



Quality Network for Forensic Mental
Health Services

THEMATIC REPORT

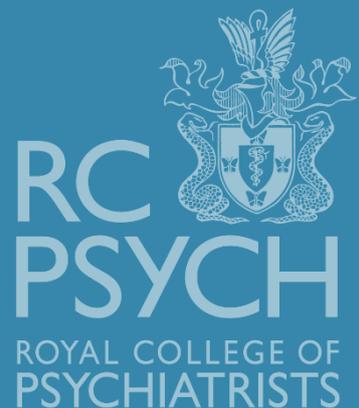
Cycle 13-7 (2019-2021)

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FORENSIC
QUALITY NETWORK FOR FORENSIC
MENTAL HEALTH SERVICES



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www.qnfmhs.co.uk

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Artwork displayed on the front cover of this report:



Daffodils

Patient from Arts Project, Secure Care Services, Northumberland Tyne and Wear NHS Foundation Trust

FOREWORD

I am delighted to be writing this foreword for the first thematic report published by the Royal College of Psychiatrists' Quality Network for Forensic Mental Health Services (QNFMS). This report, covering the period 2019-2021, uses data collected from member services who completed their peer reviews against the QNFMS Standards for Forensic Mental Health Services: Low and Medium Secure Care – 3rd Edition (2019).

Inevitably, the themes described in this report are a reflection on the challenges under which our services have been operating since the outset of the Covid-19 pandemic in early 2020 and are also set within the context of the changing landscape of commissioning of secure mental health services. Despite the pressures the pandemic has caused in our services, and the impact on everyone's capacity, this has been a time in which it has felt more important than ever to maintain and strengthen our focus on quality. Emerging "live" Provider Collaboratives have enabled local networks of shared learning, governance, and a focus on quality and service improvement meeting the needs of local populations.

I have great admiration for all our colleagues in our member services who have worked tirelessly to ensure the safety of our patients during the pandemic, and to find ways of mitigating the impact on service users and their families of the unwelcome, albeit inevitable, restrictions. Secure services across the network have demonstrated extraordinary resilience and creativity in their ability to adapt to these circumstances and partner with service users in co-producing solutions and innovative ways of working that will continue to support quality improvement in our services for years to come. Many such areas of good practice are detailed in this report, along with themes for the areas for improvement noted throughout the cycle, and recommendations regarding the challenges reflected in commonly unmet standards.

This report also summarises the themes emerging from the many online events that have taken place during this period: the open forum sessions during the first wave of the pandemic, the webinars and discussion groups, a two-day symposium, the second joint Annual Forum for low and medium secure services, and special interest events. There is also a summary of the resources produced by the network (notably the development of the new Physical Security Document and the regular newsletters), along with some of the feedback we have received from our members to enable us to be as responsive and supportive as possible.

As ever, I am most grateful to the QNFMS programme team, our patient and carer representatives, and the members of the advisory group, for their continued commitment, enthusiasm, and agility in redefining means of the network providing a supportive lens through which to view quality and learn from one another. I would also like to express my respect for all the colleagues, service users, carers, families and friends, who, without access to many restorative aspects of life, have worked together, during the pandemic, to keep our services safe and focussed on quality and excellent outcomes. I have observed extraordinary courage, patience, and kindness during this unprecedented time, and have great admiration for what has been achieved.

I hope that members, and Provider Collaboratives as networks, will find this report an interesting and helpful resource providing inspiration in relation to good practice, information to support further inter-service networking, and material with which to work together to address some of the more challenging aspects of service delivery.

Dr Jude Deacon,
Chair of the Quality Network for Forensic Mental Health Service



WHO WE ARE AND WHAT WE DO

WHO WE ARE

The Quality Network for Forensic Mental Health Services (QNFMHs) was established in 2006 to promote quality improvement within and between medium secure forensic mental health services. In 2013 the network branched into low secure services. It is one of over 25 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

Member services are reviewed against published specialist standards for forensic mental health services for medium and low secure services¹.

WHAT WE DO

We adopt a multi-disciplinary approach to quality improvement in medium and low secure mental health services. A key component of our work is the sharing of best practice by listening to, and being led by frontline staff and patients.

We serve to identify areas for improvement through a culture of openness and enquiry. The model is one of engagement rather than inspection. We aim to facilitate quality improvement through a supportive network and peer-review process. We review both low and medium secure services in the UK and Ireland. Participation in the Quality Network is part of NHS England commissioning guidelines for secure services and members pay a fee to be a part of the process.

OUR ADVISORY GROUP

The Quality Network is governed by a group of professionals who represent key interests and areas of expertise in the field of forensic mental health, as well as patients and carers who have experience of using these services. The group is chaired by Dr Jude Deacon, Director of Forensic Mental Health (Oxford Health NHS Foundation Trust) along with representatives from NHS England, CQC, Ministry of Justice and other organisations.



The Coven
Patient from Edenfield Centre
Greater Manchester Mental Health NHS Foundation Trust

JARGON BUSTER

QUALITY IMPROVEMENT: Quality improvement throughout this report will refer to ensuring forensic mental health services are effective, safe and patient-centred. We use our quality improvement standards to assess this and make recommendations for improvements.

MULTI-DISCIPLINARY: A multi-disciplinary team involves many different disciplines or professional backgrounds, that work together to deliver care to a population of patients.

MEDIUM SECURE SERVICES: Medium secure services are part of a care pathway that is designed for individuals with a serious mental illness, who require care and treatment in a safe and secure environment. Individuals in a medium secure service may enter through court or other mental health services and are detained under the Mental Health Act.

LOW SECURE SERVICES: Low secure services are provided for individuals who have complex problems that cannot safely be managed in the community or in acute inpatient wards. Low secure environments are also offered to those who demonstrate behaviours which challenge or risk to themselves or others in the context of a serious mental health issue.

¹ www.qnfmhs.co.uk

THE REVIEW PROCESS

The review cycle is ordinarily structured in two stages over a two-year period. However, due to COVID-19 we offered services the choice of review type.

Full review

As part of the full review, services complete a self-review workbook which includes a self-rated score and comments against each standard and any accompanying evidence. Questionnaires are distributed to staff, patients and family and friends.

A visiting peer-review team meets with those working in and using the service to validate the information provided. A tour of the environment and perimeter check are completed (where possible). The service being reviewed receives preliminary findings at the end of the review, drawing on achievements and areas for improvement.

The data that is collected is then recorded in a service report, which summarises the areas of good practice and areas in need of improvement.

Developmental review

Developmental review visits consist of reviewing the outcomes from a previous full review. These reviews are an opportunity for services to receive a more focused self-review and reflection on the progress that has been made as part of action planning. The self-review workbook that is required from services is brief and largely focuses on a service's own priorities and challenges.

The timetable of a developmental review consists of several open discussion meetings with managers, frontline staff, patients and family and friends. This provides services with the opportunity to discuss their challenges in a safe and open environment and share learning with other services.

A developmental review summary is produced, summarising the actions taken since the previous review and the key areas of good practice and areas for improvement. Services then engage in further action planning to reflect on the feedback received.



NHS Angels
Brockfield Patients and OT Staff
Essex Partnership University NHS Foundation Trust

INTRODUCTION

This is the first thematic report published by the Quality Network for Forensic Mental Health Services, and uses the data collected from member services who completed their peer-review against the Standards for Forensic Mental Health Services: Low and Medium Secure Care – 3rd Edition (2019).

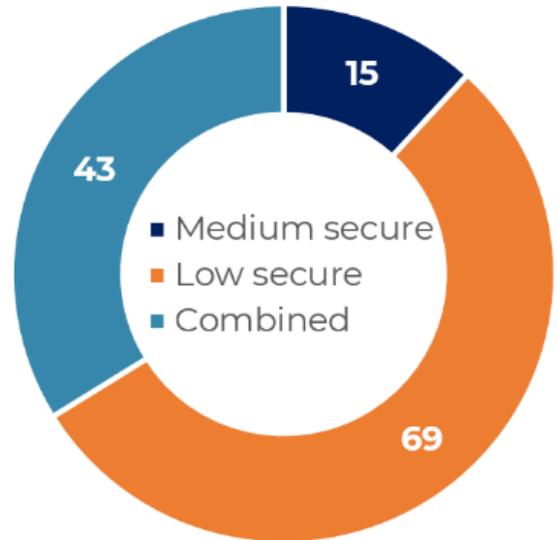
MEMBERSHIP

From 2019 – 2021, 127 medium and low secure services from across the UK and Ireland took part in Cycle 13-7 (2019-2021). You can see the geographical footprint of our member services in Figure 1.

DATA COLLECTION

62 trust and organisations have been represented.

127 secure services have been included in this report.

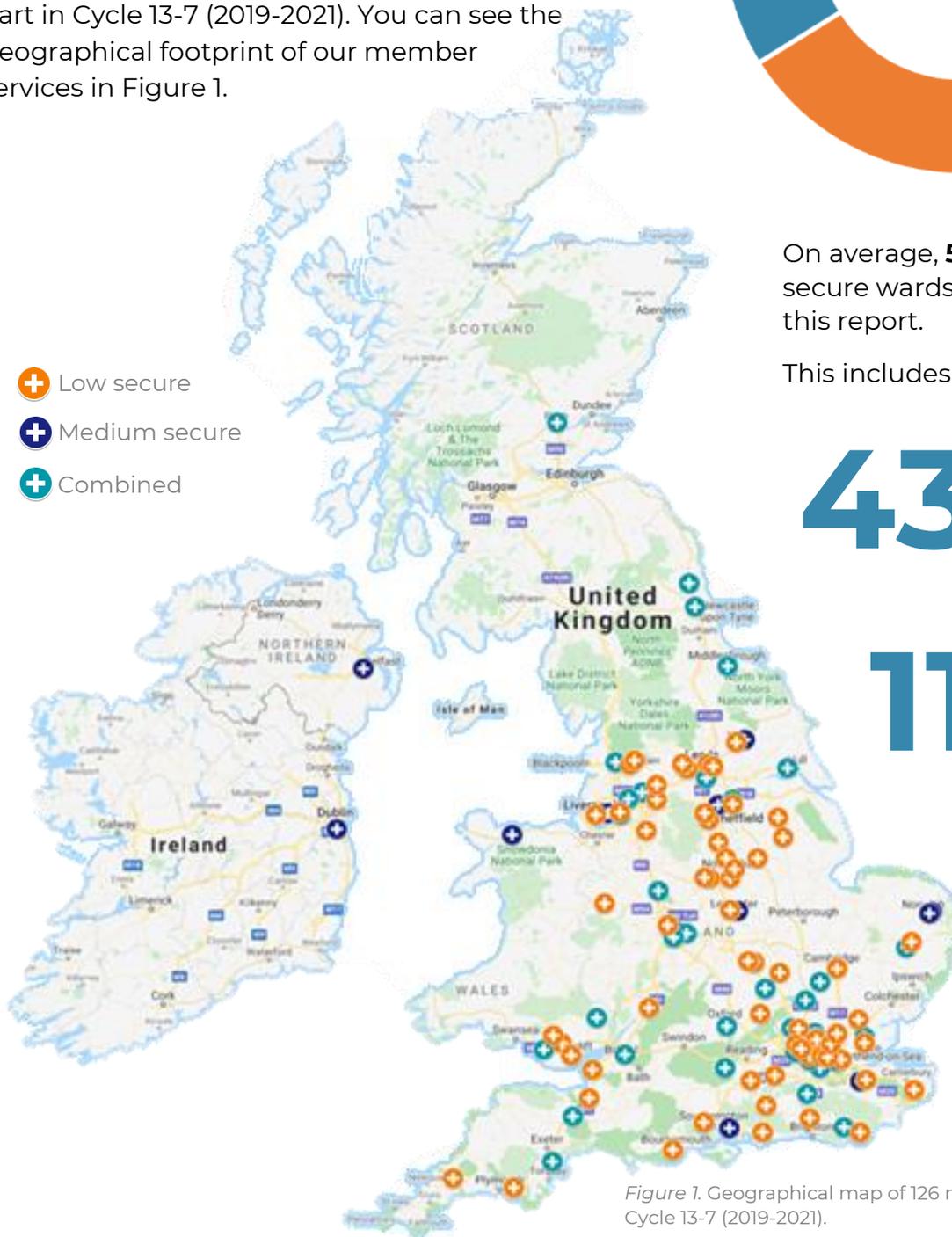


On average, **552** medium and low secure wards have been included in this report.

This includes:

431 MALE WARDS

117 FEMALE WARDS



- Low secure
- Medium secure
- Combined

Figure 1. Geographical map of 126 member services that took part in Cycle 13-7 (2019-2021).

EXECUTIVE SUMMARY

The report details areas of good practice, broken down into the sections of the standards. It includes information from survey responses collected, and specific examples of good practice seen on the peer-review visits that took place. We have provided themes for the areas for improvement noted throughout the cycle, and recommendations for commonly unmet standards. A summary of recommendations is provided towards the end of the report.

Key themes that are present throughout the two years of reviews include:

- Fantastic innovations with technology and the provision of computers, tablets and phones to keep people connected throughout the pandemic.
- From the NHS guidance on managing a healthy weight, services have kept a focus on physical health, with some excellent initiatives noted. This includes education for patients, promoting of holistic health and wellbeing, and a focus on motivation for patients to exercise and get into nature.
- Interventions, treatments and therapies have adapted and molded according to the needs of the environment. Some services have moved to remote interventions where possible to protect patients from COVID-19. Some services have hired additional activity co-ordinators to occupy patients whilst Section 17 leave was not possible.
- Whilst carer engagement has been particularly difficult due to the pandemic, there are pockets of good practice being noted. Some services continued to host carer forums, adapting to virtual means, which helped keep family and friends connected to their loved one. Some sites have high engagement and involvement from their carer group, involving them in the development of strategies, policies, targets and training.
- In many services, staff are understandably feeling overwhelmed and burnt out. Many staff have left the services, or have been off with COVID-19, leaving the remaining team feeling stretched. However, some teams are feeling well supported due to positive practice at the site to promote staff wellbeing. This includes opportunities for staff to access massage and Reiki therapy, having a focus on stress awareness and resilience, and offering regular supervision and reflective spaces.
- Provider Collaboratives continue to go live and become well established. There are excellent areas of good practice to meet the needs of the local area, including patient involvement initiatives and research in neuro-development psychiatry.



London Bridge, a patient from Northgate Hospital (The Arts Project)

3472

SURVEY
RESPONSES
FROM STAFF

1609

SURVEY
RESPONSES
FROM PATIENTS

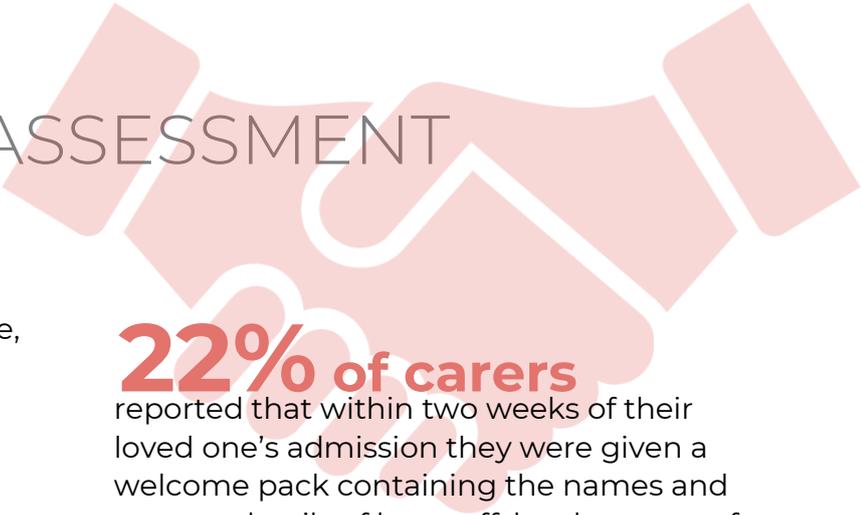
467

SURVEY
RESPONSES
FROM FAMILY
AND FRIENDS



'Dre Pearly Flowers'
Northgate Hospital

ADMISSION AND ASSESSMENT



85% of patients

reported that on admission to the service, staff introduced themselves and other patients, and showed them around the ward.

64% of patients

reported being given a welcome pack and other information about the hospital and their care.

22% of carers

reported that within two weeks of their loved one's admission they were given a welcome pack containing the names and contact details of key staff, local sources of advice and support and the complaints procedure.

GOOD PRACTICE EXAMPLES

There is a wide range of written communication offered to patients and visitors. The information is of high quality, accessible and many of the leaflets are co-produced. Examples of these include: a service user's guide to service user involvement, sexual safety on the unit, welcome booklets, a trust-wide newsletter and a magazine presenting patient artwork.

The Orchard Unit, 2019-2020

Patients received a welcome pack when they were first admitted and were shown around the unit, with a patient reflecting on how they were able to visit the service before being transferred.

Wellesley Hospital, 2019-2020

Patients feel staff were welcoming when they were first admitted. They are shown around the unit and feel well looked after.

Southfield Low secure Unit 2020-2021

The service has a comprehensive admission and discharge process. In particular, the pre-admission checklist is detailed and supplemented by good joint working between psychiatry and nursing. Admission assessments and decision making is well coordinated and there is strong communication between psychiatry and nursing.

Forest Lodge, 2020-2021

The service introduced a new admission sheet with various bullet points about the individual being admitted. This is to improve communication following feedback from frontline stating they can feel "left in the dark". The service state they held focus groups and developed the admission sheet following these.

Whitlingham Ward, 2020-2021

When information regarding a possible admission is received, the multi-disciplinary team (MDT) have a meeting to assess the patient against the admission criteria to decide whether the service can support this patient to reach their goals. If the patient is suitable, the psychologist will run a reflective practice/case review discussion about how the team can support the new admission. The team meet with the patient before admission to gather information about their discharge pathway, occasionally giving a tour of the clinic. Before a patient comes to Hazelwood, staff understand the patients' needs and wants, what they want to achieve, and future goals are set.

Hazelwood House, 2020-2021

Prior to admission, patients had interviews with staff and were shown pictures of the ward. Upon admission, patients were given the welcome pack, shown around the ward and introduced to staff and other patients.

Montpellier Unit, 2020-2021

Patients had a comprehensive induction when they first arrived on the ward. They were provided with an induction booklet, which they said was clear and informative. They were shown around the ward and introduced to other patients, which made them feel welcome. Patients reported that if someone's first language is not English, an interpreter is available to help patients understand the induction process.

Tasman Ward, 2019-2020

There is a well-structured and clear care pathway for patients from their first admission to discharge to the community. The review team felt that this was positive as it provides a distinct route to discharge for patients. Patients from the medium secure unit reported being clear about what needed to be done to progress along their pathway.

Three Bridges, 2020-2021

Morrison ward has a dedicated team of clinicians working with patients transitioning from a high-secure service. Every patient's stay is considered individually, and patients can be moved to the LSU within the service or discharged directly to the community afterwards.

John Howard Centre and Wolfson House, 2020-2021

“Staff are kind and talk to us with respect.”

“Life is good and settled on the ward.”

AREAS FOR IMPROVEMENT

- Patients in some services reported the welcome packs and information packs not being explained to them properly. It can be difficult and overwhelming to take everything in at admission.
- Patients reported inconsistencies in their admission to the wards. In some cases, patients were not shown around the wards, introduced to patients or made to feel welcome during busy periods on the ward.
- Some patients found the admission process confusing, and the ward 'rules' or codes of behaviour difficult to grasp.

RECOMMENDATIONS

- Provide welcome packs to all new admissions to the service. Ensure the information is easily digestible, particularly for people new to services. Staff should go through the welcome pack with the patient at the earliest possible time to ensure the information is not overwhelming. Ensure easy-read formats and different languages available.
- Have a robust admissions process in place to ensure a consistent experience is had by all. Regularly audit the admissions checklist and check in on new patients to see how their experience was.
- Have the ward rules and codes of conduct displayed throughout the ward. Have this as a standing agenda at community meetings and discuss regularly between the patient group.



Sailing Boat and House'
Humber Centre

PHYSICAL HEALTHCARE

72% of patients reported being offered education on maintaining a healthy lifestyle and encouraged to remain active.

81% of staff reported receiving training on physical health assessments.

GOOD PRACTICE EXAMPLES

There is a focus within the unit on physical health. Each ward has a dedicated physical health or dual trained nurse. Each Wednesday the wards have 'Wellbeing Wednesday' where they concentrate on physical health and healthy lifestyle education. There are multiple visiting professionals, such as podiatrist, dietician, optician, dentist and GP, who will attend the wards regularly. The trust also has a PHOG (physical health organisation group) made up of the full MDT to lead of strategy and implementation of the physical health focus.

Bowman ward, 2019-2020

The service has an internal pathway which allows patients to progress and develop skills, such as cooking. For example, on Kestrel ward food is provided by the hospital, on Eagle ward there is the opportunity for self-catering, but food is also provided by the hospital. On Rectory ward the patients are given a budget from the hospital to buy food so that they can make their own meals, and a different patient is nominated to cook every day.

Burston House, 2019-2020

There is a positive focus on physical health initiatives, such as managing a healthy weight and exercising. The gym facility is excellently equipped with a range of exercise machines, including an outdoor gym, and there are gym instructors to facilitate these sessions. Patients spoken to also mentioned that they are supported and encouraged to exercise and take walks. There is also a colour coded menu which has recently been introduced, where healthy items are coloured green, moderately healthy items are amber and unhealthy items are red, to help patients make healthy choices at meal times.

Llanarth Court Hospital, 2019-2020

One of the main priorities of the service is patients' physical health pathway. An advanced clinical practitioner came into the post a year ago, whose role is to provide care, educate staff on physical health and offer a clinical mentorship to nurses undergoing advanced clinical practitioner training. They assess, diagnose, offer non-medical prescribing and treat physical issues such as bladder scanning, seizures and COVID-19. They involved patients and staff in creating physical healthcare passports that were launched in February 2021. Patients across the service feel supported in their physical health. They appreciate they can be part of their own health care provision and set their own goals.

Hatherton Centre, 2020-2021

'Patient passports' have been co-produced for each patient detailing their history, allergies, likes and dislikes. These are taken to physical health appointments and accident and emergency. Patients are offered health screening programmes in line with the national population. A nutritionist provides support and guidance around meal plans and the GP visits the site regularly.

Priory Hospital Burgess Hill, 2020-2021

A patient reported that the service have introduced a 'well-woman' clinic. The well woman clinic is run by a senior healthcare worker (SHW) trained in women's health needs and tracking of women's health screening. Patients are provided with weekly health checks from said group, meaning that patients have weekly blood pressure, weight and BMI checks.

Waterloo Manor Hospital, 2020-2021

The healthy weight project has resulted in impressive outcomes for the patients involved. The team spoke about the high quality and detailed education that patients appreciated, rather than basic healthy weight understanding. They reported that patients feel empowered. The holistic approach looks into both the physical, psychological and medical aspects of increasing movement and understanding diet. They have kept motivated throughout lockdown and have been innovative when adapting the physical exercise that is available.

Trevor Gibbens Unit, 2020-2021

There is a big focus on physical health and healthy living at the service. There is a healthy lives group that meets every week and health passports for patients to record their food intake. The occupational therapy (OT) team facilitate cooking sessions with patients to encourage healthy eating. If patients request to focus more on their weight or diet, this is individually care planned. There are also monthly 'fake aways', where patients choose a country and make the food for themselves rather than ordering a takeaway. Further, there is a healthy lives league, which encourages patients to compete to reach their physical health goals.

Amber Lodge, 2020-2021

The Physical Health Hub is a programme within the service that aims to improve the physical health of patients. The hub manages specific disorders such as diabetes, chronic obstructive pulmonary disease, hypertension, obesity and provides national screening for cancer. The Physical Health Hub is a positive addition to the service.

Brockfield House, 2020-2021

There is a full-time fitness instructor at the service. This allows for numerous opportunities for patients to engage in exercise and physical activity. They are offered one-to-one sessions in the gym and group sessions on the grounds such as touch rugby, football, tennis, rounders and basketball. There are also walking groups and opportunities for exercise in the community such as swimming and sessions with a local semi-professional football club.

Cygnets Hospital Harrow, 2019-2020

The healthy weight initiative is well embedded for the CQUIN targets. There is a wellbeing clinic in place that runs weekly. This is a place where patients can come to engage about their physical health, take vital observations and have open discussions about weight loss, diabetes and smoking cessation. The physical health instructor also attends and the wider service has developed a health tracker tool to review physical health with the risks of high dose anti-psychotics. This is now fed into the ward rounds and reviewed regularly with the patient.

Woodlands House, 2020-2021

Patients have access to a full primary care team for their physical health needs. They are based within the primary care centre at the service and the team consists of a nurse specialist, several band 5's and a band 4 nurse, with a visiting GP two days a week. The team are part of the multi-disciplinary team and aim to deliver the same service that patients would have access to in the community. The team run several clinics a month, such as podiatry, dietician and asthma, as well as educational sessions and training for staff.

Humber Centre, 2019-2020

Physical healthcare is impressive. There is a 'wellman' group for patients that meets monthly to discuss physical health and lifestyle. This group encourages men to go for prostate screenings and has a wide range of different topics spoken about.

Foxhall House 2020-2021

AREAS FOR IMPROVEMENT

- Some patients reported limited access to physical health appointments, with no visiting GPs to the service. Some hospitals are struggling to get physical health staff to see patients, meaning there is a long gap between GP visits.
- In some services, they have had difficulty getting patients appointments for routine screening assessments, with patients reporting a gap of a few years between them. Other physical health appointments, such as dentists or opticians were also noted to be delayed.
- In some services, patients reported a lack of physical activities, sometimes due to staffing issues. They also reported in some cases, a serious lack of healthy eating options.

RECOMMENDATIONS

- Where possible, have a regular, visiting or onsite GP for patients to access. Ideally, this person should be regular and familiar to the patient, with experience of treating people within secure services. Where there is no GP onsite, patients should be able to access a community GP for check-ups.
- Ensure patients have regular physical health checks. Have access to routine screening assessments equal to those in the community.
- Prioritise physical exercise and physical activities within the service. Create engaging activities and healthy competitions on the wards. Where possible, start a [Green Walking group](#) on the wards (from the Centre for Sustainable Healthcare), and refer to the [Managing a Healthy Weight in Secure Services Guidance](#).

TREATMENT AND RECOVERY

53% of patients

reported feeling involved in developing their care plan that reflects their individual needs.

19% of carers

reported feeling involved in developing their loved one's care plan.

40% of patients

reported being able to access timetabled activities and therapies seven days a week.

65% of patients

reported being supported to actively participate in CPA (Care Programme Approach) meetings.

GOOD PRACTICE EXAMPLES

The psychology team offer psycho-educational interventions, offence-focused work, relapse prevention, cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing therapy (EMDR), schema therapy, dialectical behaviour therapy (DBT), compassion focused therapy and 'Tree of Life', a culturally-sensitive intervention based on narrative therapy. Patients are offered positive opportunities for work within the service and volunteer experiences within the service and in the community. For example, one patient spoke positively about their role cooking in the community for people who are homeless. There is also a patient representative role which is well-embedded.

Avesbury House, 2020-2021

The service has made an effort to provide more activities and improve access to them. They have internally recruited the new role of activity coordinator and increased the activity timetable to seven days a week, including both group and individual activities. Activities include accessing the gym, bingo, shopping, Hama beads, artwork, games consoles, computer sessions, and board games. Patients can gain real work opportunities at the service as a gym cleaner, shop keeper and stock taker. The latter two roles allow them to work towards qualifications in customer service.

Marlborough House, 2020-2021

Patient representatives attend part of monthly clinical governance meetings to provide patients with the opportunity to input into service developments and initiatives. Patient forums and community meetings take place regularly to ensure patient voices are heard. The team have also introduced patient representatives to sit on the interview panel for the recruitment of new staff members. There are restrictive practice meetings which patients can attend and they fed back that their experience on the ward has been improved as a result of the least restrictive approach.

Priory Hospital Burgess Hill, 2019-2020

There is a clear focus on personalised care for patients. Care plans are written collaboratively with patients, who stated they have “a lot of input” in these. They are also supported to be actively involved in care programme approach (CPA) meetings. Staff reported that they work hard to understand patients’ likes and dislikes and attempt to find community services or events that they can engage with. They used an example of taking a patient to a local music concert.

Langford Clinic, 2019-2020

Psychology provide a wide range of therapies including CBT, DBT, EMDR and schema therapy, as well as adopting a trauma-informed approach. The team have adopted the use of ‘avatar therapy’, aimed at patients with psychosis to support the dialogue with staff in a non-threatening environment. A ‘pro-real’ application is used where patients can illustrate the events that have happened to them in an imaginary world. This has proven to be an easier way of gaining a rich understanding into a patient’s history. Patients have access and are encouraged to make use of a range of community links, including access to Life Rooms, a free NHS service providing support to service users in offering courses and advice on money, housing and community services. Patients also praised the visiting dietician and enjoy the opportunity to go on community walking trips. Patients are also positive about the in-house activities available, such as the range of facilities on Wavertree and stated that creating woodwork has helped build confidence and gain new skills.

Rathbone, 2020-2021

The occupational therapy (OT) team and the psychology team have a very extensive therapeutic timetable. Personalised timetables are developed when the patient is first admitted to the service. The timetables run for 12 weeks and the teams work collaboratively to ensure that psychology sessions and OT sessions run together without patients missing out on one or the other due to timetable conflicts. The therapeutic teams work with the patients to give them the most beneficial plan and aim to incorporate their hobbies even if they are not currently listed. Further, there is a weekly ward activities timetable which is run by healthcare assistants or nurses on the ward outside of OT and psychology activities. These consist of activity nights such as baking and film nights.

Beech Ward, 2020-2021

Psychology provision and the groups available to patients are commendable. There is a large psychology team in place and the service is offering CAT therapy, DBT, CBT, compassion-focused therapy, Thinking Skills groups for sexual offences and substance misuse programmes. The groups available are tailored to meet individual needs and DBT is carried out joining male and female wards and mixed between low secure and medium secure patients, where appropriate. This encourages patients to socialise and learn from one another.

Brooklands Hospital, 2019-2020

The social worker and a patient have developed a relationship booklet for patients. This looks at issues such as domestic violence, coercive control, what gaslighting means and positive and negative relationships.

Cygnets Hospital Sheffield, 2020-2021

Patients have access to a vast array of educational and real work opportunities, which reflects the importance the service places on patient recovery and the development of patient confidence. Two patients are currently enrolled at the Open University and another has recently completed Level 3 in Animal Care at Solihull University. Patients have access to paid work, through working in the café or the kitchen and volunteering positions are also available such as a library volunteer, editor for the quarterly patient-led newsletter and volunteering in the community. Furthermore, there is an emphasis placed on patient recognition, with numerous patients submitting to the Koestler Arts competition, winning awards for this and an award ceremony being held. During the award ceremony, patients also receive accreditation and certificates for their various achievements.

St Andrews Healthcare Birmingham, 2019-2020

The psychology team have implemented a 'reminiscence group' which is specifically tailored to the older-age population at the service. This includes encouraging patients to remember things from the past, such as activities and traditional transport methods. The goal is to allow patients to safely revisit their past and to communicate freely about their own past. The service are also rolling out dementia awareness training for all staff and there are dementia themes areas around each ward, including an orientation board to demonstrate the date, time of year and where they are.

Suttons Manor Hospital, 2019-2020

AREAS FOR IMPROVEMENT

- Some patients reported that their care plans are not developed collaboratively with them and they are not able to access written copies of their care plans.
- Some services have a limited range of activities available to patients and do not have activities available seven days a week. Patients reported feeling bored due to a lack of meaningful activity.
- Patients reported wanting to feel more involved in the CPA process and sometimes feeling they are being talked about in CPA meetings, rather than included in discussions.

RECOMMENDATIONS

- Involve patients in the process of care planning. Discover what goals and interests the patients have and identify ways of incorporating that within the care plan. Record patients exact words within the care plan to ensure it is as patient-centred as possible. If the patient does not wish to be involved at that time, keep revisiting and reframing the approach. Facilitate a collaborative process of care planning. Conversations should bring together professional expertise such as treatment and risk with the areas the patient knows best such as preferences, goals, values and beliefs. Before care planning, offer the patient access to resources in a preferred format (booklet, verbal or electronic) to help them prepare for discussing options. Encourage them to think about what matters to them, hopes for any outcomes and what questions they would like to ask. Offer written copies of the care plan as standard.
- During community meetings, ask the patient group to help create the weekly activity timetables. Include schedules and pre-arranged activities for the evenings and weekends. Conduct regular interest checklists to ensure the activities remain relevant and engaging to the current population on the ward.
- Involve the patient within all parts of their CPA meeting. Enable the patient to discuss and agree who should be invited to the meeting, and encourage the use of advocacy. The patient should be informed of the structure and content of the meeting, and given the option to chair some / all parts of the meeting. Capacity should be considered throughout.

PATIENT EXPERIENCE

53% of patients

reported always feeling treated with compassion, dignity and respect.

22% of patients

reported being provided with meals that offer choice, are sufficient in portion size, are varied, and meet their nutritional and dietary requirements and cultural and religious needs.

25% of patients

reported always having access to local community organisations (e.g. voluntary organisations, community centres etc) to support their participation in meaningful social activities in the local community.

22% of patients

reported being involved in patient involvement and co-production initiatives and feeling that their views made a difference.

There are a range of activities available to patients at the service, which are continuing during the COVID-19 restrictions. For example, patients are able to go fishing, a firework display on bonfire night was put together by the service, and patients also did some pumpkin carving for Halloween. Patients would usually go to pick the pumpkins, but as this was not possible due to restrictions staff picked the pumpkins and the patients carved them. This provided an activity that both staff and patients could get involved in together. The service has a 'Cedar Academy' where they can access timetabled activities including crafts and literacy.

Cedar House, 2020-2021

The Pets as Therapy service has continued since last year and it has grown, providing job opportunities for patients. The service currently has four chickens and a rabbit in the horticultural garden within the ward. Both patients and staff share responsibilities for feeding, cleaning, grooming and collecting eggs. The service has expanded the Pets as Therapy provision and has recently introduced monthly visits from a therapy dog. Patients reflected positively on their interaction with the pets and reported they can spend time with them when needed. There are flexible payment options which patients appreciate. Training and job opportunities are also available in the community, with a patient currently attending a bricklaying course.

Morris Ward, 2019-2020

Staff, patients and carers all reflected positively on the BBQ day which was held over the summer period. It was an ample opportunity for individuals to mix and improve relationships, and patients and carers reported that they would appreciate having more events like this in place.

St Marys Hospital, 2019-2020

There are live feedback screens around each of the wards for patients to provide their comments on the service and their treatment. These are appreciated by patients and are a simple and innovative way of ensuring that patient feedback is collected.

Shaftesbury Clinic, 2019-2020

Patients have strong relationships with the advocate. The advocate was present during the patient meeting and patients spoke highly of them. They also highlighted how helpful the advocate has been when concerns needed to be raised.

Cygnets Hospital Derby, 2020-2021

Patient co-production and engagement at the service is impressive. Patients are involved in quality improvement (QI) projects and safety huddles. The service also set up a patient advisory group so they could feedback about the service and the policies and procedures in place. The service has made changes following suggestions made by the advisory group.

Northside House, 2020-2021

The peer support service available to patients is commendable. One patient stated on the day they found the peer support worker helpful hearing their story of recovery and it gave him hope for the future.

St Magnus Hospital, 2020-2021

Patients spoke highly of all staff. They report staff are approachable, supportive and “You can confide in them”. On admission, patients feel they are welcomed by friendly staff, making it easier to settle in. All patients were aware of the advocacy services and how to access them. Some patients spoke of receiving useful information about the service prior to admission which helped ease any anxiety about moving to a new environment.

Edward House, 2020-2021

Patients on male and female wards feel involved in their care planning and treatment. They are actively involved and able to chair their own care programme approach (CPA) meetings. Patient state staff communication is good and they feel respected, listened too and supported. Patients also spoke highly of regular community meetings where they feel able to communicate any concerns or feedback. Additionally, patient forum meetings provide a platform for patients to provide feedback regarding service improvement and development.

St Andrews Healthcare Essex, 2020-2021

The service has a befriender scheme available. Volunteers come into the service and befriend the patients, they can be supported with activities or just to have an informal chat. Patients and staff spoke highly of this scheme as it is beneficial for patients.

Wells Road Centre, 2020-2021

Patients on the medium and low secure wards reported they feel treated with compassion, dignity and respect. They also stated they feel staff listen to, understand their needs and really care for them. Furthermore, patients reported they feel staff always hand information over regarding their care and communication is positive. Finally, patients feel the staff are person centred, with one patient describing how patient staff were when teaching them how to use a computer.

Newton Lodge, Bretton Centre and Newhaven, 2020-2021

Patients report feeling respected and listened to. They feel that individual pathways of care are realistic and take account of hopes and aspirations. Moreover, they are aware of how to transition along the pathway and start planning for discharge very early on in treatment. Patients and staff spoke highly of the 'Good Life' model, stating it is an effective pathway, guiding admission through to discharge. The service have worked hard to improve the food that is provided. Patients spoke enthusiastically about the food, stating it is fresh, offers choice, provides healthy options and they consistently receive the option ordered. They have ample access to snacks and often self-cater healthy meals.

Ashford Ward, 2020-2021

Patient involvement is a priority within the service. There is an established 'confirm and challenge group' that has recently been implemented within the Provider Collaboratives as a way of ensuring patients' voices are heard and considered within the service development and policy implementation. Patients sit directly on this group and can contribute and ask questions throughout.

Bamburgh Clinic, 2020-2021

The service has various co-production projects with staff and patients. The service holds a working together group with patients and have also started a restorative wards project. The restorative wards project is in its early stages and aims to bring together patients and staff to think about the ward environment, response to incidents and frustration. It is trying to create less of a blame culture and create a culture of understanding. There are restorative practitioners within the team. The service has set up a new 'unusual beliefs' group for patients and facilitators received training for this from Mind. This was originally going to be called a 'hearing voices' group but following patient feedback the name was changed.

The Chichester Centre, 2020-2021

The ward draws on the lived experience of a patient who has transitioned into the community. He visits the ward and talks with patients, sharing his journey to support recovery amongst his peers. This practice seems well embedded with patients and staff referring to him by name. This is an excellent example of peer support.

Cygnets Hospital Blackheath, 2019-2020

The service manage challenging behaviour well. They have implemented the Safewards model which has greatly reduced violence, verbal aggression, conflict and need for physical intervention. The staff present as a strong team and feel clear boundaries are in place to promote a safe, consistent environment. This supports good working relationships with patients and reduces conflict at the service. The staff have only used the seclusion facilities three times in the past seven months, this is due to the Positive and Safe care practices of the ward and staff team.

Cygnets Hospital Kewstoke, 2020-2021

There are plans to set up a market stall in St Albans so that patients are able to sell the products they create and donate the money to charity. There are also plans in place to set up a Christmas stall at one of the sister services where patients will be able to sell the produce grown at the service. Patients are currently able to work at the Club House running the shop and café as well as the library service. Plans are underway to open a café based in the community to develop more positive relationships with the local community as well as providing patients with work opportunities in the community.

Eric Shepherd Services, 2019-2020

Patients have a variety of forums to reflect on their experiences of using the service, to provide suggestions and have their voices heard. Community meetings are held weekly on each ward and patients are encouraged to chair these meetings, with patients, frontline staff and the senior management team in attendance, including the hospital director. Additionally, there is a food forum in place and the menu has recently been changed as a result of feedback provided by patients. Reflective practice sessions are facilitated by psychology on the ward for patients and these take place on a bi-weekly basis. All of the available forums lead to patients feeling listened to and that their views are taken into account and acted on, with a patient representative in place on the low secure wards.

Farmfield, 2019-2020

The service organises regular quarterly events collaboratively with patients. A few of the recent events include a summer carnival, a Masked Singer and 12 Days of Christmas. For the summer carnival, patients designed artwork and the staff dressed up. A masked singer was streamed over Zoom. For the 12 Days of Christmas event, staff dressed up as elves, the service held a deck the hall competition and staff and patients created a gingerbread house. The service feel that the 12 Days of Christmas was a good fun way to keep patients occupied and distracted from the pandemic.

Ty Cwm Rhondda Hospital, 2020-2021

There are a wide range of psychological interventions on offer for patients. This includes, but is not limited to, cognitive behavioural therapy, dialectical behavioural therapy, schema-focused therapy, and compassion-focused therapy. They also offer interventions such as psychoeducation on their diagnosis, trauma-informed treatment, and offence specific interventions. Pre COVID-19, they had started to hold a group focusing on emotion regulation. They will start these up again once restrictions are lifted.

Cygnnet Hospital Clifton, 2020-2021

AREAS FOR IMPROVEMENT

- Food options were repeatedly reported to be of low quality, with little variation and even fewer options for those with specific dietary needs. Some patients expressed that dietary requirements such as Halal and veganism were not met or not of a high standard.
- Some patients feel they are restricted unnecessarily, with blanket bans not being explained, or observation levels feeling particularly high.
- Opportunities to access activities in the community, or access to educational qualifications were sometime felt to be limited.

RECOMMENDATIONS

- Review the menu with the patient group and catering company, ensuring the food provided is fresh, healthy and varied. This should ideally be locally sourced and made fresh onsite. Ensure there are plenty of options for those with dietary requirements.
- Review restrictive practices on a regular basis. When patients require additional observations, ensure this is fully explained to them and the situation is reviewed regularly.
- Reach out to local community centres to see what opportunities the service could link with. Connect with local charities and animal shelters to find volunteer opportunities. Link the hospital recovery college and local community colleges to see if there can be any qualifications gain whilst the patient is onsite. Refer to the [RCPsych social prescribing guidance](#) for more information and helpful tips.

FAMILY, FRIENDS AND VISITORS



48% of carers

feel supported and listened to by their loved one's service.

15% of carers

have been offered a carers' assessment and given access to a carers support group.

61% of carers

reported being involved in patient involvement and co-production initiatives and feeling that their views made a difference.

GOOD PRACTICE EXAMPLES

The carer engagement and involvement at the service is impressive. Carers are involved in interviewing staff and delivering face-to-face training during inductions. Carers have also been involved in co-producing a new carers information pack. Carers reported that there are good opportunities for involvement at the service, such as focus groups, stakeholder meetings and the current healthy weight CQUIN. There are various events and support groups held for carers at the service, which have been received positively.

Fromside and Wickham Unit, 2019-2020

The social worker at the unit works hard to have an individualised approach to involving carers by recognising their individual needs. It was observed that he spends a lot of his time making sure carers are kept in the loop whether that be through Skype or arranging face-to-face contact with the doctors.

Robin Pinto Unit, 2019-2020

The involvement of family and friends in patient care and service development is a strength. As well as a formal carer forum, the service offers an informal carer peer support group at the site's farm café. Carers are given a carer loyalty card which enables them to claim a free drink and cake when they attend. To improve carer awareness among staff members, a training video has been coproduced with family and friends. Although this is still in development, it is a positive step forward in ensuring carers' needs are met.

Wathwood Hospital, 2019-2020

The service has been working hard to improve its links with carers and this was evident during the review. The service has developed a family therapy course which can be accessed by up to three families at a time. At Caswell Clinic, carers have become involved in delivering training and there is also a family visiting suite where carers can stay overnight when visiting loved ones. Feedback from carers was also positive, with one carer reflecting that the service is "absolutely fantastic" and is "100% helpful and supportive".

Caswell Clinic and Taith Newydd, 2019-2020

Carers are offered a range of opportunities to be involved in their loved one's care and service developments. Two of the carers spoken to on the day reported being heavily involved with the recovery college, including the development of it. They are also involved in recovery orientated work at the service. They were positive about their level of involvement in consultations about the new building and related policy development. In addition, they reported that staff went through all of their loved one's care plans with them and are well-supported by a carers group.

Central Mental Hospital 2019-2020

The involvement and engagement of carers at the service is impressive. Carers reported that they always know who to contact at the service if they have any concerns and are able to speak with staff easily. During the pandemic, carers were appreciative of the access to virtual visits and speaking with their loved one more frequently than they may have been able to do previously. Carers feel involved in their loved one's care and treatment planning, are able to attend CPA meetings and are aware of the progress that their loved one is making. When the service moved to Rowan View, some carers reported receiving photographs of the new unit as visits were not allowed at the time, which they found very thoughtful.

Rowan View, 2020-2021

The service's psychological provision is impressive. A particularly notable area is the family therapy offered to all patients. This encourages patients and carers to work together to repair relationships to benefit the patients' care.

Twynham Low Secure Unit, 2020-2021

Carers spoken to held the staff in very high regard. They showered the service with praise and feel their loved ones are 'in the best place'. All three carers feel communication links with staff are excellent and have been invited to CPAs. One carer spoke of an incident early in their loved one's admission which could have been avoided. However, they observed that the service reflected, apologised and learned lessons. This instilled confidence and trust in the service even after an initial miscommunication had occurred. Carers stated, "They've given me my son back", "The staff have been exceptional" and "I'm glad my son is here."

Scott Clinic, 2019-2020

Carers spoken to on the day are happy with how the service treats their loved ones. They stated staff are always approachable and are always offered individual time to discuss any concerns. Furthermore, the carers spoke positively of the family intervention group available which they find useful and helpful in understanding their loved one.

North London Forensic Services, 2020-2021

Carers feel supported by the service. The carer spoken to reported they are always offered individual time with staff, specifically with the psychiatrist to ensure they can talk about their concerns. In addition to this, they feel involved in all aspects of their loved one's care starting from the admission to discharge. Finally, it was reported that the service offers counselling for carers to support them with the pressures of having a loved one in a secure setting.

Hollins Park Hospital, 2020-2021

The recruitment of a family and carers lead has had a significantly positive impact on carer experience and engagement. The lead worker has been reaching out to existing carers and building a relationship, whilst also developing new relationships with carers that have newly admitted loved ones to the service. Carers are offered support individually, even when patient consent is withdrawn and there are clear guidelines being drawn up about what information can be shared. The carers lead also obtains feedback from carers that are unable to attend meetings, such as CPA reviews, and relays this on their behalf.

Ash ward, 2019-2020

Carers reported that upon admission of their loved one, they were given physical welcome packs which included leaflets about the clinical team, mental health clinicians, healthy lifestyle and different information about the trust. Newsletters and any service changes are routinely sent out to carers. The service ensures that carers are able to maintain contact with their loved ones virtually and are resuming outdoor visits. Carers have access to a monthly carer's group where speakers from different disciplines have a slot to speak to carers. The carer's group has been maintained virtually during the pandemic and will restart face-to-face in June. Band 6 and 7 employees organised a workshop with carers where they had a space to share their experiences as carers and any good practices and areas for improvement. Additionally, the group is involved in processes such as CTMs, CPAs and the new build. The future plans for carer strategy include the implementation of a carers' toolkit and electronic welcome packs for carers.

Reaside Clinic and Hillis Lodge, 2020-2021

Overall, a carer spoken to on the day felt supported by the service. They greatly appreciated that staff took time on admission to speak to the family about their loved one's mental health and care. The carer commented that the service always kept them up to date and held regular meetings to provide information on their progress and overall health, even if their loved one did not wish to speak to them. The carer was given a welcome pack and offered a carer's assessment. Some members of their family also took part in a family therapy, provided by the service, which they found useful. Before the pandemic, they were regularly invited to carer's events. The service explained that carer events have continued to be available through Microsoft Teams, throughout the pandemic. They have also recently launched a BAME carers group to improve accessibility.

The Orchard Unit, 2020-2021

Feedback from carers was positive across the board. Carers reported having a lot of contact with the wards and being proactively informed about their loved one's progress. All carers reported being invited into the service when the patient was first admitted, so they could meet the staff/ward manager and get information on the forensic service. There is a carers support group once a month that is held on a Saturday to be more available to those who work full-time. There are often staff members who attend this from different disciplines who can help educate and answer questions the carers may have, for example the pharmacist. This was greatly appreciated by the friends and family. There is also a newly implemented Carers and Support Networks Strategy in place.

Bracton Centre 2019-2020

Carer experiences of the service are praiseworthy. All carers spoken to reported that their relationships with their loved one had improved while they had been at the service, in addition to feeling that their loved one is safe and well looked after. Carers spoke highly of staff and noted that they experience various types of communication and really appreciate the approachability of staff. Additionally, one carer is heavily involved in the development of the service, through sitting on interview panels for social workers, attending business meetings and co-producing the e-learning training in carer awareness and the carer awareness pack.

Langdon Hospital, 2019-2020

Carers feel there is good communication, particularly with the social work team. Carers feel involved in their loved ones' care and are invited to CPA meetings. Carers can become 'carer representatives' and have a role in service development. One carer stated that when their loved one was admitted they were given a lot of useful information verbally, but not any written information. Since then, they have worked with the service to develop a 'carers information pack' which is sent out to all carers when their loved one is admitted. When visiting the service, carers feel welcome and staff are friendly and make them feel relaxed. One family was also offered assistance to travel to visits if needed.

The Spinney, 2020-2021

Carers spoken to are happy with the care their loved one is receiving at the service and stated they are always made to feel welcome when visiting the service. In addition to this, carers spoke highly of the support networks and groups available to them.

River House, 2020-2021

AREAS FOR IMPROVEMENT

- Some carers reported that they would like more updates and better communication with the staff team.
- Some carers expressed that did they not receive a welcome pack when their loved one was admitted to the hospital.
- Carers describe the visiting process as unorganised, with reception staff being uninformed of visits, and the visiting times being inflexible. Some carers reported that the visiting facilities are unwelcoming.

RECOMMENDATIONS

- Arrange for regular updates to be sent to carers, for example, in newsletter format. Create an email address for carers as a single point of access. Ensure all carers know of their loved one's key contact and how to contact them.
- Send welcome packs to all known carers. Offer the pack on admission to the service, and revisit a few months later if they have refused. Offer both hard copies and electronic copies, and make available in different formats and languages is required.
- Review the visits process, policies and procedures currently in place. Working with the patient and carer group, gather ideas on how the visiting process could be improved, and made more welcoming. Ensure the reception team have prior warning of all visits due to take place that day, and offer flexibility where possible.

WARD ENVIRONMENT

71% of patients

reported being able to personalise their own rooms.

48% of carers

reported that both they and their loved one are able to access the visiting room and that the room allows them have to have private conversations with their loved one, and the presence of staff is discreet and not intrusive.

94% of carers

reported that the service makes them feel welcome when they visit.

GOOD PRACTICE EXAMPLES

The environment and facilities at the service are an achievement. Patient bedrooms are highly personalised, with various personal items being observed including teddies, own bedding and rugs, various photos and patients' own artwork. Some patients also have a chalk board in their bedroom. The wards are decorated with patient artwork and various patient quotes have been handwritten. There are rooms in the wards for patients to access a quiet space, which can also be used for therapies and meetings. There is either a computer room or a lockable computer in each ward where patients can access the internet. At the hospital, patients have access to a gym, library, hairdresser, GP surgery, swimming pool and a shop.

Ardenleigh Women's Service, 2019-2020

The environment is homely and welcoming, the walls are bright and there is a lot of open space within the ward. The de-escalation space is painted with warm and neutral colours, and bean bags are in place. Therapies and activities can take place in this room which helps patients not viewing the de-escalation space as a form of punishment. Furthermore, the child visiting room is a large space which has been decorated with pictures of Disney characters and board games are available.

Herschel Prins Centre, 2019-2020

The independent living area that is located within the Social Inclusion ward is welcoming and homely environment. It effectively mirrors an environment that patients might be discharged to in the community. This allows patients to maximise their potential to live independently, preparing them for discharge.

Prospect Place, 2019-2020

Although this was a virtual review, the service provided a virtual video of the ward and the facilities. The environment looks homely and welcoming with artwork on the walls. Patients also stated they have two gardens available which they enjoy as one is a smoking garden and one is non-smoking.

Tatton Unit, 2020-2021

The environment at the service is positive and welcoming. There is a wide array of impressive facilities in place, such as a dentist suite, a wood-working shop, an advocacy office, which the patients reported positively on, and a library. An inviting garden with a small golf-course and a gazebo which was built as a result of patient suggestions was observed. Detailed information boards were displayed on the wards, with general information, “getting to know you” boards and quotes from patients about moving on. A good atmosphere was observed on the tour of the unit, and one patient fed back that the environment at the service is “like the Ritz”.

Tamarind Centre, 2019-2020

The facilities are equipped with an extensive multi-faith room which accurately represents the population of the area and the wards. Patients’ religious beliefs are considered when admitted and while staff are working. There is also extensive information, guidance and advice from religious leads on issues such as taking medication while fasting, that is available to both patients and staff. A huge effort is put into understanding other religions by regularly holding events to celebrate different religious events throughout the year.

Moorlands View Low Secure Service, 2019-2020

There is good access to outdoor space at the service. Each corridor, male and female, have access to their own garden for fresh air. Also, there is a communal outdoor space that is large in size which all patients can access. This includes a court for activities such as basketball.

George Mackenzie House, 2019-2020

AREAS FOR IMPROVEMENT

- Some observation panels at some services are not patient operated.
- The walls in some services are described as ‘tired’ and lack any patient artwork, decorations and pictures.
- Some services do not have access to a seclusion room or de-escalation space. One reason for this is that some services are using the allocated space for both seclusion and de-escalation, meaning that a de-escalation space is not accessible if seclusion is in use.

RECOMMENDATIONS

- Install observation panels for all bedrooms, ensuring patients have the option to control the operation of them. There should be a staff override option.
- Engage patients in the creation of artwork and murals for the walls and communal spaces. Connect with art organisations such as [Hospital Rooms](#) to get inspiration on reviving tired spaces.
- Ensure there is a dedicated de-escalation space available for patients at all times, even if there is another patient using the seclusion space. This room should be used for de-escalation only, be designed simply and help to reduce agitation. If the seclusion and de-escalation space is currently combined, put a business proposal forward to identify ways to fully separate the areas.

PHYSICAL SECURITY



Good Practice Examples

The security element at the service is noteworthy and well established. Contraband items such as razors and aerosols are well documented; each patient has a box with their own individual file of the restrictive items being taken out and timings, meaning security is easily kept track of.

Lee Mill Unit, 2019-2020

The service's security organisation is impressive, well thought out and is representative of issues faced in a medium secure service. There is a well-planned system in place which allows staff to safely enter and leave the secure environment.

Stockton Hall Hospital, 2019-2020

The service's security lead is knowledgeable and experienced, leading to a robust security system in place. They received positive feedback from both staff and patients.

Thornford Park Hospital, 2019-2020

There is a clear plan in place to improve the security and ward environment at the service. There have been ongoing renovation works, including the wards and reception area. A new maintenance log system has been developed, windows have been fixed/replaced, and a new key system has been set up.

Ty Catrin, 2020-2021

AREAS FOR IMPROVEMENT

- In some sites, the CCTV coverage does not reach all of the areas of the perimeter. This has the potential to cause blind spots and restricts observation of the external parameter.
- Not all key systems are optimal. For instance, some allow for keys to be taken offsite without alarms being triggered. This can leave room for human error in bringing the keys outside of the secure perimeter.
- The layout of some wards has caused blind spots that are not being mitigated. Blind spots have also been identified within significant areas such as seclusion rooms.

RECOMMENDATIONS

- Where CCTV is in place, ensure this covers the required areas. For the external perimeter, this must cover all areas of the perimeter to ensure all possible blind spots are covered.
- Utilise technology to assist with the key management system. This should help ensure that the key system is efficient and prevent them from being taken out of the secure perimeter. Refer to the [QNFMHS physical security document](#) for more information.
- Review all areas of the ward to help identify blind spots. Ensure measures are taken to address blind spots and ensure sightlines are not impeded.

PROCEDURAL SECURITY

97% of staff

reported receiving a security induction before being issued with keys.



GOOD PRACTICE EXAMPLES

The service is working to reduce restrictive practice and report a reduction in both seclusion and restraint. In June last year, the Maybo model of conflict resolution was introduced, aiming to provide staff with positive strategies to identify and respond to a patient's psychological and emotional needs. Staff working on medium secure wards feel incidents have been reducing and they are more proficient in verbal de-escalation.

Cheswold Park Hospital, 2019-2020

There have been several steps towards positive risk taking which have resulted in a reduction of restrictive practices. This includes the implementation of internet access on two ward laptops and the use of mobile phones for all patients. This has been introduced through significant risk assessing and monitoring by the designated security lead and has been successful in allowing patients to access electronic equipment. There are also monthly digital meetings for patients to raise any concerns relating to access to technology and providing their feedback.

Clee Unit, 2019-2020

Procedural security is impressive. The service has implemented a 'policy of the month', whereby management will identify a policy, such as therapeutic observation. This will be discussed in the staff meeting and staff will be required to read the policy. During the month, management will ask staff questions to see how much they understand and identify if staff need further training or refresher courses. This helps improve staff knowledge.

Memorial Hospital, 2019-2020

There have been strong efforts to reduce the use of restrictive practices throughout the site. This is achieved through the support of a restrictive practices lead and a restrictive practices group which is made up of both patients and staff and includes regular meetings. Additionally, several examples of positive risk taking have been noted. This includes opening the gates within the secure perimeter to allow free access and movement through what was previously the mental health and learning disability sections. This has allowed patients to further access of the grounds, and it promoted a sense of community.

Ridgeway Secure Services, 2019-2020

The service are dedicated to reducing restrictive practices and have been doing a lot of innovative work around this. For example, they have been rolling out a 'sleep well' project. As part of this they have stopped doing one-hour observations for every patient and have moved to this being individualised. Patients spoke positively about this and valued the reduction of interruptions in the night. As well as this, the service have introduced phones onto the wards. All patients are individually risk assessed for these and there are options for patients to use basic phones or smart phones, where appropriate across the pathway.

Northgate Hospital, 2020-2021

During each shift an experienced and regular member of staff will be appointed the security lead. They are in charge of the contraband cupboard, incoming post monitoring and searches. Both staff and patients reported that this has made a positive impact on the wards.

Heatherwood court, 2019-2020

The service conducts monthly quality walk arounds where the wards visit each other to assess staff knowledge of policies and procedures critical to their role. The quality walk arounds are conducted during day and night shift to ensure all staff are assessed. As an example, during the walk around, staff may start in the reception to ask them what they would do in an event of a fire.

Priory Hospital Enfield, 2020-2021

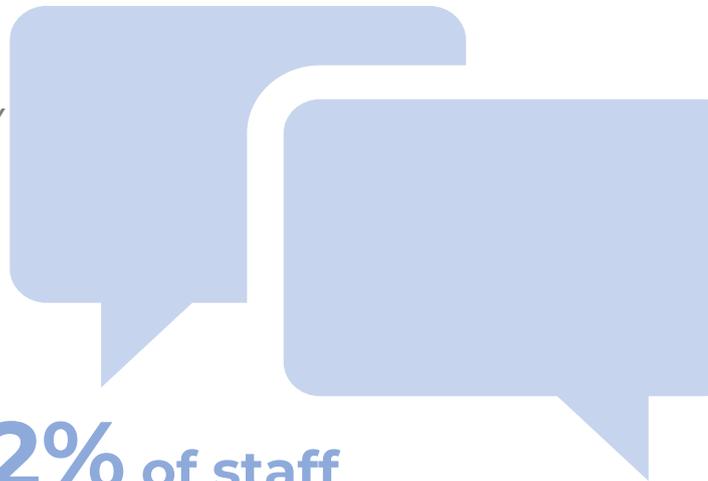
AREAS OF IMPROVEMENT

- Policies were noted to be out of date or in draft format. Despite services reporting to update policies every three years, service policies and procedures required review.
- Whilst a lot of work has been noted in reducing restrictive practice, blanket bans remain present in quite a few services.
- Some staff members reported concerns in the delay of responding to personal safety alarms due to staffing shortages.
- In some areas, staff have little input into the review of trust policies and did not understand why decisions are being made.

RECOMMENDATIONS

- Review all policies and procedures every three years as per the QNFMHS standard. Create a working group made up of the relevant MDT, patients, family and friends to ensure a co-produced policy is created and ratified.
- Continue to review blanket bans and restrictive practices on a regular basis. Utilise the [Knowledge Hub](#) to see what other services are doing in a particular area. Consult with patients and carers throughout the review of restrictive practices.
- Ensure alarms are responded to in the shortest possible timeframe. Conduct regular drills to test the response to alarms.
- Ensure policies and procedures have been consulted on by staff members through a variety of means. Including online opportunities and via a working group (face-to-face opportunities).

RELATIONAL SECURITY



83% of staff

reported being supported to develop knowledge of the eight areas of relational security, guided by See Think Act and the relational security wheel.

91% of staff

reported receiving training in relational security as part of their induction.

62% of staff

reported that systems for communication and handover within and between staff teams are clear and effective.

GOOD PRACTICE EXAMPLES

Relational security is an achievement at the service. Yearly training is available for staff who use the relational security wheel from See, Think, Act. Good relationships with patients were observed throughout the day and staff commented how they always feel safe on the ward as they have good knowledge of their patients and their needs. This knowledge has resulted in a reduction on the use of seclusion, where the general time spent in seclusion is under three hours, and rapid tranquilisation is not needed at the service.

Broadland Clinic, 2019-2020

The handover board in place in the handover room is outstanding. This board is updated daily and has colour coded the risk level of patients. Information regarding observation levels, safeguarding alerts and types of leave is accessible at a glance. Information and numbers for clinicians on call are included on the board.

Battersea Bridge House, 2019-2020

Each ward has a quality improvement project in place. Hazel ward is involved with the sexual safety collaborative looking at behaviour and communication within the ward, as well as safety within the shared grounds with the acute ward, and how the service can help staff and patients to feel safer. In addition, Pine ward has been piloting a new ward round system to help patients feel less intimidated by the process, and more able to share their opinions. Minimal staff are present during the meeting with the patient. The multi-disciplinary team discuss all the patients together, and then the nurse and psychiatrist meet each patient individually. Patients can request further staff members to be present if they wish. Finally, Fir ward is involved in a restorative justice pilot.

Chichester Centre, 2019-2020

The service has worked to create a condensed positive behaviour support (PBS) document which provides information about the individual, their likes, dislikes and background. This provides bank and newer staff with a meaningful introduction to patients. These documents are printed and easily accessible.

Wood Lea Clinic, 2020-2021

Impressive efforts have been made to improve relational security at the service. The author of See, Think, Act delivered a full training day to staff which they reported as being 'really good'. Modules have also been developed based on the See, Think, Act development workbook, to be completed over a year. There is a meeting planned to review the progress that has been made, once the modules have been completed. Managers stated that there was a focus on empowering staff to make decisions and adapt the way they work with patients. In addition, they have been trialling a new handover tool that is linked to the relational security wheel. Staff are encouraged to feed back about it and management are flexible in making any changes.

Kedleston Unit, 2019-2020

Staff knowledge and awareness of relational security and the See Think Act is impressive. Relational security is covered in the induction, there is refresher training, and the See Think Act is used in handovers. There is also regular assessment of the eight areas of relational security with staff in supervision to ensure ongoing skill development in this area. Finally, the team manage violence and aggression by using verbal de-escalation and minimising restrictive practices as much as possible by getting to know patients.

Edenfield Unit, 2020-2021

The strategy for reducing restrictive practices at the service is robust. The use of seclusion at the service remains low as the team use relational security and least restrictive practice to de-escalate patients or reduce arousal and aggression verbally. The team have shifted their approach to work in a more motivational way and using incentive-based models, rather than taking things away from patients. For instance, a leave pyramid has been introduced to allow patients to move through the tiers and progress, which has been positively received by patients. It is also noteworthy that the discussions around restrictive practices are held collaboratively with patients. A new system has been introduced to improve communication between staff during handovers, which is called CRAMP (care, risk, assessment, mental state and positive comment). This has enabled information sharing to become more streamlined between shifts and prevents accidents such as copy and pasting information from taking place. Frontline staff reflected on this positively, stating that this has helped improve communication during handovers.

Lee Mill LSU, 2020-2021

The relational security training in place at the service is commendable. This forms part of the induction process and there are annual refresher training sessions in place. Further, there is a nurse specialist who holds monthly relational security clinics with each ward to discuss relational security and develop staff knowledge in this area. This was well received by staff.

Hellingly Centre 2020-2021

AREAS OF IMPROVEMENT

- The quality of handover varies. In some services staff expressed that information can be easily missed, and meetings are sometimes rushed. Handovers are not always recorded with written minutes or documentation, and the meetings can lack the required detail.
- Staff do not always have knowledge on the eight areas of relational security. In some services, training is done during induction, but then forgotten, and not well embedded in day-to-day practice. There can be little ongoing skill development in See, Think, Act or relational security.
- Following an incident, debriefs are not always taking place. If a debrief session does take place, this is sometimes occurs too long after the incident. The quality of debriefs can be varied, with some staff not understanding the point of value of them.

RECOMMENDATIONS

- Introduce robust handover processes with ready-to-use templates to ensure the correct information is captured. Protect enough time for handovers to take place, ensuring staff do not have to rush, or potentially miss vital information. Regularly audit the handover notes to ensure these are done to the right detail.
- Provide training to all staff members on relational security. This should be done at induction and staff should receive annual refresher training. Ensure this is well embedded into handovers, debriefs and talked about regularly with staff and patients.
- With the staff group, create a debrief template or agenda to help guide conversations, ensuring they are consistent and of high quality. Create a safe space for staff and patients to be able to share their experiences of the incident, and ensure additional support is available if required.
- [Refer to the See, Think, Act material online](#)



Flowers on a black background
Patients from Arts Project, Secure
Care Services, Northumberland
Tyne and Wear NHS Foundation
Trust

SAFEGUARDING

GOOD PRACTICE EXAMPLES

The social work team is prominent and thorough. Despite being a small team, they conduct their own internal safeguarding investigations and monitor themes and trends that arise. They have strong links with the Cambridgeshire Council, local police multi-agency safeguarding hub (MASH) and multi-agency public protection agency (MAPPA). Due to most patients being from out of area, they have impressive knowledge of non-local community mental health teams (CMHTs) and third sector organisations. Each patient has an assigned social worker, who will lead on connecting with carers and arranging family visits.

Kneesworth House Hospital, 2019-2020

There is a strong emphasis on ensuring staff are aware of the safeguarding protocols and policies. For instance, the social work department have set up regular safeguarding clinics and drop-in sessions for both staff and patients. This is to outline safeguarding responsibilities and what steps individuals may need to take to escalate a safeguarding concern. There are sessions specifically for night staff also, to ensure they do not miss out on this support.

Cygnets Hospital Bierley, 2020-2021

The team has recently introduced a new IMS system for reporting incidents. Staff reported how much easier this has made the incident reporting process and how it is much more efficient. Any safeguarding concerns are highlighted through a tick box and staff automatically get a call from the safeguarding lead to discuss further. The team all showed solid and robust knowledge around this.

Cygnets Hospital Stevenage, 2020-2021



87% of staff

staff reported that the safeguarding protocol is easily accessible.

79% of staff

staff reported that the service has systems in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning.

91% of staff

reported feeling able to raise concerns they may have about standards of care.

77% of staff

reported knowing who the local designated safeguarding lead is.

“ *If it was not for this place, I would not be here* ”

The safeguarding referral system at the service is noteworthy. All safeguarding issues are discussed in the morning meeting. The service are implementing a dedicated safeguarding email to enable other safeguarding leads to have access to the email when the social worker is off. All staff feel comfortable raising a safeguarding issue and felt supported to do so.

Priory Hospital Lincolnshire, 2020-2021

Staff reported having good safeguarding procedures. The service has clear policies in place, staff find it easy to raise concerns and feel supported in doing so. Staff also keep a list of patient “hot spots”, with information on patients that cannot mix to avoid potentially escalating situations.

Ravenswood House, 2020-2021

Staff are well knowledgeable and complimentary about the safeguarding processes. The process is streamlined and simple, with staff being able to complete the safeguarding form easily online. They all were aware to go to the nurse in charge and the safeguarding lead whenever a safeguarding concern occurred.

Wheatfield Unit, 2020-2021

AREAS OF IMPROVEMENT

- The most frequent area for improvement within this section was that not all staff are confident about the full safeguarding procedure. Commonly, staff members would escalate to their line manager or the nurse in charge if a safeguarding incident arose.
- Staff in some services are not always aware of the policies and procedures relating to the safeguarding of adults and children and are not sure of who the designated safeguarding lead is.

RECOMMENDATIONS

- Build confidence within the team about the safeguarding protocols and procedures. Have it as a theme for a team away day, enabling staff to complete exercises and get constructive feedback to help them gain knowledge and assurance of the processes in place. Have safeguarding as a regular standing agenda at team meetings and display posters and flow charts about the processes to follow.
- Recirculate the safeguarding procedures and relevant policies to the staff team, making it ‘policy of the month’. Ensure staff have confirmed they all read and understand the content. Request the safeguarding lead comes to the wards to introduce and present a workshop on safeguarding to enable learning and sharing of best practice.

WORKFORCE



64% of staff

reported having access to wellbeing programmes.

42% of staff

reported receiving clinical supervision and line management supervision at least monthly.

61% of staff

reported always being offered post incident support following a serious or distressing incident.

54% of staff

reported that their sickness and risk of burnout is monitored.

75% of staff

reported having access to reflective practice sessions at least monthly.

GOOD PRACTICE EXAMPLES

There is an impressive provision of staff support through the staff wellbeing group. This group receives funding from the company monthly and provides initiatives such as: Reiki therapy, massages, quizzes and other weekly activities. Some of these are also themed, such as a stress awareness day. This is accessible to all staff across the whole service. Frontline staff mentioned that these initiatives big or small, are having a positive impact on morale. Staff feel that it makes them feel valued and “is one of the best things that has happened at this hospital”.

Chadwick Lodge and Eaglestone View, 2019-2020

There have been significant improvements to the staffing team in the previous year regarding the skill mix and ability to meet patient needs. The team has recruited a number of staff members to meet the needs of the service and has recently implemented the carers lead coordinator role. Additionally, the team have managed to reduce the agency use from 48% to 1% since the move to the new location, which they are particularly proud of and there are currently no vacancies. It is evident that the retention rates are also very high within the team.

Cygnets Hospital Maidstone, 2019-2020

The service has an excellent peer-support programme in place. There are a number of paid peer-support workers in employment, including a peer-support leader who helps and supports the other workers. They teach at the recovery college, where co-production is at the heart of what they do. Their role within the service is clearly defined and it is made clear they will not be involved in any restraints with patients.

Bamburgh Clinic, 2020-2021

The service has implemented a Black, Asian and minority ethnic advisory group to promote inclusivity and equality in the workplace. The group has been running for the past six months, initially to focus on the context of COVID-19 but has progressed to something more encompassing. The group includes many junior staff from minority ethnic backgrounds, providing them with a safe, open space to discuss any negative experiences they have faced in the workplace. The meetings are very well attended and result in the right support being offered to individual staff (rather than a one approach fits all).

Littlemore Mental Health Centre, 2020-2021

There are a wide range of training and development opportunities offered to staff. There are eight healthcare workers currently going through nursing apprenticeships. There is another member of the staff who has been seconded to a two-year masters, which is being paid for by Priory Healthcare. Staff highlighted having access to various external courses to enhance their skills, which are paid for by the service, and being actively encouraged by the management team to book onto training sessions that are of interest.

Kemple View, 2020-2021

There is strong peer-support at the service, regular reflective practice sessions and access to training opportunities. It was apparent staff support each other as much as possible, with some staff being proud of their team. Reflective practice is run regularly, with staff attending fortnightly, on average. This has also been made available for staff on the night shift in the medium secure service, which has been received positively. Some staff reflected on being able to request further training during their supervision, with some staff attending training beneficial to career progression.

Cygnets Hospital Bury, 2019-2020

Frontline staff spoke highly of their relationships with management, their colleagues and wellbeing initiatives. Some of the wellbeing initiatives developed during the pandemic are innovative and empathetic. Staff have a peer support network, a room that has been converted to allow space for relaxation and 'mask breaks'. The 'mask breaks' involve 15 minutes outside or away from the ward for a moment of respite and staff encourage each other to take these. There is a confidential phone line to discuss any personal or professional issues and supervision also provides space for staff to communicate their experiences. Staff seem to have good rapport and describe each other as 'one big family'.

Priory Hospital East Midlands 2020-2021

Staff morale appears to be high and staff reported feeling supported in their wellbeing by managers, in that there is an open door policy and managers are approachable. In particular relation to COVID-19, the team feel as though they have pulled together and worked collaboratively as a multi-disciplinary team and offer support to one another. In the absence of an independent facilitator for reflective practice (due to social distancing), the psychology team have been offering reflective practice for staff and managers will cover ward staff during this time to encourage them to attend. There are also relaxation and sanctuary rooms available for staff off the wards to take their breaks.

Rohallion Secure Care Clinic 2020-2021

There is a robust multi-disciplinary team (MDT) in place with access to staff from wide-ranging professional backgrounds to meet the needs of the patient population. In particular, the service has recently put funding forward to recruit a substance misuse practitioner and this has led to several improvements throughout the service relating to the use of drugs and illicit substances on both wards. The MDT is also approachable and supportive, as staff mentioned that they are comfortable to challenge or query decisions about patient care and treatment.

Saddlebridge Recovery Centre and Alderley Unit, 2019-2020

The staff team are passionate and dedicated. They reported strong peer support and are passionate about the care they give to patients, despite challenges due to the divisional changes. The service have implemented an asserted transitions team which supports the MDT with patient transitions to the community and will lead on practical issues such as housing and finance.

St Andrews Low Secure and Specialist Rehabilitation Division, 2020-2021

Staff have access to an onsite wellness centre. The centre provides yoga sessions, massage and emotional resilience training. There is a dedicated wellness coordinator and the centre is open daily. During the pandemic, the centre was used a 'timeout' space for staff.

Ty Llywellyn, 2020-2021

Staff spoke extremely highly about the training, development and career opportunities available to them, with one describing this as 'second to none'. Many staff have been supported to progress to senior support workers and there is strong encouragement and help to complete nursing training. They feel they can get support from management for most training or education possibilities they would want.

St Magnus, 2020-2021

The staff wellbeing initiatives at the service are positive. There is a wellbeing team who provide activities, prizes and gifts. There is an app called 'move, munch and mind' where staff can access exercise classes, diet and recipe information, mindfulness and meditation. There is also a monthly magazine which has updates from each department and information about Elysium. The team holds themed events, for example, at Christmas time they organised for reindeers to come to the service and there was a valentine's day prize draw. Each team also has their own day of celebration.

The Spinney, 2020-2021

There is a lack of hierarchy from patients up to senior management, with an emphasis on everyone's voices being heard. The service has worked hard to empower staff and patients. The patient's forum is called 'One Voice'. Staff also mentioned how approachable the whole team are, and how supported they feel in their roles. There are avenues for the patient feedback to go up to the organisation's board, and feedback is given back down with clear lines of communication and transparency. Examples of patient feedback can be seen in the co-produced recovery college programme, numerous charity fundraisers and the newly created mural at reception. Patients feel unanimously as though their opinions and feedback are valued.

Waterloo Manor Hospital, 2019-2020

AREAS FOR IMPROVEMENT

- Many services have experienced staff shortages. This has caused low staff morale and, in some cases, impacted negatively on the patient experience. This might include patients having limited access to outdoor space or escorted leave.
- Frontline staff report that reflective practice and supervision is not available on a regular basis
- Staff feel that training provision and career development opportunities could be improved.

RECOMMENDATIONS

- Produce and create a recruitment drive that is specific to the service. Create an advert or video showing the benefits and opportunities of working within the forensic service. Target local universities and up-skill current workers. Entice new employees with competitive benefits. Work with a regular pool of bank staff that know the service and patients well.
- Focus a lot on staff morale to keep the current staff and reduce turnover rates. Introduce wellbeing initiatives that are led by the staff. Consider doing a QI project in this area. Facilitate reflective practice monthly at a minimum and support frontline staff to attend. With burn out and wellbeing in mind, protect this space for reflection and safe conversations?
- Prioritise supportive structures for staff within the hospital, ensuring reflective practice is done on a regular basis. Provide both clinical and line management supervision monthly, and there are clear definitions between both meetings.
- Ensure training opportunities are available and of good quality. Promote and encourage staff to find an area of interest and bring learning back to the team.



(Untitled) Tom Young, Ash Ward

GOVERNANCE

GOOD PRACTICE EXAMPLES

The service is very engaged in quality improvement (QI) projects, at both a national and local level. They are currently involved in the National Sexual Safety Collaborative and have a divisional QI group who meet monthly. Divisional QI projects have included epilepsy management, constipation care and postural safety. There is also a local QI group at the service, with some staff having completed QI training.

Gerry Simon Clinic, 2020-2021

There is an effective governance process in place for the service. This includes situation report (SitRep) meetings, task and finish groups, business meetings, people's council meetings, quality compliance and patient safety meetings, which all feed information from the wards right up to the higher business level. The SitRep meetings are comprehensive and cover the risk of the whole hospital, staffing levels, observation levels, physical healthcare, safeguarding incidents and seclusion. These meetings are widely attended by the whole multi-disciplinary team.

Cygnets Hospital Stevenage, 2019-2020

An extensive amount of quality improvement plans, and research projects are being conducted at the service. These projects involve looking at security, risk management and risk profiles and the use of positive behavioural support plans. The service makes good use of patient-reported and clinical outcome measurement data. For example, a project looking at trauma-informed and compassion-focused therapy has been recently showcased at an external conference and was co-delivered with an ex-patient.

The Farndon Unit, 2019-2020

The service have been developing an impressive anti-racism programme which was beginning to be rolled out at the time of the review. It includes a number of working groups which align to an overall strategy. The programme covers how they work with police to report acts of racism as hate crime, educating the perpetrators of racism, reviewing policies and creating a training package for patients and staff. The training includes an overview of what racism is and what it looks like, an exploration of how staff in the service might be affected by racism and safe ways to respond to racism, building confidence in naming and confronting it. There are modules such as a brief history of racism, analysing own beliefs and becoming an active ally.

Allington and Tarentford 2020-2021



64% of staff

reported being provided involved in the development, implementation and review of service policies and procedures.

45% of staff

staff reported that findings from investigations, recommendations and reports are shared with them.

25% of carers

reported being asked about changes and improvements to the service.

68% of staff

reported being involved in QI projects.

We are at the centre of the service.



There is a strong research focus at the service. A research assistant is employed within the site, and an established research group has published in the areas of Autism Spectrum Disorder, learning difficulty and offender programmes. Research outcomes are circulated via shared drives and posters on the ward.

St John's House Hospital, 2019-2020

Broadland Clinic has been actively working on research and service improvements. They are part of an NHS Provider Collaborative that will go forward in July. They are also participating in a research programme called RADIANT: Research and Development in Neuro Development Psychiatry. Additionally, the service has trained up some of their staff members as Quality Improvement (QI) coaches and QI leaders. They are working collaboratively to make the service better for staff and patients. Some examples include improving supervision and individual training for staff, helping to develop smaller projects, recreating a more service user friendly welcome pack and creating a list of achievements and future plans.

Broadland Clinic, 2020-2021

Patients are involved in restrictive practice meetings. These are popular and take place on a monthly basis. Patient representatives are able to bring in any restrictive practices they have identified, and they are discussed. This has helped reduce a large number of restrictions in place, so much so, that recently there have been no issues for discussion during these meetings.

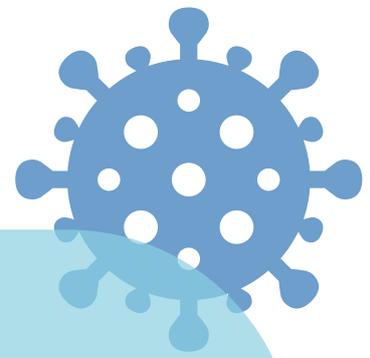
Mildmay Oaks, 2020-2021

AREAS FOR IMPROVEMENT

- For some services, communication between frontline staff and the management teams is in need of improvement. Some staff groups feel there is an 'us and them' culture, with general communication, lessons learned and sharing of policies, procedures and guidance being lost, forgotten or not communicated clearly enough.
- Some staff reported that both staff and patients could be more involved in service development, including the hiring and inducting of new staff and receiving feedback on service developments.
- There is a lack research, academic activity or quality improvement initiatives taking place in some services. Although it is recognised that this could be a result of the pandemic stretching service's capacity.

RECOMMENDATIONS

- Senior management should have regular communication with frontline staff. Invite and ensure frontline staff and the MDT can feed into governance meetings, service changes and development. Consult with staff in a supportive and confidential manner to help identify current barriers to communication with senior management. They should be present on the wards, particularly during busy periods to help close the bridge between frontline staff and the SMT. Ensure lessons learned and positive news/good practice are regularly shared, and the good practice praised.
- As standard, involve patient and carer groups in the development of the service, in line with true coproduction principles. Where possible, have both representatives on interview panels and / or the induction process. Regularly collect feedback about the service and act upon the feedback received.
- Encourage all disciplines to get involved in research, academic activity or quality improvement projects of their choice. Protect time within the week for staff to concentrate on and research the topic.



GOOD PRACTICE EXAMPLES

The service has adapted well during COVID-19, putting measures in place to ensure patients are still able to contact loved ones and holding similar events to what they would usually attend in the community. For example, patients have been able to contact loved ones using Skype or FaceTime, and the service set up a house with electricity and heating in the gardens for visitors to see patients. When families could not visit in the gardens due to restrictions, the service facilitated visits in local parks.

All Saints Hospital, 2020-2021

The service has increased access to technology during the pandemic. Each ward has their own iPads and two laptops. The service introduced mobile phones on all the wards. Patients on LSU wards can access smartphones, depending on their individual risk assessment and patients on MSU wards have access to a basic phone. Following an individual risk assessment, patients that are approved to be given a mobile phone, are asked to sign a contract. Patients find mobile phones useful to keep in touch with their family and friends, especially during the pandemic.

Guild Lodge, 2020-2021

The MDT have been described as very supportive throughout COVID-19. The nursing team reported that members of the MDT have spent more time with patients to lift the pressure off the nursing staff, which has been especially important due to lack of leave for patients. It was reported that some members of the MDT have moved their office to the ward, so they are easily accessible to offer support as well as provide cover. Another ward described the communication between the nursing team and wider MDT as brilliant.

Llanarth Court Hospital, 2020-2021

Staff praised the drop-in sessions that were available to them during the COVID-19 pandemic. They felt that the sessions improved their wellbeing as they acknowledged how the pandemic was affecting their personal and professional life.

Clifton House, 2020-2021

“ I feel a lot better since being here ”

“ When I first came here, I was very angry and abusive, since being here – I feel a lot better ”

During the COVID-19 pandemic, the service has taken steps to help patients maintain their independence. For example, a tuck shop has been introduced which allows patients to continue to buy their own items while they cannot go to the local shop. The tuck shop also provides job roles for patients to work there.

Cygnets Hospital Woking, 2020-2021

Staff have a collective spirit and have dealt with COVID-19 in an impressive way. Teams worked incredibly hard to ensure that the core treatment packages continued so that patients progress was not hindered. Impressively, group sessions continued throughout COVID-19; adapted for smaller, socially distanced groups that were repeated so that all the patient group had access.

Arnold Lodge, 2020-2021

The service have been impressive in their response to the impact of COVID-19. Patients have still been able to use their section 17 leave as much as possible and visitors have been allowed to safely visit the service. They increased the amount of activities on the wards and one patient also spoke positively about the activities that were on the wards during the lockdown.

Shannon Clinic, 2020-2021

AREAS FOR IMPROVEMENT

- Some staff felt unsupported by SMT and management at trust level during the pandemic and felt alone in dealing with the issues that they faced.
- Some staff reported that they felt unappreciated by management despite their efforts during the pandemic.
- For some services, technology was a challenge, with technological infrastructure being poor, WiFi connections being weak, and having a lack of computers, tablets or smart devices for patients to stay in contact with their loved ones.

RECOMMENDATIONS

- Create a psychologically safe space for staff members to reflect on their experiences working during COVID-19. Offer a chance to learn from a difficult period for all mental health hospitals and create a productive opportunity to learn. Perhaps create a new contingency policy to follow should anything similar happen again, or if COVID-19 flares again.
- Offer both internal and external support for those who may feel burnout or long-term illness coming. Praise and reward staff members for their work throughout the pandemic.
- Raise any concerns about technology to the NHSE task and finish group. Work with the estates and IT teams to improve technological infrastructure and embrace the new era of technology. Ensure cyber safety support is available to patients where needed.

SUMMARY OF RECOMMENDATIONS

ADMISSION AND ASSESSMENT

- Provide welcome packs to all new admissions to the service. Ensure the information is easily digestible, particularly for people new to services. Staff should go through the welcome pack with the patient at the earliest possible time to ensure the information is not overwhelming. Ensure easy-read formats and different languages available.
- Have a robust admissions process in place to ensure a consistent experience is had by all. Regularly audit the admissions checklist and check in on new patients to see how their experience was.
- Have the ward rules and codes of conduct displayed throughout the ward. Have this as a standing agenda at community meetings and discuss regularly between the patient group.

PHYSICAL HEALTHCARE

- Where possible, have a regular, visiting or onsite GP for patients to access. Ideally, this person should be regular and familiar to the patient, with experience of treating people within secure services. Where there is no GP onsite, patients should be able to access a community GP for check-ups.
- Ensure patients have regular physical health checks. Have access to routine screening assessments equal to those in the community.
- Prioritise physical exercise and physical activities within the service. Create engaging activities and healthy competitions on the wards. Where possible, start a [Green Walking group](#) on the wards (from the Centre for Sustainable Healthcare), and refer to the [Managing a Healthy Weight in Secure Services Guidance](#).

TREATMENT AND RECOVERY

- Involve patients in the process of care planning. Discover what goals and interests the patients have and identify ways of incorporating that within the care plan. Record patients exact words within the care plan to ensure it is as patient-centred as possible. If the patient does not wish to be involved at that time, keep revisiting and reframing the approach. Facilitate a collaborative process of care planning. Conversations should bring together professional expertise such as treatment and risk with the areas the patient knows best such as preferences, goals, values and beliefs. Before care planning, offer the patient access to resources in a preferred format (booklet, verbal or electronic) to help them prepare for discussing options. Encourage them to think about what matters to them, hopes for any outcomes and what questions they would like to ask. Offer written copies of the care plan as standard.
- During community meetings, ask the patient group to help create the weekly activity timetables. Include schedules and pre-arranged activities for the evenings and weekends. Conduct regular interest checklists to ensure the activities remain relevant and engaging to the current population on the ward.
- Involve the patient within all parts of their CPA meeting. Enable the patient to discuss and agree who should be invited to the meeting, and encourage the use of advocacy. The patient should be informed of the structure and content of the meeting, and given the option to chair some / all parts of the meeting. Capacity should be considered throughout.



FAMILY, FRIENDS AND VISITORS

- Arrange for regular updates to be sent to carers, for example, in newsletter format. Create an email address for carers as a single point of access. Ensure all carers know of their loved one's key contact and how to contact them.
- Send welcome packs to all known carers. Offer the pack on admission to the service, and revisit a few months later if they have refused. Offer both hard copies and electronic copies, and make available in different formats and languages is required.
- Review the visits process, policies and procedures currently in place. Working with the patient and carer group, gather ideas on how the visiting process could be improved, and made more welcoming. Ensure the reception team have prior warning of all visits due to take place that day, and offer flexibility where possible.



WARD ENVIRONMENT

- Install observation panels for all bedrooms, ensuring patients have the option to control the operation of them. There should be a staff override option.
- Engage patients in the creation of artwork and murals for the walls and communal spaces. Connect with art organisations such as [Hospital Rooms](#) to get inspiration on reviving tired spaces.
- Ensure there is a dedicated de-escalation space available for patients at all times, even if there is another patient using the seclusion space. This room should be used for de-escalation only, be designed simply and help to reduce agitation. If the seclusion and de-escalation space is currently combined, put a business proposal forward to identify ways to fully separate the areas.



PHYSICAL SECURITY

- Where CCTV is in place, ensure this covers the required areas. For the external perimeter, this must cover all areas of the perimeter to ensure all possible blind spots are covered.
- Utilise technology to assist with the key management system. This should help ensure that the key system is efficient and prevent them from being taken out of the secure perimeter. Refer to the [QNFMS physical security document](#) for more information.
- Review all areas of the ward to help identify blind spots. Ensure measures are taken to address blind spots and ensure sightlines are not impeded.



PROCEDURAL SECURITY

- Review all policies and procedures every three years as per the QNFMHS standard. Create a working group made up of the relevant MDT, patients, family and friends to ensure a co-produced policy is created and ratified.
- Continue to review blanket bans and restrictive practices on a regular basis. Utilise the [Knowledge Hub](#) to see what other services are doing in a particular area. Consult with patients and carers throughout the review of restrictive practices.
- Ensure alarms are responded to in the shortest possible timeframe. Conduct regular drills to test the response to alarms.
- Ensure policies and procedures have been consulted on by staff members through a variety of means. Including online opportunities and via a working group (face-to-face opportunities).



RELATIONAL SECURITY

- Introduce robust handover processes with ready-to-use templates to ensure the correct information is captured. Protect enough time for handovers to take place, ensuring staff do not have to rush, or potentially miss vital information. Regularly audit the handover notes to ensure these are done to the right detail.
- Provide training to all staff members on relational security. This should be done at induction and staff should receive annual refresher training. Ensure this is well embedded into handovers, debriefs and talked about regularly with staff and patients.
- With the staff group, create a debrief template or agenda to help guide conversations, ensuring they are consistent and of high quality. Create a safe space for staff and patients to be able to share their experiences of the incident, and ensure additional support is available if required.
- [Refer to the See, Think, Act material online](#)



SAFEGUARDING

- Build confidence within the team about the safeguarding protocols and procedures. Have it as a theme for a team away day, enabling staff to complete exercises and get constructive feedback to help them gain knowledge and assurance of the processes in place. Have safeguarding as a regular standing agenda at team meetings and display posters and flow charts about the processes to follow.
- Recirculate the safeguarding procedures and relevant policies to the staff team, making it 'policy of the month'. Ensure staff have confirmed they all read and understand the content. Request the safeguarding lead comes to the wards to introduce and present a workshop on safeguarding to enable learning and sharing of best practice.



WORKFORCE

- Produce and create a recruitment drive that is specific to the service. Create an advert or video showing the benefits and opportunities of working within the forensic service. Target local universities and up-skill current workers. Entice new employees with competitive benefits. Work with a regular pool of bank staff that know the service and patients well.
- Focus a lot on staff morale to keep the current staff and reduce turnover rates. Introduce wellbeing initiatives that are led by the staff. Consider doing a QI project in this area. Facilitate reflective practice monthly at a minimum and support frontline staff to attend. With burn out and wellbeing in mind, protect this space for reflection and safe conversations?
- Prioritise supportive structures for staff within the hospital, ensuring reflective practice is done on a regular basis. Provide both clinical and line management supervision monthly, and there are clear definitions between both meetings.



GOVERNANCE

- Senior management should have regular communication with frontline staff. Invite and ensure frontline staff and the MDT can feed into governance meetings, service changes and development. Consult with staff in a supportive and confidential manner to help identify current barriers to communication with senior management. They should be present on the wards, particularly during busy periods to help close the bridge between frontline staff and the SMT. Ensure lessons learned and positive news/good practice are regularly shared, and the good practice praised.
- As standard, involve patient and carer groups in the development of the service, in line with true coproduction principles. Where possible, have both representatives on interview panels and / or the induction process. Regularly collect feedback about the service and act upon the feedback received.
- Encourage all disciplines to get involved in research, academic activity or quality improvement projects of their choice. Protect time within the week for staff to concentrate on and research the topic.



COVID-19

- Create a psychologically safe space for staff members to reflect on their experiences working during COVID-19. Offer a chance to learn from a difficult period for all mental health hospitals and create a productive opportunity to learn. Perhaps create a new contingency policy to follow should anything similar happen again, or if COVID-19 flares again.
- Offer both internal and external support for those who may feel burnout or long-term illness coming. Praise and reward staff members for their work throughout the pandemic.
- Raise any concerns about technology to the NHSE task and finish group. Work with the estates and IT teams to improve technological infrastructure and embrace the new era of technology. Ensure cyber safety support is available to patients where needed.



'Abstract Garden'

Northgate Hospital

OPEN FORUM DISCUSSION SESSIONS

During the first wave of the pandemic, the Quality Network took the decision to organise a series of open forum groups for individuals working within member services to discuss common issues arising from working with forensic mental health. These sessions were also open to patients and carers to discuss challenges they have experienced in relation to the pandemic. Each forum had a specific theme based on feedback that we were receiving from member services around key priorities and challenges. The sessions were facilitated by the Quality Network team and the purpose was mostly for individuals to access peer support and engage in helpful

conversations about particular issues and to learn from each other.

The open forum discussion sessions that took place were on the following themes:

- Restoration and recovery
- Staff and patient safety and wellbeing
- Least restrictive practice
- Use of technology
- Managing risk, patient pathways and lessons learned following COVID-19

We analysed the key themes that arose from these sessions and have summarised these themes below.

NEW ADMISSIONS

Services now have far fewer cases of COVID19 for patients and staff, and some have no cases at all. As services begin to move on from this situation, some have taken the decision not to accept new patient admissions unless it is imperative. Self-isolation wards have been developed to help contain patients showing symptoms, and for new admissions to self-isolate for the first fourteen days of arrival.

COMMUNICATION

Services expressed that there has not been a lot of non-nursing contact with patients, therefore the focus for MDT staff has been on staff support through reflective practice. It has been felt that the communication and support for nursing staff could have been further improved, as this appears to have differed significantly to the support offered to occupational therapy and psychology departments.

MANAGING INCIDENTS

There has been an increase in incidents for some patients due to the confinements of being on lockdown.

Wearing facemasks has proven to be challenging for staff as it prevents being able to communicate using facial expressions. One service mentioned plans to design face masks with a small visual gap.

Testing for COVID-19 was challenging for both patients and staff initially, but this situation is starting to get better. Services have experienced challenges with trying to adhere to government restrictions without putting patient safety at risk, such as allowing patients to return to the community again.

A patient representative highlighted the importance of communication, especially given current restrictions and use of PPE. Being on the wards during lockdown can feel very surreal and overwhelming at times. She shared the importance of staff explaining why things have changed as this can be difficult to understand, especially when one is very unwell. Carer representatives related to this and felt communication is key, allowing them to feel part of the community.

Some staff are using daily meetings as assigned times for patients to discuss fears, news headlines and planning of activities.

Communication has also been a challenge with some disciplines working remotely. This means that multi-disciplinary meetings are held partly in person, with some dialling in.

USE OF TECHNOLOGY

Services reported that the situation with COVID-19 has allowed them to develop their use of technology. Skype is being used for video-conferencing so that patients and staff can attend assessments and reviews with minimal contact. Services have also got to grips with new telecommunications software including Zoom, Microsoft Teams, One Consultation and Visionable.

Patients have also been able to attend virtual assessments which reduces the anxiety about physically travelling. New technology has allowed patients to increase communication with family, and in some cases has reduced anxiety around ward rounds, CPAs and tribunals as they no longer have these in a room full of people. Access to mobile phones and tablets on the ward have increased with patients and carer's eager to continue such initiatives post COVID19. In some cases patients can use their own devices with certain functions disabled (e.g. camera and audio). One service saw a huge demand for tablets at the start of lockdown, but then as time went on that these were not used as often.

However, the introduction of technology has been challenging for some services. In some cases there have been huge barriers, such as security concerns and limited IT department input, which has led to frustrations.

CARER EXPERIENCES

Services have ensured carer contact information is kept up to date and that carers are contacted regularly with updates. Taking packages for a loved one is rewarding for carers; however this is not something all services are allowing due to infection control.

From the perspective of a carer, being able to speak to their loved one via a mobile phone on the ward has been meaningful and allows for greater frequency of communication. Patients can also see into the homes of their loved ones, see their pets and also to keep in contact with friends and family who live far away. Some patients have found that they prefer visits virtually and have enjoyed using this technology.

RESTRICTIVE PRACTICES

Services have tried to maintain flexibility with easing restrictions, whilst still performing within the guidelines of being a secure service and ensuring safety. For many patients, understanding and coming to terms with restrictive practices has been difficult. Naturally, patients have struggled with not seeing loved ones, friends and family.

Leave is now being gradually introduced, particularly within hospital grounds. Services are having regular meetings with patients to discuss reducing restrictions safely and to gather feedback.

Activities had dropped initially due to issues with social distancing. However, ward-based occupational therapy teams have redesigned activity programmes in some services and these are now in place. There are also changes being made to psychology programmes to see how they can engage more on the wards.

COLLABORATION

For some services, it was difficult to be collaborative in the initial stages of the lockdown as they had a duty of care to follow the rules, even if patients were not happy to comply. One service stated they focused on adapting the guidelines to improve patients understanding for the rules which felt more collaborative. It was reported that for some patients it took a bit of time to appreciate the seriousness of the situation. However, were largely compliant once they understood. Other services spoke about COVID care plans, getting feedback from patients about their experiences and increasing in activities

DISCHARGE PATHWAYS

Patient leave and discharge pathways were affected by the COVID-19 situation across many services. In the initial phase of lockdown, Section 17 leave was cancelled or reduced, which caused tensions on the wards. Most services reported that the majority of leave has now been reinstated. Issues with patient transfer or discharge placements are remaining. Many services are not allowing for day visits or overnight visits, making it difficult for patients to progress in their pathways and prepare for discharge.

EVENTS AND WEBINARS

We hosted a series of webinars and discussion groups where individuals can come together to learn and discuss certain topics. Each webinar had a specific theme and were free to join. Please see [our website](#) to watch any of our webinars on demand, or go to www.khub.net for recordings.

Trauma-Informed Care Within Forensic and Prison Mental Health Services

21 November 2019

The Quality Networks for Forensic and Prison Mental Health Services hosted a joint event for the first time, looking at trauma-informed care. The programme was filled with interesting topics ranging from gender, victim issues, lived experiences and more.

Physical Security in Medium and Low Secure Services

03 March 2020

This event covered all aspects of physical security in secure services. It was an opportunity for medium and low secure services to share good practice, learning, challenges and barriers relating to the management of physical security. This event also enabled delegates to consult on the draft physical security tool developed to support services.

Keeping People Safe

07 May 2020

In the first QNFMHS webinar, Helen Smith, Consultant Forensic Psychiatrist and Nakul Talwar, Clinical Director for Secure Services (Devon Partnership NHS Trust) share their experiences and discuss COVID19 guidance into practice, with regards to keeping services safe during the current crisis. Helen and Nakul host an interactive session with Q&A opportunities throughout.

Transfer and Remittance of Prisoners During COVID-19

21 May 2020

In this joint webinar from the Forensic and Prison Quality Networks, Dr Pratish Thakkar, Consultant Forensic Psychiatrist and Dr Steve Barlow, Consultant Forensic Psychiatrist and Clinical Director for the North East New Care Model, discuss the current situation in their prisons and secure hospital.

This includes the current guidance from NHS England and HMPPS about the transfer and remittance of prisoners.

Dealing With Restrictive Areas

28 May 2020

This webinar, 'Insights on Restoration, Recovery and Remodelling in Mental Health', considered the reaction to the COVID-19 pandemic and the impact on issues surrounding forensic mental health services.

We reflected on changes in practices (institutional and community); procedural changes (regulatory, justice); patient, staff and carer experiences; and, looked forward toward innovations and potential lasting changes arising from the crisis.

The webinar involved contributions from: Dr Quazi Haque, Dr Paul Gilluley, Dr Callum Ross, Dr Sarah Markham, Sheena Foster and Mat Kinton.

Exercise Professionals for Mental Health

29 May 2020

The Exercise Professionals for Mental Health (EPMH) Network hosted a webinar to look at the role and importance of physical activity on people's well-being in secure settings and PICUs. Especially now, given the challenges faced and extra restrictions on movement, we will discuss adaptations that can be made.

Staff Health and Wellbeing During the Pandemic

04 June 2020\

Throughout the current crisis, many healthcare workers (HCWs) have worked long hours in high-pressured novel circumstances characterised by trauma and moral dilemmas. Many have faced the risk of infection, and by extension infecting their families, with outcomes seemingly worse for some, including black, Asian, and minority ethnic staff. Additionally, remote working is likely to have brought its own challenges. Some staff will undoubtedly thrive in such circumstances, but many will not.

Professor Neil Greenberg and Dr Derek Tracy outline the risks to the mental health of HCWs posed by the crisis and also what the scientific evidence says should be done to help.

Communicating with Carers

09 June 2020

The webinar posed the following question: How might mental health professionals engage with carers?

Ian Henwood, Together Associate Director, gave practical examples from the 'advice to carers during the coronavirus' document. Sheena Foster, Carer Representative, Royal College of Psychiatrists, discussed engaging with carers from a secure service perspective.

[The Importance of Family and Friends](#)

28 July 2020

This webinar covers the experiences of a consultant forensic psychiatrist at Ashworth high security hospital, to discuss their personal journey over the years in engaging with families.

It also discusses the experiences of two carers who will share their experiences of secure services and the meaningful involvement they have had in their loved one's care.

Additionally, the webinar discusses Open Dialogue, a systematic and person-centred model of care involving working with patients' families and networks to enable a more collaborative approach to mental healthcare.

[Delivering Technology at Scale to Improve Patient Safety and Wellbeing – Learnings from Broadmoor Hospital](#)

08 September 2020

Broadmoor's new state of the art hospital has rolled out a new technology to improve patient safety and wellbeing in forensic wards. Dr Robert Bates, Consultant Forensic Psychiatrist and Clinical Director, and Laura Cozens, Senior Clinical Manager, will share first-hand experience on how to deliver technology at-scale in forensic services, and discuss the impact on service users and staff.

[Annual Forum for Medium and Low Secure Services](#)

30 September 2020

The Quality Network hosted its first joint annual forum for low and medium secure services. This event included presentations from experts within the secure services field and was interactive and engaging with the audience, despite being virtual. The programme looked at several themes including lessons learnt from COVID-19, peer-based approaches and Quality Network updates.

[SEE, THINK, ACT](#)

23 March 2021

The Quality Network hosted its first joint annual forum for low and medium secure services. This event included presentations from experts within the secure services field and was interactive and engaging with the audience, despite being virtual. The programme looked at several themes including lessons learnt from COVID-

[Healthy Weight Webinar: Guidance explained](#)

29 April 2021

Following the release of the 'Managing a healthy weight in adult secure services – practice guidance document', the Quality Network hosted a two-hour webinar to help highlight and explain the guidance document. This webinar explored the key points of the document and provide helpful and informative guidance to support teams in its implementation.

[Emerging Drug Trends and their Impact on Mental Health Services](#)

01-02 June 2021

The emerging drugs trends and their impact on mental health services was a two-day symposium on Tuesday and Wednesday, 01 and 02 June being organised by East London Foundation Trust Forensic Services, Traverse and the Royal College of Psychiatrists CCQI. We aimed to bring together national and international experts to share their work on new policy, new trends and new developments in the field of substance use and addictions. There were also sessions dedicated for front line professionals to share their work and for service users to share their experiences. All attendees will be given the opportunity to develop discussion points within breakout rooms and share these during whole forum discussion sessions.

[ANNUAL FORUM FOR MEDIUM AND LOW SECURE SERVICES](#)

29 September 2021

The Quality Network hosted its second joint annual forum for low and medium secure services. This event included presentations from Provider Collaboratives, NCCMH, Social Work England and HMPPS. The programme included workshops celebrating Equality and Diversity, and patient-led improvement programmes.

RESOURCES

PHYSICAL SECURITY DOCUMENT

This document has been devised using the physical security standards as a framework. It should be utilised as a 'live' document that is subject to continual review. Some elements are mandatory for all services; however, each area provides you with the opportunity to define how this practice occurs locally.

The purpose of the physical security document is to clearly describe the features of physical security within your service.

You can access the document by clicking the image.



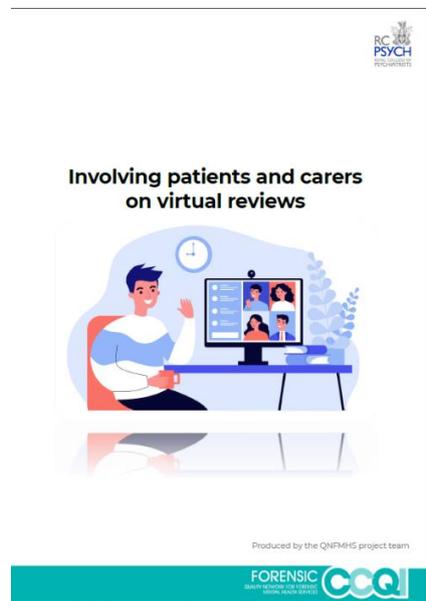
Physical Security in Secure Care
Quality Network for Forensic Mental Health Services
Publication number: CCQI 350
Editors: Megan Georgiou, Patrick Neville, Jemini Jethwa and Kate Townsend

INVOLVING PATIENTS AND CARERS ON VIRTUAL REVIEWS

As a team we have been working hard to recreate all the elements of an in-person review in a virtual environment.

The involvement of patients and carers on our peer-review days remains vital and is something we do not wish to let slip given the circumstances with virtual reviews. We would like to work collaboratively with our member services to engage patients and carers in a meaningful, confidential way.

For some recommendations on how best to involve patients and carers in your services virtual peer-review, please see our guidance document.



CREATIVE WRITING BOOKLET

In the Summer of 2020, for the first time ever the Quality Networks for Forensic and Prison Mental Health Services launched a creative writing competition for patients. We received some fantastic entries and have showcased all the entries in this special edition creative writing booklet.



NEWSLETTERS

We have published six issues of our newsletter for medium and low secure services, where we invite staff, patients and carers from forensic mental health services to submit articles demonstrating good practice based on our set themes.

You can see the themes and access the newsletters by clicking the images below.



**Collaboration
in secure
services**



**50th Special
Edition**



**Sustainable
healthcare**



**Celebrating
diversity and
difference**



**Lessons
learned from
COVID-19**



**No set
theme**



**Peer
support**



**Research and
Quality
Improvement**



**Staff
training and
support**

FEEDBACK

Review feedback

99% of staff

said it was made clear that the review is intended to be a supportive process, and designed to promote the sharing of good practice

93% of staff

felt they had the opportunity to discuss issues relevant to forensic mental health services

POSITIVE EXPERIENCES

Staff from the review teams and host teams shared that the reviews provided great opportunities for networking and sharing of good practice. They felt reviews are a supportive and constructive process and they could share challenges and find ideas for their own services.

"The team was approachable, supportive and gave constructive feedback."

"It was an empowering experience and great to see other units and teams as we can often work in isolation."

"Meeting with the patients, it was lovely to hear about their individual journey through the patient pathway and how unwavering support from staff had played such an important part in their recovery."

"The networking element is fantastic. Getting the opportunity to meet others doing the same job as you and sharing problems and solutions. Also getting positive feedback about another service from staff/patients/carers is really heartening."

"It was a very positive day generally, & I loved a conversation with 2 carers which was very supportive for them & affirming for us all on how services are improving for everyone's benefit."

"I enjoyed the time we spent with the service users and engaging with them."

"Was a really positive experience and I am pleased that we had the opportunity to have the review. The process was well coordinated, and we felt supported."

"This was my first peer review and I really enjoyed it as I learnt a lot from the services that was reviewed which will help me in my own ward."

"I really enjoyed the process and found the learning invaluable."

"Always good to network and see how other hospitals operate, challenging your own practices and being able to provide/offer support for them to improve their services."

93% of staff

found the support from the project team useful

AREAS FOR IMPROVEMENT

Staff reported that reviews can sometimes feel rushed, and the timetable can be restrictive.

VIRTUAL WORKING

Some staff felt that virtual reviews were more formal than in person reviews.

Staff found virtual reviews challenging at times, particularly when there were technical issues or a lot of people in a meeting.

Some staff preferred virtual working and liked that they did not need to travel to different services.

96% of staff

found the opportunity to meet people from other services useful

YOU SAID, WE DID

You said weeklong reviews feel disjointed and it can be difficult to attend all the meetings:

We contacted services who had opted for a weeklong review to suggest holding reviews over one or two days and will not be holding weeklong reviews in future.

You said having the option of multiple teleconferencing platforms would be better:

We offered flexibility in the platform used and allowed services to choose which platforms the review would be held on.

You said seeing the environment virtually would improve the review process:

We suggested services could hold a virtual tour during the review, create a video of the service or take some pictures of the service to share during the review day.

Event Feedback

The network has held many events over the last two years. In 2019, these events were held in person, both at the College and in various venues across the country. We moved all of our events virtual in 2020 following the outbreak of COVID-19.

Our first virtual Annual Forum was held in September 2020 and we conducted a series of webinars throughout the height of the pandemic to keep services connected and to create discussions about important topics for Forensic services.

Due to the positive feedback from staff that virtual reviewer training works better for them, we will be keeping these sessions virtual in the future.

REVIEWER TRAINING

“Presenters were very knowledgeable of all the themes, very informative.”

“Really impressed by the use of technology to allow discussion and lecture-type input too.”

“Both presenters were interested in their topic and were welcoming of participation in a way that made participants feel comfortable.”

“Enjoyed the format. Felt it was very useful and interesting.”

ANNUAL FORUM 2019

LSU

“Excellent day. Very informative and very useful.”

“Range of speakers and workshops was topical and appropriate. Overall, it was informative.”

MSU

“Inspiring to hear about progress being made at a national level across all services.”

“Overall, a good day.”

ANNUAL FORUM 2020

“Excellent quality conference. My first one. Really enjoyed the combination of medium and low secure.”

“Really enjoyed the conference and was great to see the concept of confidentiality and carers being discussed.”

“Really enjoyed and valued the morning debate, panel and peer support presentations. It was good to think that the challenges that COVID threw up and how it was managed was similar to our own response.”

EMERGING DRUGS TRENDS AND THEIR IMPACT ON MENTAL HEALTH SERVICES

“I really enjoyed hearing about personal stories and how we can relate that to our patient care.”

“I enjoyed all of the event. It was really informative and thought provoking!”

“Excellent materials and presenters. The incorporation of carer and user perspectives was also excellent.”

“All presentations were delivered to a high standard. They ranged from interesting, informative and thought provoking to inspiring and empowering.”

“It was very informative, inspirational and moving. The content was fascinating and informative and very relevant to my role.”

ENGAGING AND COMMUNICATING WITH CARERS

“I found the webinar sensitive and thought provoking. I connected with this as a professional and also personally as a carer. There were additional ways of thinking and doing which I had not thought about before.”

“Excellent presentation, confirming that it is sometimes the very simple and straightforward things that can help carers most.”

“It was very helpful to hear from the carer about her experiences of secure services. I believe as a social work team, we are mindful of the issues she raised and advocate for a human, friendly approach - unfortunately this is not always consistent. On reflection I feel that going forward, increased education and training for the general staff population will be very helpful.”

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