a pantomime performance, art exhibition, music concert / dance performances and an opportunity to experience a range of therapies.

There is a high level of service user involvement with patient's participation in performances and presence at exhibitions and displays to talk of their experiences and achievements. The buffet lunch is also prepared for by a catering group from one of the wards.

Visit us online at www.rcpsych.ac.uk/QNFMHS

The days have proved hugely successful with increasing attendance numbers. Feedback from carers has been extremely positive and particularly highlights the value of the days in increasing their understanding of the unit and promoting the wealth of skills and talent from amongst the patient group.

Families have used the Carers day as an opportunity to visit their relatives for the first time and the experience has served to break down barriers and challenge misconceived perceptions they have had. For many this has pro-




Similarly, service users are equally positive and enthusiastic about the days. Of most value has been the experience of sharing their achievements and experiences with their carers, with many feeling a sense of pride and satisfaction.

Equally, staff who have been involved in the day see these days as extremely important and rewarding. Despite the huge amount of work which goes into their organisation it is extremely gratifying to see a reflection of the progress service users have made. It is also an excellent opportunity to have positive contact with carers where their views can be listened to whilst promoting the good work of the unit.

The key to the success of these days has been ensuring good communication between all disciplines, service users and carers.

Whilst there is a huge amount of work and organisation which goes into these days, the experience for carers, patients and staff alike make it a rewarding and worthwhile process.

Nottinghamshire Healthcare 
NHS Trust

Caring for Carers at Wathwood Hospital

Lisa Locking (Team Leader)
Assessment Ward Carer representative

The Beginning

Wathwood Hospital is a 60 bedded medium secure unit originally incorporating male and female patients but currently it is an all male unit. Wathwood opened in 1996 and the team soon realised that providing holistic care to patients meant genuinely involving their Carers. This was also an opportunity to elicit Carers help in providing quality care for patients and shaping the service.

Visit us online at www.rcpsych.ac.uk/QNFMHS

That Carers had their own needs was recognised by the hospital early on and efforts were made to work with individual Carers albeit on an adhoc basis. However, at this time there was little in the way of an overall strategy in terms of implementing individual interventions with carers in general. In October 2001 a letter and questionnaire were sent out to all Carers to inform them that Wathwood Hospital was looking towards developing a Carer's education and support group. Proposed sessions included 'medication in psychiatry', 'problem solving approaches', 'early warning signs of relapse' and 'signs and symptoms of mental illness', the 'Mental Health Act', 'social inclusion' and generic support sessions. Carers were asked whether they would be interested in participating or would find the sessions useful. Over 70% of carers stated that they would be interested in participating in such a group and almost 70% stated that this would be of use. However, only 42% felt that they would be able to attend such a group, difficulties in attending included; work commitments, travel time and cost and their own health issues.



Carers were asked whether they would be interested in participating or would find the sessions useful. Over 70% of carers stated that they would be interested in participating in such a group and almost 70% stated that this would be of use. However, only 42% felt that they would be able to attend such a group, difficulties in attending included; work commitments, travel time and cost and their own health issues.

Carers Initiative

Having consulted carers regarding their needs; January 2002 saw the development of a Carer's initiative. Meetings were held and on the basis of Carers responses to the questionnaire ideas were generated. It was agreed that there were a range of possible activities/interventions that could be provided for Carers that would be of value both in terms of direct patient care, as well as providing support for carers during difficult periods. Needs ranged from basic education and awareness sessions for Carers through to potentially structured, in depth family intervention.

The original idea was to hold 'closed' educational sessions for Carers for whom this would be suitable. However the potential to hold open supportive awareness sessions on a regular basis and potentially be able to engage all carers was felt to be a powerful driver.

It was agreed that these open sessions should be reasonably informal and covering a wide and inclusive range of topics. It was considered important by the team that Carers could have access to and meet with the General Manager and other members of the team on a

regular basis within this forum. That this forum should also include a social event (a supported meal for patients and their Carers) was felt to be of vital importance and would be in line with best practice. It was agreed with Carers that this forum should occur every 2 -3 months and occur on a weekend to maximise participation.

The Carer's forums commenced and have continued to develop through the years making positive differences to all participants.

"It was the first time to be included, involved, and informed and so already I feel empowered".

The Forums, current practice:

The forum convenes on a Saturday morning, four times a year from 10.00am and welcomes all carers. As a forum it is considered to be a safe means by which Carer's can meet and support each other and meet the hospital staff; learn, share their experiences, question and challenge the service, both the model and the development of the service, thus aiding to drive positive change.

"This plays a huge part in being made to feel part of my relatives care and in being involved"

"The carers forum is brilliant and makes me feel supported".

Over the years the forums have included various speakers and offered support and information on a range of topics, as suggested by carers. Over time and growing in confidence, Carers have begun to take a lead role in forming and organising



the forums and have become involved in the Carers steering group working collaboratively with staff to continually extend the boundaries of what can be achieved.

Empowering Carers to challenge and shape existing and future service provision

Developments within the hospital service as driven and shaped by the Carers forum provide tangible evidence of the value and power of involvement. Some examples of the developments to date include the structured induction/orientation of Carers to the hospital, access to specialist library services and access to policies and procedures for Carers. A central component of the forum is to present new initiatives within the hospital and the wider Trust to Carers and give opportunities for them to question existing practices and challenge/shape the service both on a micro and macro level. An example of this is that Carers expressed that the Care Programme Approach (CPA) was overwhelming for them, they suggested that name plates be issued for each CPA so that carers can easily identify members of the Multi disciplinary Team; this is now part of our everyday practice. Carers have also influenced the development of the child visiting room, some examples of this include environmental enhancements: increased seating, provision of age appropriate games for children and the availability of refreshments, private arrangements for nursing and changing children.

Evaluating Practice

Together, Carers and staff developed an evaluation tool in order to obtain Carers views and assess current practice against future goals; namely a genuinely inclusive service, providing Carers (whether or not they participate in the forums) with a confidential means of expressing their views thus helping to deliver positive change. This evaluation is undertaken every two years and the results are discussed at both the Carers forums and within the hospital service development meeting whereby findings can be fully considered and action planned and reviewed.

Feedback from completed evaluations actively demonstrate that Carers are feeling more involved;

"Our son was very happy at Wathwood so were we, his care was brilliant".

"Staff will chat with me which is very comforting at times, it helps the apprehension when visiting at difficult times".

"I feel that other mental health units could benefit from the way Wathwood hospital treats Carers. Most mental health

units seem to regard us as people to be tolerated (at best) or nuisance (at worst). I have nothing but praise for Wathwood hospital".

As a whole Carers report that the forum is supportive, empowering and inclusive and for this effort to be recognised Carers recently nominated the forum for an award.

"There is simply no comparison to other hospitals my relative has been in. I feel he is recognised as an individual and he is given real support and understanding, the Carer's forum is brilliant and makes me feel supported as I am on my own. If the hospital was a hotel I would give it at least four stars".

The Future

The future of Carers initiatives at Wathwood Hospital looks bright, ideas for development continue to flourish; some examples include: Carer awareness training (delivered by Carers and staff), the development of ward based Carer representative roles across the wards. The core function of these representatives is to lead Carers initiatives and coordinate Carer activity, this includes being; an initial point of contact for carers, a link to other professionals, providers of information, an active participant of the Carer's forum and steering group.

In order to further increase the involvement of Carers, the Assessment ward is piloting a Carers 'access forum' which is facilitated by the ward manager one Saturday each month. The goal of this forum is to encourage regular, ongoing discussion with Carers, and promote collaborative working.

Looking forwards at further enhancing the service, the Carer's group is now engaged in developing a proposal based around an idea for an assessment



service for all Carers at the point that their relative is admitted. The primary function of this would be to identify the specific level of need of individual Carers and from this to engage Carer(s) in a range of targeted interventions (social, supportive, psycho-educational, structured therapeutic), as collectively thought useful or required, thus pushing to extend the limits of best and responsive practice.



If you would like to submit an article of interest to the Quality Network for Forensic Mental Health Services newsletter please contact Kerry Painter

kpainter@cru.rcpsych.ac.uk

The MSU Email Discussion Group

Edited by Maddy Reeve-Hoyland
Project Worker

The email discussion group has been widely used throughout cycle three and a number of interesting topics have been raised, resulting in much interesting discussion and debate.

Member services have been provided with a general summary of all the discussions that have taken place from July 2008 to June 2009. In compiling this summary it became apparent that certain discussions were 'Hot Topics' for MSUs as they incited many responses from the group. The most notable 'Hot Topics' were that of the use of Deep Fat Fryers and Service user access to Free-view Channels.

Deep Fat Fryers

The suitability of the use of deep fat fryers within units was highlighted by one member of the discussion group, who raised issue of the potential risks and implications for health promotion surrounding their use and enquired as to how other services address these issues.

For the most part respondents reported that they do not have deep fat fryers in their services.

However, one service reported their chefs in the central kitchen do use such appliances, however they are the only personnel permitted to operate the fryers, and they are used and stored in non-clinical areas. It was noted that this service's Security Advisor and the Trust Fire Officer reviewed the possibility of patient access to deep fat fryers in OT areas and concluded that it was **'too dangerous to contemplate patient access to these items (microwaves included)'**.

This view was corroborated by a number of other services; one service noted that they are not used due to their potential to cause **'significant injury'**. Services also reported that not only do they not allow patient access to deep fat fryers for risk and safety reasons, they do not utilise them in their catering department due to their ongoing commitment to health promotion for service users.

Having said this, these views were not held by all the contributors to this discussion. One respondent, a Technical Instructor in an OT department, reported that there is a deep fat fryer in their kitchen. The fryer was reportedly an electric

Visit us online at www.rcpsych.ac.uk/QNFMHS

item, which has a temperature controlled switch which will prevent the oil over heating. In addition, this switch can set the temperature for the items that are being cooked. It was noted that this fryer is the replacement of one which was operated by placing it directly on to the gas stove to heat the oil. This was removed due to the health and safety risks it posed. With regards to health promotion this respondent reported that olive oil is used in the pan to fry the items. This was noted to be a concern by another contributor to this discussion, who informed the discussion group that olive oil has a **'much lower flammability level than sunflower oil'**, thus increasing the risks of using the deep fat fryer.

Freeview Boxes

The issue of patients obtaining adult television channels through Freeview boxes was highlighted by one member of the discussion group. It was noted that the adult channels available on Freeview boxes and digital televisions can be easily subscribed to by patients by simply making a phone call and giving credit/debit card details, obtained from family or friends. The Parental locks/controls for such channels can be overridden with a master code, which is printed on the Freeview box or in the television handbook, thus rendering such controls ineffective.

This query sparked much debate regarding the technology around Freeview boxes and the safeguards that can be put in place. Given the apparent limitations of the technology and the potential opportunities to abuse it one service reported that they have **'gone low tech'** and have integrated checking the boxes as part of their searching procedures. In addition, targeted checks are conducted if staff suspect a service user has **'beaten the system'**.

The Freeview box debate also sparked discussion around other programmes which are available on mainstream channels. It was noted that there can often be graphic sex, nudity and violence shown on programmes which are aired on the five terrestrial channels. As a result the question was raised as to how much staff should limit access to such programmes, as an integral part of the care programme is to support patients in preparing for life outside of the unit. It was argued by one contributor that hospitals should have a 'sexuality policy' which covers a whole range of relationships, sex aids, access to con-

doms/contraception, educational material and pornography to address this issue. It was further noted that this raises moral issues surrounding the civil liberties of service users and the responsibility of the service to prepare the patient to **'take responsibility for himself in the**

world outside'. It was, however, acknowledged that there is sometimes a need to monitor access to such channels in certain cases. In cases where access to such channels will compromise a patient's treatment the respondent suggests, where possible, incorporating limits to these channels in a patient's care plan. In this contribution to the discussion it was concluded that services should aim to **'channel patients into healthy behaviour rather than taking all responsibility away from them by making restrictions'**.

Email Discussion Group Update

The Quality Network is committed to monitoring the services that are offered to our member units, to this end feedback forms have been circulated to the group to obtain the views of the people who use the service.

It was suggested that it would be useful for members to be able to access the whole thread of previous topics that have taken place on the group. As a result, topics will be published on the Quality Network's website (www.rcpsych.ac.uk/QNFMHS) in order that members are able to see the whole discussion, once it has been completed.

Thank you all for your contributions to the group, which ensures that it is a valuable resource for all its members.



The MSU Email Discussion Group

Join the discussion

Email msu@cru.rcpsych.ac.uk with 'JOIN' in the subject line, and your email address will be added to the group.

Update from the Quality Network's Service User Experts



Alain Aldridge - Service User Expert

The service user input into the Quality Network process has proved to be very successful. The AGM was very successful and some interesting views were expressed from the members. It was an honour to be part of the process. My speech was warmly received and Mike Gatsi provided excellent support up front on the day. We discussed issues and concluded that services users have a part to play in the quality improvement process. If their views and opinions are listened to and acted upon then we can build a more interesting future together.

Anthony Roach - Service User Expert

The Quality Network In Forensic is a branch of The Royal College of Psychiatrists we now have 2 new Service User Experts, both of whom are female, bringing the total number of Service User Experts up to 4. Our job is to advise the Quality Network on the complex issues service users face within forensic services. We hope to attend a number of the peer- review visits at the 64 member units, complete three way telephone conferences with service user reps and attend the quarterly Advisory Group meetings in London. It is a very challenging post but we, alongside the professionals at the Quality Network, are dedicated to improving the lives of staff and users within forensic services.

At the Annual meeting in April 2009 a presentation was given by my colleague Alain Aldridge and our contact on the Advisory Group, Mike Gatsi, on service user involvement. The presentation was well received by approx 90 members from various units. It is clear that the NHS is dedicated to the inclusion of service users in areas of service improvement laid out by the Department of Health in its drive to create a Utopia of care and promote the Health of the Nation.

Psychiatrists play the most important role in the care of service users from a legal and an organisational standpoint. How much more could be done if we could access their expertise in a 6 weekly, clinic for at least an hour? Generally, service users see their RMO's for a short time in ward rounds, however, in the past two of my RMO's have run such clinics and I have found them to be most beneficial.

The days of smoke filled common rooms are now thankfully a thing of the past. Those of us who remember those days believe that the new system of designated smoking areas are a healthier option for both smokers and non-smokers but to enforce a total ban would be unrealistic unfair and would cause unnecessary problems for staff and users. It is important however to increase the smoking cessation programme and to enhance the already well publicised national STOP SMOKING campaign.

There has been much discussion on Care Plans and CPA's and in our view the way forward is more user involvement (individual) in both forms of treatment. Service users need to feel that they are heard and have more rights in their ongoing treatment, adding transparency to what can seem like a closed shop.

Many units have a large ratio of BME's (Black Minority Ethnic) service users and they endeavour to provide specialist facilities for their BME users. At our unit we have organised an annual Festival of Culture where Caribbean food is brought in specifically. We also have poetry and art work competitions, a powerful disco, beauty and hair, domino competition, punch fruit drink, penalty shoot outs, African dancers, drama troop, Indian dancers, Black history books, CD's and Karaoke and guest speakers. It is clear that the department of health is dedicated to enhancing services within the NHS to meet the Equal Opportunity and Best Practise Guidelines. If these efforts are met hopefully we will see a decline of re-admissions of our BME Service Users.

Consultation Event

On 'Best Practice Guidance: Specification for adult medium-secure services'

Department of Health 2007

**Monday 7th December 2009
10.30am - 4.00pm**



**College Centre for Quality Improvement, 6th Floor Boardroom, Standon House,
21 Mansell Street, London E1 8AA, 020 977 6665**

Context and Aims:

- The Department of Health has commissioned the Quality Network for Forensic Mental Health Services to undertake a consultation of the 'Best Practice Guidance: specification for adult medium secure services'.
- This event forms part of that process and aims to be a forum for medium secure unit staff and service users together with commissioners to look at and consult on the guidance.

About the day:

Using small and large work-group and discussion forums participants will be consulted on all aspects of the guidance including:

- Parts of the guidance that you disagree with
- Areas of the guidance which you have found difficult to implement
- Aspects of the guidance that you think need more explanation
- Any areas you think should be added to the guidance
- Your experience of working with the guidance

Who Should Attend:

Medium Secure Unit managers and clinical staff and service users
Medium Secure Unit services users and ex-service users
Commissioners of secure services

Please note that this event is now fully booked.

However, if you would like to be involved in the electronic consultation please contact Anna Collinson, Project Worker, acollinson@cru.rcpsych.ac.uk for a copy of the consultation questionnaire.

Visit us online at www.rcpsych.ac.uk/QNFMHS

Quality Network for Forensic Mental Health Services

Annual Forum 2010

Monday 12th April 2010
10.30am - 4.30pm



A forum for Medium Secure Unit staff members and service users participating in the Quality Network for Forensic Mental Health Services and for others interested in the Quality Network.

About the day:

- Presentation of key findings from the third annual cycle of self- and peer- review
- Annual General Meeting of the Quality Network for Forensic Mental Health Services
- Parallel workshops to explore findings from review process, share achievements, exchange with peers and make action plans.
- Plenary session for all member medium secure units to exchange and reflect.

Who Should Attend:

- All Medium Secure Unit 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

Place:

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

Cost:

- £80 per person for members of the Quality Network (staff and service users)
- £100 per person for non-members (staff and service users)

**Please contact Maddy Reeve - Hoyland for a booking form
mrhoyland@cru.rcpsych.ac.uk or 0207 977 6662**

Visit us online at www.rcpsych.ac.uk/QNFMHS

Events



- **Learning to use the Historical Clinical Risk-20 (HCR-20), Institute of Psychiatry, 17 and 18 September 2009** - The aim of this course is to assist practitioners working in civil mental health, forensic mental health and criminal justice settings to acquire skills in the assessment of risk for future violence in mentally disordered offenders. **Please contact: Alessandra Scotti, 020 7848 0694, forensicteachingunit@iop.kcl.ac.uk**
- **6th European Congress on Violence in Clinical Psychiatry, City Conference Centre – Stockholm, 22 to 24 October 2009** - In line with earlier editions, the 6th European Congress on Violence will focus strongly on clinically relevant and practically useful interventions aiming at treating and reducing violent behaviour of psychiatric and forensic patients. Hence the overall congress theme: Assessing, treating and caring for potentially violent patients. **<http://www.oudconsultancy.nl/>**
- **Mixed Race, Mixed Racism and Mental Health, King's Fund, London, 29 October 2009** - People in Harmony is offering a rare opportunity to hear from a range of experts about the impact of mental health on young people and families of mixed race. The keynote speakers will be Professor Suman Fernando, London Metropolitan University, formerly a consultant psychiatrist in the NHS and now a highly respected international academic and advisor on mental health and race; and Melba Wilson, Director of Equalities at the National Mental Health Development Unit. **For further details check out <http://www.ccclimited.org.uk/> or telephone Central Conference Consultants Ltd on 0115 916 3104 or email ccclimited@aol.com**
- **The Short-Term Assessment of Risk and Treatability, Institute of Psychiatry, 13 November 2009** - This workshop will provide training in the short-term assessment of Risk and Treatability (START: Webster, Martin, Brink, Nicholls, & Middleton), a structured professional clinical guide for the dynamic assessment of seven risk domains (violence, suicide, self-harm, victimization, substance use, unauthorised leave, and self-neglect). The START is intended for use alongside other structured risk assessment devices such as the HCR-20. **Please contact: Alessandra Scotti, 020 7848 0694, forensicteachingunit@iop.kcl.ac.uk**
- **Advanced Workshop on Structured Professional Risk Assessment, 26 and 27 November 2009** - This workshop provides an update of research on clinical risk assessment and a review of rating skills using the HCR-20 and START (Short-Term Assessment of Risk and Treatability) with complex cases. It also looks at improving inter-disciplinary training and implementation skills as well as understanding and developing the role of research and consultation networks in risk assessment and management. **Please contact: Alessandra Scotti, 020 7848 0694, forensicteachingunit@iop.kcl.ac.uk**
- **7th National Conference Research in Forensic Secure Units- Call for Abstracts, Institute of Psychiatry, 28 January 2010** - This year's meeting will focus on personality disorders and criminal offending: Aetiology, brain mechanisms, and rehabilitation. **Please contact: Alessandra Scotti, 020 7848 0694, forensicteachingunit@iop.kcl.ac.uk**

Useful Links



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

- ⇒ **Department of Health** <http://www.doh.gov.uk/>
- ⇒ **The Forensic Directory** Provided by the St Andrews group of hospitals, this is an up to date resource detailing Forensic and other Secure Mental Health Services in the UK, provided by both the NHS and Independent Sectors. <http://www.theforensicedirectory.info/>
- ⇒ **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.freeserve.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/>

Useful Links

- ⇒ **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>
- ⇒ **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>
- ⇒ **Sainsbury's 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/>



The Policy Library

Visit the newly developed Policy Library on our website: www.rcpsych.ac.uk/QNFMHS

Members access only.

Please email the following address if your unit is a member of the Quality Network and you would like access to the Policy Library:

msu@cru.rcpsych.ac.uk



Visit us online at www.rcpsych.ac.uk/QNFMHS



Roseberry Park

Ridgeway: The future's Secure



Ridgeway is the Forensic Mental Health and Learning Disability Service within the multi-million pound redevelopment of the current St Luke's hospital site, Roseberry Park – named after the iconic local landmark of Roseberry Topping which overlooks Middlesbrough

There are 166 Forensic beds and extensive activity and recreational space, including a café, library and fully functional gym which are key components in our plans to fundamentally modernise the way we provide mental health and learning disability

We want to recruit staff at all grades to work within this purpose-designed forensic unit. A rigorous recruitment campaign has commenced offering many job opportunities!!

If you require further information about Ridgeway, Roseberry park,

Please contact:

Forensic Mental Health Service

Amanda King 01642 283358

amanda.king@tevw.nhs.uk

Neil Woodward 01642 283371

neil.woodward@tevw.nhs.uk

Learning Disability Forensic Service

Penni Bamford 01642 516284

penni.bamford@tevw.nhs.uk

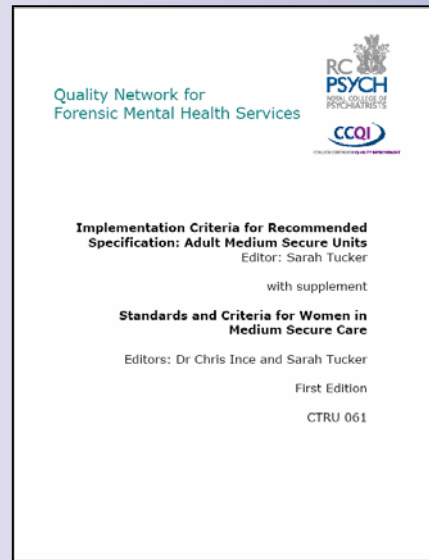
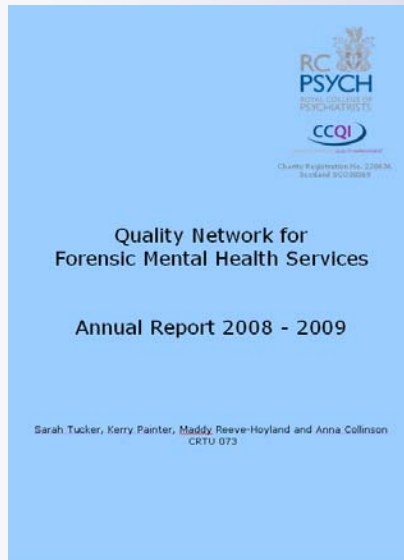
Vickie Peters 01642 516265

vickie.peters@tevw.nhs.uk

For Further information on Roseberry Park follow this website - <http://www.tevw.nhs.uk/>

View the Cycle 3 Annual Report and Implementation Criteria
with Standards for Women at:

www.rcpsych.ac.uk/QNFMHS



**QUALITY NETWORK FOR
FORENSIC MENTAL
HEALTH SERVICES**

College Centre for Quality
Improvement
4th Floor Standon House
21 Mansell Street
London
E1 8AA

Phone: 0207 977 6665

E-mail:
kpainter@cru.rcpsych.ac.uk

Visit us online at www.rcpsych.ac.uk/QNFMHS