

## **In this issue:**

**Page 1 Welcome from the Project Team**

**Page 2 Submissions & Contact Details**

**Page 2 Membership Update**

**Page 3 My First Peer Review**

**Page 4 Developing an Activity Service**

**Page 6 Technological Innovation in QNMHD**

**Page 7 Update on Annual Forum**

**Page 8 Humanities and Leadership**

### **Dear QNLND/QNMHD members,**

Welcome to the Spring 2018 edition of the QNLND/QNMHD newsletter.

We would like to use this opportunity to share the latest network news and let you know what is happening within the project in the coming months.

There have been a few changes to the QNLND/QNMHD team with the departure of Project Worker, Charlene Nyanhemwa. Charlene has been part of the team since October 2016 and has been promoted within the CCQI.

Project Manager, Simona Shaygan has also just left the college. She has brought her considerable expertise to QNLND/QNMHD, also since October 2016.

We would like to take the opportunity to thank both Simona and Charlene for all their hard work on the project and wish them all the best for the future!

So QNLND/QNMHD has a brand new team! Project Worker Abi Hay started in March 2018 and the new Project Manager, Nadeem Khan, started this week. We are looking forward to working with you all in the near future.

Due to the changes taking place within the team we have decided to reschedule our annual forum which was originally due to take place in May. We will be announcing the new date soon so keep your eyes open!

We have a new accreditation cycle starting in May 2018. It is open to all services due for re-accreditation between April and July 2018, plus any network members seeking accreditation for the first time.

Finally a reminder about our email discussion group, which is a forum for people to share ideas and good practice as well as seek advice from other services. We also post information about upcoming events and training.

The address for the discussion group is:  
**[LD@rcpsych.ac.uk](mailto:LD@rcpsych.ac.uk)**

If you are not currently on the email discussion group and would like to be added please email the address above with JOIN in the subject line.

With best wishes,  
The QNLND/QNMHD Project Team

We at QNLD would like this newsletter to showcase the amazing work being done at all of our member units. However it can only be as good as the information you send us.

### **We want to hear from you!**

Have you developed an innovative approach to a problem on your ward? Have you developed a new tool to help your service users in their recovery? Has your ward just completed an art project and you would love to share the results of your work? Please get in touch!

[qnld@rcpsych.ac.uk](mailto:qnld@rcpsych.ac.uk)

QNLD is all about sharing ideas and best practice to improve quality and efficiency across all our member services. You never know what your story might inspire in others!

[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

## **Quality Network for Inpatient Learning Disability Services**

### **Project Manager**

Nadeem Khan  
[Nadeem.khan@rcpsych.ac.uk](mailto:Nadeem.khan@rcpsych.ac.uk)  
020 3701 2658

### **Project Worker**

Abi Hay  
[abigail.hay@rcpsych.ac.uk](mailto:abigail.hay@rcpsych.ac.uk)  
020 3701 2657

[www.rcpsych.ac.uk/qnld](http://www.rcpsych.ac.uk/qnld)

### **QNLD**

Royal College of Psychiatrists'  
Centre for Quality Improvement  
21 Prescott Street, London, E1 8BB

The Royal College of Psychiatrist is a charity registered in England and Wales (228636) and in Scotland (SCO33869)  
©2016 The Royal College of Psychiatrists

## **Membership Update**

### **Current membership numbers**

#### **39 Member Services**

- 36** QNLD Members
- 3** QNMHD Members
  
- 31** Accredited units
- 7** Units working towards accreditation
  
- 20** NHS Trusts
- 4** Independent Sector Organisations



## **Recently Accredited:**

**Deacon Unit**, Surrey and Borders Partnership Trust

**Campion Unit**, Berkshire Healthcare NHS Foundation Trust

## **Congratulations!**

## **Recent and Upcoming Reviews**

### **January**

**Blythswood House**, Greater Glasgow and Clyde NHS

**Claythorn House**, Greater Glasgow and Clyde NHS

### **February**

**The Selden Centre**, Sussex Partnership NHS Foundation Trust

**Ashford Ward**, Southern Health NHS Foundation Trust

### **March**

**Preston House**, Central and North West London NHS Foundation Trust

### **May**

**Exeter Additional Support Unit**, Devon Partnership NHS Trust

# My First Peer Review

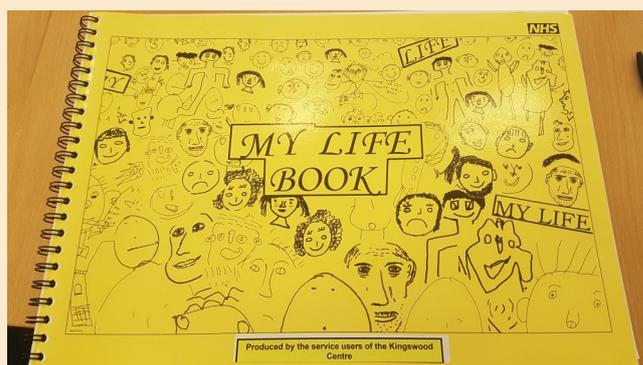
## By Abi Hay, QNLD Project Worker

I'm Abi and I recently joined the QNLD project as a Project Worker. I would like to share my experience of the first peer review visit I attended. I came to this role following 8 years working in mental health services, including a CAMHS inpatient. This background was really helpful in understanding the challenges staff face in developing a successful and supportive ward environment.

The ward I visited is an 8-bed service in North West London. During the initial tour of the ward we were impressed with the development of a room that can be part of either the male or female sides of the ward depending on which of its two doors are locked. This gives the ward flexibility on the gender balance of their service users and means they can easily respond to demand.

The ward strongly promotes the role of advocacy in its day to day practice. The Advocate is embedded in running of the service and attends ward rounds as well as CPA meetings to ensure the service users voice is heard. There is also a varied activity timetable with an emphasis on therapeutic groups. I was impressed with a tool called 'My Life Book' which was designed by patients and functions as a method of providing narrative therapy, including personal history, individual strengths

and likes and dislikes. The team has also recently won investment in an OM interactive system which projects images and games onto the floor and is particularly helpful for people with autism.



I really enjoyed my day on review. It was great to meet staff who so obviously cared about the quality of their service, and the people who use it. Our observations provided evidence to support the ward's own identification of staffing levels as an area needing improvement. The visiting team shared their method of calculating safe staffing levels based on the dependency level of service users, not just the level of observation they are on.

By the end of the day, email addresses were swapped with promises to share information. This was the realisation of the intention of the QNLD, to provide a forum for wards to benefit from the ideas and best practice of their peers. The whole process was really rewarding and I can't wait to go on my next one!

# Knickerbocker Glory!

## Developing an Activity Service in Bryn Y Neuadd Hospital

Enthusiasm is something not in short supply in the Therapeutic Support Services at Bryn Y Neuadd Hospital in North Wales. The service exists to provide separately managed, Nurse led activities and to maintain ordinary patterns of daily living, that is habilitation, whilst people with learning disabilities are in hospital for a period of assessment, treatment and or rehabilitation.

The TSS is about not suspending patterns of daily life whilst in hospital. Regardless of the reason for admission, the TSS provides individual timetables of daytime activities developing unique skills based narratives to add to those generated in the other settings, most importantly, narratives authored by the patients themselves.

It is a small service of three Nurses and ten whole time equivalent Healthcare support workers providing an award winning facility for patients, staff and nursing students alike within the hospital

grounds and within the local community in all kinds of locations.

We offer a wide range of activities curricula and learning opportunities such as Books beyond Words book groups, relaxation sessions, golf, music, art and cooking for others but it is the co-

production of meaningful occupation that drives us. We find that boredom and a lack of the ability or opportunity to create meaning are often at the core of a plethora of ill health issues and behavioural challenges.

The service develops meaningful activities and opportunities for

learning and peer support in line with the patients care plans and best practice but also responds to service user choices and suggestions. Essentially we ask the service user group, "Is there enough for you to do and is there anything we can offer that we don't already?" In every case the responses have been cheep and achievable. As a result, patients develop a sense of empowered ownership and



learn skills of self advocacy in preparation for their future life in their communities.

Key features of the TSS sit in the canny resourcing and safe re-purposing of all kinds of activities and equipment. We do have a small budget to buy materials and equipment but our first thought is usually to make use of the free classified ads section on our health board website. In this manner in the last year alone we have acquired a lending library of over 50 board games, educational CDs, Roms, musical instruments, a fish tank – and the fish to go in it, a pool table and a table football game, 400 DVDs, 100s of cds, table tennis equipment, bicycle pumps, fire retardant textiles, fire retardant Christmas decorations, furniture and even donations of plants for a sensory garden and plums to make jam! We advertised for free on the website for items which people could donate and they flooded in – and continue to do so....it has cost us nothing but imagination and effort. We also have great links with local businesses who will frequently ask us if we would like items they are about to discard such as 20 Large T-shirts – ideal for us to learn fabric painting!

what's on offer and keeping the activities curricula interesting and meaningful and giving patients choice while they are in hospital and chance to validate their experiences through shared activity with peers and staff and through a real example of how they can change their environments with support and not necessarily through spending lots of money. That's not to mention making use of the local car boot sales to trawl for items to use in reminiscence activities and in cooking sessions, after all, nothing says Knickerbocker Glory like the proper glass to serve it in, especially if it only cost 10p.

A little creative thinking can make your resources go a long way, too often we see enthusiasms crushed for lack of resources and a cynical attitude towards service development can follow. I would urge those looking to make the rehabilitation and treatment programs of people in hospital more responsive to look close to home for the things you need....they're probably taking up space somewhere in someone's cupboard or spare room. All you have to do is seek them out!

Happy hunting!

Of course accepting items which are safe and keeping them tidy and fit for purpose is the staffs job, exchanging

**Jane Maria Williams**  
Therapeutic Support Services Manager.  
Bryn Y Neuadd Hospital, North Wales.

## Technological Innovation in Service Delivery John Denmark Unit

The John Denmark Unit is a National Mental Health & Deafness Unit in Manchester providing 18 specialist deaf open acute beds. Our Trust (Greater Manchester Mental Health NHS Foundation Trust) has been highly supportive and invested in the vision to make our service and the NHS trust the most deaf accessible in the world.

This has included providing information in BSL video on the Trust website about all of the services and enabling deaf service users to make phone contact with services throughout the Trust via a free video interpreting service link on the Trust website. This means the service user can use their webcam to communicate with an interpreter who can make calls on to the service in real time.

The most technologically challenging innovation has been the recent installation of Media Wall touch screen TVs in all the bedrooms at the John Denmark Unit. The service has invested in the hardware and collaborated with a Dutch software company to develop this. We are not aware of any service in the world that has developed anything similar



### Media wall Functionality:

- The ability to control each individual device from a central 'hub'. Providing the ability to restrict and allow access to internet, skype (Video calling) and a variety of apps, for each individual device
- The ability to provide entertainment to service users eg, BBC iPlayer in British Sign Language (BSL), games and apps
- The ability for staff to manage the content shared with individual patient devices via content management software.
- The ability to monitor usage and review attendance of specific psychotherapy homework tasks
- An activity timetable bespoke to each service user's device controlled by the central 'hub' to provide notifications of sessions & activities

- Provide information that meets the Accessible Information Standard to service users through their devices eg. BSL video of their recent CPA meeting feedback
- Service users can provide recorded sign language requests and feedback to relevant meetings, e.g. CPA's



## Update on Annual Forum

We have recently decided to reschedule our Annual Forum which was due to take place in May 2018.

We have taken this decision to ensure that we can provide the best event possible for all our members. We are sorry for any inconvenience this causes but we hope the rescheduled event will make up for it!



**We are still on the look out for :**

**Discussion Ideas**

**Posters**

**Presenters**

If you have a topic you would like to discuss or a project you think our members would benefit from hearing about please get in touch at:

**[qnld@rcsych.ac.uk](mailto:qnld@rcsych.ac.uk)**



# Humanities and Leadership in Psychiatry

Leadership can be defined as the art of motivating a group of people to act towards achieving a common goal (Sharma et al 2013). There is increasing attention paid to medical leadership-with particular emphasis on developing the necessary competencies during both core and speciality psychiatry training. Brown and Brittlebank (2013) highlight that successful healthcare organisations have been built on by the continued engagement and leadership of medical staff. It is the responsibility of all trainers and educators in Psychiatry to emphasise the importance of developing these skills and producing the best medical leaders.

Warren Bennis who was regarded as a pioneer of the contemporary field of leadership studies reported that a key quality of a good leader is someone that is well communicated (Kirby 2014). This is an area which we wish to explore further in this short article. We examine whether additional training around the humanities, would augment the already diverse skill set of those working in psychiatry. The humanities focus on building skills in both written and verbal communication. Most importantly they teach the individual to critically explore and ask questions about their working environment. The benefits of the humanities is apparent in the cross disciplinary work of both philosophy and



psychiatry. This area has contributed immensely to clinical practice and management. Professor Bill Fulford who is an eminent Psychiatrist and philosopher has noted key developments in patient- centred practice, new models of service delivery, neuroscience research, psychiatric education and the organisational basis of Psychiatry as an international science-led discipline (Fulford et al 2004). In 2015 the British council surveyed the educational backgrounds of 1,700 leaders across thirty countries. Participants were involved in various fields from corporate, government to non-profit organisations. The research found that fifty five per cent of these leaders had either a humanities or social sciences degree (Blochinger 2015). Dr Cruikshank who is the dean for humanities at McMaster University (Canada) reports that the subject area helps to develop creativity, persuasive and rational arguments; it helps to communicate these ideas and teaches one to think both constructively and critically.

Curiosity and empathy are key components of a strong leader and have been ranked by business executives as key components for success. Dr David Brendel is a leadership development specialist and a Harvard trained Psychiatrist. He has written about the benefits of 'Humanity subjects.' A large portion of time is dedicated to reading the 'great works' of the past. These can promote a person's ability to imagine and understand the perspective of others. Developing the theory of the mind has been introduced as an area of research linked to leadership. A seminal study from 2013 suggested that the reading of high quality literary fiction enhanced theory of mind skills. Literary fiction challenged and refined a reader's capacity for empathetic curiosity (Brendel 2015).

An article by the Economist highlighted the benefits of reading the great texts from Western and Eastern philosophy. It was suggested that business leaders would gain skills from this literature and apply this to their business models (Brendel 2015). From personal experience these works are very complex. However, those with backgrounds in the Humanity subjects feel a lot more at ease reading these texts and applying key skills derived from these to their practise.

The beauty of psychiatry is the willingness to embrace and accept other modalities of practice. The breadth of the

speciality is huge and there is presently an increasing link between psychiatry and the arts. In this article, we briefly discussed how being more open to the humanities can develop us in our respective careers and in our role as medical leaders. We argue that the integration of humanities to postgraduate medical education can enhance the acquisition of leadership skills. In psychiatry, a lecture or a group discussion led by a philosophy academic in our respective trust academic afternoons may contribute greatly. This resource is being utilized in the commercial world and may prove worthwhile in medical education and medical leadership.

**Dr Ahmed Saeed Yahya**

Speciality Trainee in Psychiatry, East London NHS Foundation Trust

**Dr Jude Chukwuma**

Consultant Psychiatrist, Barnet, Enfield and Haringey NHS Trust

**Dr Nisha Shah**

Consultant Perinatal Psychiatrist, North East London Foundation Trust.

**References**

Blochinger, S (2015).What do the world's most successful people study? British Council.org  
 Brendel D (2015). Reading the Humanities Promotes Emotional Intelligence and Leadership Capacity. Huffington Post.  
 Brown N, Brittlebank A (2013).How to develop and assess the leadership skills of psychiatrists. BJPsych Advances 19, 30-37.  
 Cruikshank K. Humanities Means Leadership. Faculty of Humanities. McMaster University.  
 Fulford K, Stanghellini Giovanni, Broome M (2004). What can philosophy do for psychiatry? World Psychiatry 3, 130-135.  
 Kirby, J (2014). Warren Bennis, Leadership Pioneer. Harvard Business Review.  
 NHS Institute for Innovation and Improvement. Medical Leadership Competency Framework, Third Edition, July 2010.  
 Sharma MK, Jain S (2013). Leadership Management: Principles, Models and Theories. Global Journal of Management and Business Studies 3, 309-318.