



## MSU/LSU Issue 51, October 2021

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# WELCOME

Welcome to the Autumn edition of the 2021 newsletter. I am personally very excited and invested in the edition's topic—Sustainable Healthcare. This is a topic I started discovering fairly recently and am really pleased to bring shared learning to the Quality Network programmes. Thank you to everyone who has submitted an article!

As you may know, the NHS has made an ambitious target of achieving net-zero emissions by 2040. This is a real statement, and you can find a link to their full strategy within this newsletter. The NHS has also recently launched [NHS Ocean](#) last month; a branch of the NHS that aims to conserve and protect coastal and marine ecosystems, working to ensure ocean health is considered and where appropriate included within healthcare strategies. It joins the [NHS Forest](#) as part of their Greener Programmes of Care. They have links to resources, evidence-based literature and engaging webinars. There is also written a resource list for sustainable healthcare that we have produced. It has additional links, papers and podcasts—this can be found towards the back of the newsletter.

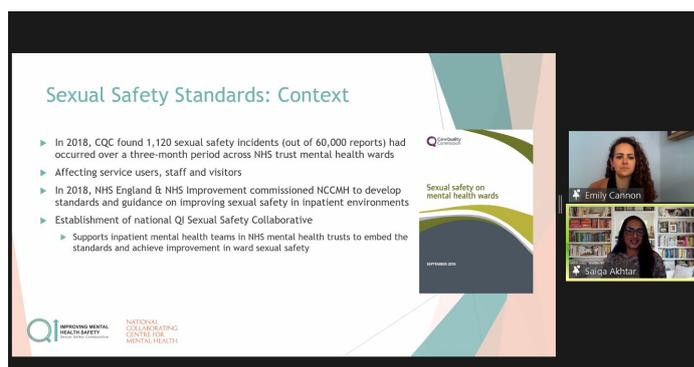
In this edition of the newsletter, you can find articles about reduction of waste and increase use of recyclable materials. Introduction to greener therapeutic interventions and utilising outdoor space. Other forms of sustainability are also included, such as staff sustainability and patient empowerment. Patient empowerment is important for the 'Get it Right First Time initiative.

In other news, we have very recently had our second virtual annual forum, just at the end of September. A huge thank you to everyone who presented, and to those that attended! We had around 180 delegates throughout the day.

The programme was jam-packed with a variety of speakers. Highlights included the equality and diversity workshops (one was on tackling racism within secure wards, and one was on the Elder's Project—celebrating diversity and cultures). NCCMH also did a session on sexual safety (pictured below). For more information on the sexual safety, please check out the [Collaborative's website](#).

We also heard from the three Provider Collaboratives about their priorities and challenges since going live last year and managing challenges that the pandemic brought. This included some really honest and open reflections. As always these are available on Knowledge Hub to catch up on if you didn't manage to see it live.

**Kate Townsend, Programme Manager**



# A Note From The Editor

**By Katie Knight, Project Officer, QNFMHS**

The concept of sustainability is broadly defined as meeting our current needs without negatively impacting the chances for future generations to meet their own. Literature refers to three dimensions/ pillars of sustainability: social, economic and environmental.

Sustainability has not only become a significant importance within healthcare, but within many elements of society. The effects of climate change is an issue that I am undoubtedly passionate about and in all honesty, something I am very scared of. In 2050, I will be celebrating my 52nd birthday. By then, London could be as hot as Barcelona. These hotter conditions could see half a million people around the world dead, due to food shortages, and half the earth's species extinct. These predictions are scary for everyone, but extremely hard hitting for the younger generation. It is impossible to ignore the importance and strong need for environmental sustainability in today's society.

During the COVID-19 lockdown, the

importance of our natural environment became apparent to many of us. The positive impact of our natural environment on mental health is not new information but with forced government restrictions and our normal freedoms being taken away, this importance became even more apparent, not only for those working and living in mental health settings, but for everyone.

There are many different ways to be sustainable, and many different types of sustainability. The articles within this newsletter have explored all different types of sustainability and demonstrate some of the amazing work that teams are currently doing in order to improve sustainability within secure services. There are a variety of ways for secure services to become more sustainable and a plethora of benefits, which I hope is reflected in our 51st edition of the QNFMHS newsletter. It has been a pleasure to read and I hope you find the articles within our newsletter as interesting and enjoyable as I did.



## AUTUMN HIGHLIGHTS



The start of Cycle 14-8 reviews and reviewer Training  
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Fourth Edition of the QNFMHS Standards  
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Physical Security Document  
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Carers Working Group  
**Page 17**

# Working Towards Sustainability in Therapeutic Interventions

By Jessica French, Adult Education Tutor, & Cora Jones, Occupational Therapy Technician, Fromeside and Wickham Unit

Sustainability



With climate change high on the global agenda, Avon and Wiltshire Mental Health Partnership has declared a climate emergency and is committing to make changes to lower its CO2 equivalent by 2030. Here at the Fromeside and Wickham, staff with a passion for this cause have formed a sustainability working party to tackle the issue head on. The sustainability group consists of 12 members from a variety of professions and has been meeting once a month since 2019 to promote a 'realistic sustainability culture' among staff and service users. The group has actioned several goals within this time, including food waste and composting, recycling, fuel consumption and awareness events.

We have introduced small changes to habits within the Malago therapies department, such as switching off lights, radios and computers when not in use and at the end of the day. Despite initial concerns over infection control, a reduction in laminating has led to our use of plastic being reduced substantially. The unit's training café has made a switch to reusable plates and cutlery; research suggests good quality reusable plastic has less of a footprint than paper plates because – once dirty – paper plates are only suitable for compost and not recycling. Most recently, staff have been encouraged to consider pencils as an alternative to single-use pens.

As a therapies team, we are promoting good habits relating to activities of daily living (ADL); 'soft plastic', such as plastic food bags, are collected during sessions in the ADL kitchen and are then returned to collection points at

Morrison's on a regular basis. On the wards, service users are collecting clean, empty crisp packets for a project to help the homeless; encouraging pro-social behaviours whilst reducing waste sent to landfill. The packets are turned into waterproof 'bivi bags' which keep sleeping bags dry. More information on this can be found at [www.crisppacketproject.com](http://www.crisppacketproject.com).



But it's not only staff who believe this is an important issue: service users have voiced their concerns regarding environmental issues; art groups have worked on displays to promote recycling and raise awareness of environmental issues. The Recycled Sea Creatures and Recycled Owls displays even gained recognition from the 2020 Koestler Awards for arts in criminal justice. The same service users also designed the sustainability group logo and, as restrictions begin to lift, the sustainability group will be welcoming service users to help tackle issues in the unit.



Having learnt that 24 million slices of bread are wasted in the UK each day, we are looking at ways to reduce food waste in the therapies department. Initially, raw fruit and vegetable waste is being collected and, along with old office paper, composted in a recently purchased hot bin; a receptacle that is sealed and rodent proof! This compost can then be used in gardening sessions. If the trial is a success, we may be able to roll this out across the unit.

A cooking intervention called Waste Not, Want Not, involves service users taking leftover foodstuffs to make delicious dishes on a Friday afternoon. This not only encourages creativity in the kitchen but also develops skills for independent living; budgeting, problem-solving and making the most of their resources. After the initial trial period, we have almost halved the amount of food waste generated each week. It is fair to say that this group has been a resounding success; feedback from two of the participants goes a long way in confirming this:



*It's such a shame to let all this food go to waste, this way it's good to use and makes a lot of sense.*

*I was shocked to learn how many slices of bread is wasted, and how much healthy food you can make from leftovers*



### **Patients from Fromeside**

Ward-based sustainability interventions have also been taking place across the unit with many wards starting their own mini veg gardens. One acute ward has started a sustainability group of their own to explore different aspects of the topic and how they can implement a more sustainable culture on the ward.

Looking to the future, we hope to build on our current successes. Another awareness event is planned for late September 2021 and we aim to continue to utilise the garden space, allowing everyone to connect with the outdoors. There will be fresh produce grown in the garden to taste, sustainable crafts for people to try and 'Off the Peg,' a second-hand clothes project run by the service users to promote sustainable fashion. We would love to develop links with other units to share good practice and ideas; please contact Jess or Cora via email: cora.jones@nhs.net or Jfrench2@nhs.net.

## **RCPsych Sustainability Position Statement**

This year, the Royal College of Psychiatrists (RCPsych) released a position statement on 'Our planet's climate and ecological emergency.' Some highlights from the position statement are below:

### **RCPsych Pledges**

- Commit the College to an ambitious plan for sustainability, including a pledge that by 2040, it will achieve net-zero carbon dioxide levels for emissions it directly controls.
- Promote prevention in psychiatry, showing how detecting and treating illnesses early to halt or slow their progress is an essential part of making healthcare more sustainable.
- Integrate this work throughout the College to develop a wider sustainable network and promote learning.
- Support the creation of an alliance across mental health organisations to better represent the mental health impacts of, and potential solutions to, the climate and ecological emergency.
- Empower patients to make informed choices in their care and engage them in the development of mental health services that are collaborative and sustainable.

- Continue supporting the integration of social prescribing and nature-based care into mental health services.

### **Impact of Climate Change on Mental Health**

- Extreme weather events and increase of natural disasters, change contribute to livelihood losses, uncertainty and in the future, force migration.
- The loss of biodiversity affects the resources that we are dependent upon including "breathable air, fertile soil and productive". These basic needs are said to be the underpinning of "all dimensions of human health."
- The changing climate is causing instability to land use and access to resources; this in turn can lead to forced migration and armed conflict, which have profound impacts on people's health.

Click this [link](#) for the full statement.

  
PS03/21

**Our planet's climate and ecological emergency**

May 2021

POSITION STATEMENT

# Walking on Sunshine

**By Anisa Saeed, Assistant Psychologist,  
Cygnet Hospital Woking**

## Background

The great outdoors has never been so sought after since the COVID-19 pandemic. During the pandemic, community leave for service users at Cygnet Hospital Woking was suspended in line with government guidelines. For many service users, section 17 leave forms an integral part of their recovery and care. It also plays a vital role in maintaining their sense of freedom and normality, which service users often feel is taken away from them when detained under the Mental Health Act. Interestingly, during the suspension of section 17 leave many of the service users on Cygnet Hospital Woking male low secure service- Greenacre ward- started to interact with familiar surroundings in new ways.

On Greenacre, we thankfully have a ward garden, and over the lockdown period, we observed many of our service users utilising the garden to exercise, plant flowers and sunbathe. It appears that for many of us, including our service users, we have found a new sense of appreciation for nature over the lockdown period.

When the lockdown began to ease, this new found appreciation for nature remained. Staff and the Wellbeing Gym instructor on the Greenacre ward formed a Nature walking group to continue supporting the benefits gained from interacting with nature. Psychological aspects of the walking were also considered when creating this group. Research has shown walking can lead to a reduction in stress and anxiety. It is also an activity that can improve communication skills and instantly lead to a feel-good confidence boost. The walking group also provide service users with a cost-effective, non-strenuous and accessible form of physical exercise that would help work towards preventing cardiovascular disease and address weight gain.

Based on the above evidence, the walking group offers a practical intervention that will help not only boost service users wellbeing but also support them in reaching the recommended levels of physical activity. The group has received positive feedback from both service users and staff on the ward. One service user stated he enjoys:

*Walking and exercise as exercise boost my serotonin*

Another service user stated:

*I enjoy walking as I find it both relaxing and peaceful*

This feedback has come with no surprise considering other studies have found 62% of adults found relief from stress by taking a walk during the pandemic.

The Wellbeing Gym instructor runs the Nature walking group daily with the support of staff on Greenacre. For the walking group to proceed, the multi-disciplinary team (MDT) must assess each service users' risks. Once risks have been evaluated for each service user, the MDT provides the service user with the relevant section 17 leave paperwork. On average, 3-6 service users will attend the group. The location for the walking group is around the local hospital area, where there is plenty of greenery and a canal.

## Barriers Encountered

The main barriers to the nature walking group were service users perceiving the group as an opportunity to chain smoke or drink energy drinks. This was problematic as the positive benefits of the nature walking group were being counteracted by service users using the group to facilitate unhealthy behaviours. To overcome this barrier, in line with the least restrictive practice, it was agreed that service users were allowed to take their vapes on the group. However, no smoking or energy drinks were allowed due to these actions interfering with the goal of nature walking group.

The recent COVID-19 pandemic was another barrier that was encountered. To keep in line with government restrictions, only a certain amount of service users could attend the group. More planning is needed in advance, and it is not always possible for all service users to participate in the group.

Lack of staffing has created some difficulties in facilitating the nature walking group. To overcome this issue, the Wellbeing Gym instructor plans these group as far in advance as possible, but if there is a lack of staffing on the day, the group may not be facilitated.

Some service users lacked the motivation to attend the group since smoking and consumption of energy drinks had been suspended. To overcome this, the Wellbeing Gym

instructor has compromised to allow vaping, but various walking routes have been created to keep interest.

Service users are also required to have the relevant section 17 leave to go on the walking group. This has meant not all service users are available to go on the group.

### Risks

As mentioned previously, all service users' risks are

assessed by the MDT during ward round and before going on leave.

### Moving forward

Future goals are to incorporate more psychological aspects such as mindfulness and additional outdoor exercise alongside walking such as football and, when possible, to amalgamate wards for the walking group.

## Sustainability Principles

The RCPsych Sustainability and Planetary Health Committee takes a broad view on what sustainability means; it's not just carbon counting, climate and environmental issues. They see issues of social justice and sustainability of the workforce as firmly within the remit of sustainability.

The RCPsych Sustainability and Planetary Health Committee developed core principles of practicing sustainable psychiatry:



**Prioritise Prevention:** Preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).



**Empower Individuals and Communities:** This involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision making. It also requires supporting nine community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.



**Improve Value:** This involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.



**Consider Carbon:** This requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, telehealth clinics instead of face-to-face contacts). Reducing overmedication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.



**Staff Sustainability:** This requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

# Staff Sustainability

**By Helen Goudie, Nurse Consultant, Bamburgh Clinic**

As COVID-19 placed us all in unprecedented times both in and out of work as a service to ensure that our care and treatment remained at the highest standard the well-being and sustainability of our workforce was paramount. As the world around us tried to understand what was happening and how to react, cope and protect ourselves both inside and outside of work it was almost like the workforce went into auto pilot. The unknown was upon us and hands, face, space was the new norm.

“ *Makes it easier to stay hydrated than having to wait for your break to get off the ward* ”

## Feedback from Staff

With this brought mask wearing, risk assessed environments identifying the capacity of staff allowed into rooms, nursing offices and the work from home rule for those who could was in place. Walking the corridors rooms that in the past would have been fully occupied lay empty, vacant offices was starting to be the norm, yet the ward environments seen staff working in PPE with a minimum of face masks, no longer could staff sit together over lunch time or grab a cuppa whilst doing their notes as masks had to be and still are required to be always worn.

Wobble rooms were quickly implemented providing a space for staff to have food a drink, read, work through mindfulness books, or just take a breather. However, there remained limitations as again this room only allowed one person at a time without a mask. This is when hydration stations were introduced.



Following the scope of all areas across the service that were not being utilised and reviewing the impact of staff spending long periods of time in masks, the limitations of more than one staff member having access to a room at any one time it was time to be creative. Rooms were identified in addition to the wobble room and staff rooms, communication went out to all staff and posters were developed. This would identify for staff where they could access for a drink, head space alone in a covid safe environment throughout the day in addition to allocated break times.



“ *The ward hydration station is well signed with a free or busy sign, so you know whether there is someone in before you open the door* ”

## Feedback from Staff

### Aims

1. Important for staff well-being
2. Hydration – head space
3. Staff and patient safety
4. Provide additional spaces
5. Provide safe spaces for mask removal
6. Adherence to COVID-19 guidance

No longer were rooms sitting empty they were supporting our staff to take frequent breaks, safely supporting the well-being and sustainability of our workforce. As the months went on, we continued to see a standardised workforce which supported our patient care with regular staff remaining at work. Services have continued throughout, and the hydration stations remain in place as none of us our out of the woods yet.

“ *It's such a positive piece of learning for wider sharing and a great piece of work.* ”

## Feedback from the Associate Director of Safer Care

“ *A space for staff to take a quick break when the ward is busy and hydrate* ”

## Feedback from Staff

The introduction of hydration stations in secure care soon became known across the Trust and were commended as good practice, they were shared within the Trusts Learning and Development forum.

“ Wipes and masks are available in the hydration stations as well as clinical waste bins for disposal of these. These are stocked up regularly. ”

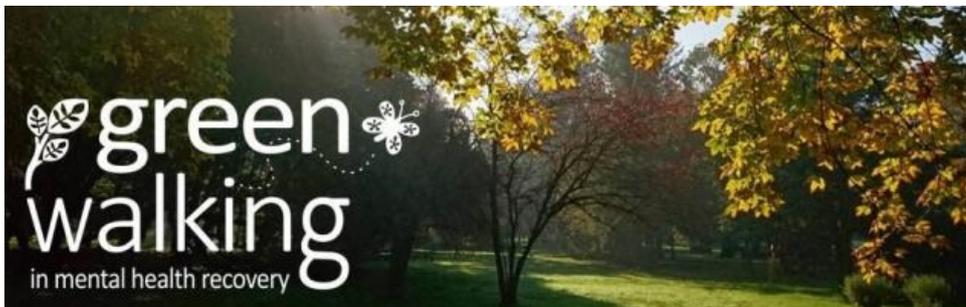
#### Feedback from Staff

The well-being of our workforce is very important to us and will continue to be, hydration stations are here to stay, as the world changes in the future there may be less of them as rooms start to function again.

However, there will remain identified additional spaces for or staff to have time out, for headspace and hydration alone if they chose to.

## Green Walking in Mental Health Recovery

[Green Walking in mental health recovery](#) | [Centre for Sustainable Healthcare](#)



Green walking in mental health recovery aims to promote and improve access to green spaces for general adult psychiatric inpatients. It is funded by a grant from the Network for Social Change and delivered by the Centre for Sustainable Healthcare in partnership with the Royal College of Psychiatrists.

Often, patients with mental health difficulties whom require involuntary hospitalisations for extended periods tend to have limited access to the natural world. Walking groups can be an achievable means for wards and hospitals to provide their inpatients with the benefits of spending time in green spaces.

Within the environment of an inpatient ward, walking groups require a relatively small amount of preparatory infrastructure and cost. Moreover, they incorporate the benefits of physical activity into flexible experiences which can accommodate and reflect a range of choices and care-needs. A walk through a green space can be transformed to include elements of photography and other arts, mindful practice, a closer study of nature and of course the company of others. Their relative simplicity helps to create the much-needed space where patients and staff can focus on collaborative care models.

### Project Achievements

- [Create the Guide for Green Walking in Mental Health Recovery](#)
- Established Green Beacon Sites
- Promotes pre-existing evidence and food practice
- Formed a collaborative network.

This project works on many levels. It emphasises the value of exposure to the natural world for supporting well-being and seeks to identify barriers preventing greater access to green spaces. It also builds resources and pilot projects/case studies to empower the health service to overcome pre-existing challenges that prevent the integration of green spaces into standard models of inpatient care.

### Register your inpatient green walking group

The Green Walking Initiative is currently setting up a register of Green Walking groups in mental health inpatient settings and hope to have a web form for you to fill out soon. In the meantime, to register your walk, please email [info@sustainablehealthcare.org.uk](mailto:info@sustainablehealthcare.org.uk) with the name of your organisation and unit, how often your walks take place and who they are open to.

# Illustrating on Walmer Ward, Trevor Gibbens Unit

**By Jemini Jethwa, Programme Manager, The Royal College of Psychiatrists**

Recently, I was lucky enough to be asked to come to Walmer Ward, a medium secure mental health ward for women at Trevor Gibbens Unit in Kent to paint a mural in the lounge area.

I was approached by an ex-colleague from RCPsych who now works for Kent and Medway NHS and Social Care Partnership Trust as they knew about my passion for art and particularly mental health! The brief that I received was that patients wanted to brighten up the ward with an underwater themed mural, which would fit nicely with the built-in fish tank.

Luckily, this request was very timely for me during a quiet time of year in my day job, which is working as a Programme Manager in the CCQI. I therefore happily agreed to spend the week painting the mural on Walmer Ward and thoroughly enjoyed the process. I also particularly enjoyed the patients' reactions when they would enter the ward each day and see the additions I'd painted since the previous day!

Staff and patients took to the sea animals immediately and even named some of them, including Olly the octopus and Shelley the sea turtle. It was a wonderfully rewarding experience and one that I will look back on fondly!



BEFORE



AFTER



# What is Reflective Practice? Training for Nursing Staff on a Low Secure Ward

**By Gina Davey, Assistant Psychologist, Edward House**

## What we did

The psychology team wanted to deliver frequent reflective practice to the nursing team, however much of the staff were not aware of reflective practice, or its benefits. Research by Davies (2012) highlights the importance of healthcare professionals developing an understanding into the reflective process, in order to benefit from personal learning and maximise reflective skills. Therefore, the psychology team created and delivered six, one hour training sessions on reflective practice, before commencing reflective practice groups with the hopes this would increase future attendance.

## What were the aims and objectives of the training?

- Understand what reflective practice is and what is involved.
- Highlight benefits of taking part.
- Acknowledge potential drawbacks.
- How often to take part and how many people to expect.
- What types of topics to bring.
- Models of reflection and why these can be useful to follow.

## Overview of the training package

Training materials included; an information booklet, PowerPoint slides, and a five-item survey. Staff were also given a participant information sheet and consent form. The survey was completed with each attending staff member before the training, and again afterwards. The training session was open to substantive staff on shift on the day of training. In total, 18 out of 23 substantive staff members attended the training.

## Evaluation

Each of the items were scored on a scale ranging from 0 (very unlikely) to 4 (very likely). Participants rated the same items before and after training. The average scores for each of these items are

displayed in Figure 1.

Figure 1: Mean Scores before and after training

Item	Mean score before training	Mean score after training
How likely would you rate reflective practice as being useful to your role	3.6 (Very Likely)	3.9 (Very Likely)
If a colleague asked you, how confident would you likely feel in describing what reflective practice involves?	3.1 (Likely)	3.6 (Very Likely)
How likely would you feel anxious before attending a reflective practice session?	1.1 (Unlikely)	0.9 (Unlikely)
How likely do you think you would be to attend a reflective practice session?	2.9 (Likely)	3.8 (Very Likely)
How likely would you rate attending reflective practice as a higher priority above your other work commitments?	2.8 (Likely)	3.2 (Likely)

There were overall increases in participant's likelihood to attend reflective practice, confidence in describing it to others, usefulness of reflective practice to the nursing role, and potential for rating reflective practice as a higher (or equal) priority to other clinical work requirements. Positively, there was also a reduction in average score on participant's potential to feel anxious prior to attending a reflective practice session.

## Feedback

There was an optional text box to provide written feedback on the surveys. This box was used to provide some of the following feedback:

*I think the training is a very good idea and very helpful. Thank you*

*Would highly recommend.*

*Very helpful to explain what it is and the type of discussions to bring forward to the sessions.*

*I found it very helpful going through the reflective cycle.*

Some participants also used the box to comment on the of process reflective practice itself:

“ *It is a good idea for people to express their thoughts and feelings in a more constructive way.*

*Reflective practice sessions are great opportunities and a safe space for staff to normalise and validate their shared work experiences.*

*This has been missing for a long time for the team and will be beneficial going forward in so many ways.*

*A very useful exercise for clinicians to improve self-awareness and use their own experiences and experience of others to inform their practice.*

”

## Considerations for further development

Not all substantive staff members were able to attend due to dayshift patterns. It could be useful to deliver this training on a recurring basis to ensure new members of the team take part. It might also be worthwhile delivering the training to other members of the multi-disciplinary team, as well as bank and agency staff, particularly those who take regular shifts on the unit. If the surveys were to be used again, it could be worthwhile to reconsider the wording of some of the questions as some staff initially misinterpreted some items.

Regarding longer term future considerations, it could be beneficial for facilitators to evaluate how these training sessions have improved staff attendance of reflective practice groups, after an extended period of time.

## An Example of Sustainable Healthcare: Access to Nature and Implementing Walking Groups

**By Lee McBride, Service User**

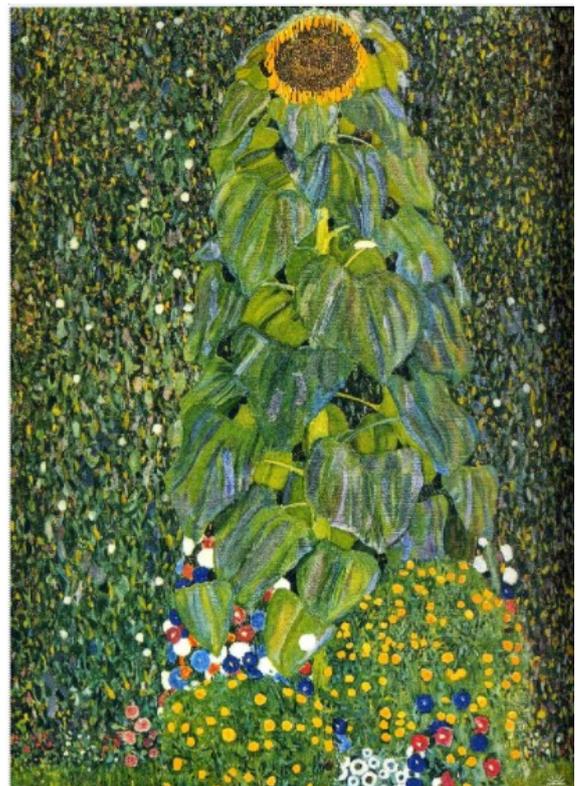
The reason I attend walking groups is simply because I enjoy getting outdoors, the change in light, big expanses, panoramic vistas, changing environment and changing colours. I also like the social dynamics of walking groups, the conversation, plus sharing, and building friendships.

When I am out walking, I am very mindful of my surroundings, taking in what is there and visualising, using the full range of senses. Things I like to focus on include: rain or shine, animals and birds, the sky and the clouds.

The emotional responses I experience when outdoors include: happiness, relief, anti-stress, pleasure, genuine recovery, restoring positivity, brightness, quelling in the rain, creative inspiration, ideas in general, ideas for writing and for poetry, photographic inspiration, peaceful experience, dramatic light, light therapy and many many more.

In summary if a person takes walks into town and the great outdoors, they by percentage will be healthier, less ailments, means less GP appointments, and visits and stays in hospital. Freeing up the National Health Service, saving the NHS money and governmental economy, benefiting new initiatives and the nation as a whole.

If you could embody the beauty of nature then I feel this picture would be that embodiment. The Sunflower by Gustav Klimt.



# Sustainability is Top of the Agenda for Montpellier Unit's Allotment Redevelopment

**By Victoria Woodruff, Senior Occupational Therapist and Kevin Mackenzie, Expert by Experience, Montpellier Unit**

Montpellier Low Secure Unit in Gloucester are in the embryonic stages of redeveloping their allotment resource- a half acre site that is used daily to offer service users engagement and productive development opportunities. The site itself has provided an invaluable service resource for many years and during this time has undoubtedly benefited countless service users. It is now however well overdue investment and refurbishment and sustainability is top of the agenda!



Image of Current Lot

£65,000 of funding has been secured for the project and this will be led in house, by Victoria Woodruff, Senior Occupational Therapist Team Lead and Expert by Experience, Kevin Mackenzie. Victoria and Kevin have jointly established a working party to oversee the exciting project, members of this party include representation from a variety of backgrounds and include a local architect whom has kindly volunteered his services without charge.

The working party already have grand plans and are working tirelessly to ensure funds are maximised. Priorities are to deliver a new improved, re-sited cabin complete with working toilet facilities which are much needed. Further priorities include; improving site accessibility by establishing level pathways to all areas of the site and to provide a new henhouse for the site's six chickens (one of which is called Beyoncé!).

Inspiration for the site has come from a variety of sources however the following image most closely depicts the type of end result the group hopes to achieve. This inspirational project includes a living roof and use of recycled building materials, something the group are keen to explore further and use where possible.



Image of result working party hope to achieve

Expert by Experience, Kevin Mackenzie whom is jointly leading on this venture says, "this improvement will offer future service users a better experience at the allotment and isn't just about improving the lives of those in secure services but also other service users across Gloucestershire as we have increased accessibility for other groups in recent months by promoting the resource within the trust". Kevin's dedication to the project offers the group a wealth of experience from both a service perspective but also an understanding of building technical terms as Kevin has previously worked in the building industry.

Victoria Woodruff, Senior Occupational Therapist/ Team Lead for Montpellier Unit views the project as an exciting opportunity not only to improve current service provision but also to consider and meet needs for the future. She is thrilled this funding has been made available as she has seen first hand the value of the site and the benefits it offers service users. She is looking forward to further developing already established links with local colleges whom already provide tailored vocational opportunities alongside her on the site and would like to realise the shared vision for the next stage of service development which includes establishing a therapeutic earnings scheme and opening the site for further social inclusion activity such as family and friends' event. Victoria also recognises the tremendous value of utilising service user consultation and expert by experience's for co-produced service development purposes.

For more information about this project or share comments please contact Victoria Woodruff or Kevin Mackenzie on 01452 894579 (Montpellier Unit) or email [victoria.woodruff@ghc.nhs.uk](mailto:victoria.woodruff@ghc.nhs.uk).

# Encouraging Staff Health and Wellbeing: Staff Empowerment Principle Ensuring Staff do not Burnout.

**By Dr Rachel Chin, Consultant Clinical Psychologist, Pennine Care NHS Trust**

As part of the Trauma Informed Care (TIC) Mental Health Collaborative a staff wellbeing Quality Improvement (QI) project was set up within the Rehabilitation and High Support (RHS) Care Hub, Pennine Care NHS Trust.

## Trauma-informed care

Trauma-informed care centres around three key factors: awareness of the impact of trauma, recognising the impact of trauma on both those receiving and delivering care, and embedding this knowledge into organisations through policy and procedure to create a culture of trauma-informed practice ('Trauma-Informed Practice: A Tool Kit for Scotland).

## Staff wellbeing

The importance of staff support in the context of a global pandemic has been particularly evident and the phrase “you can’t pour from an empty cup” has been used to highlight the importance of supporting staff, to ensure they can continue to offer care to others. In relation to wellbeing, The NHS People Plan 2020/2021 sets out what staff can expect from their leaders and from each other, including specific commitments around quality health and wellbeing support for everyone. Staff stories and videos included in the People Plan highlight qualitatively the positive impact of wellbeing conversations at work. It is important managers check in with staff and ask how they are and if there is anything that is impacting on their wellbeing. This involves active listening, and knowledge of what support is available locally and nationally so they can signpost employees to the right support. In inpatient services wellbeing conversations can take place in supervision but it is also acknowledged that check-ins happen informally, at various points during the day.

## What we did

- We decided to test the use of a wellbeing care plan for staff and pilot this in the

psychology team. A staff wellbeing care plan provides a structure for wellbeing conversations in supervision between supervisee and supervisor. The aim is to consider the whole wellbeing of an individual, identify areas where the individual may need support, signpost them to that support, and regularly monitor their wellbeing through supervision.

- We reviewed an existing care plan template shared by staff from CAMHS Inpatient wards in Greater Manchester Mental Health NHS Foundation Trust for inspiration.
- We reviewed an existing care plan template shared by staff from CAMHS Inpatient wards in Greater Manchester Mental Health NHS Foundation Trust for inspiration.
- The team co-developed the care plan to include a holistic approach to wellbeing, reflecting on personal lived and clinical experience.
- We developed a process sheet and an example care plan to guide staff completing this.
- For our pilot the care plan was reviewed at the start supervision.
- Before piloting the care plan staff worked alongside the QI team to develop a questionnaire which was completed by staff prior to implementation of the care plan and a month later.

**Staff Wellbeing Care Plan**

Supervisee name	Supervisor name	Date developed



**How are you?**  
(E.g. you might reflect on the following areas: physical, mental, emotional, social, financial, lifestyle, safety, equality, diversity and inclusion)

**What strengths, experiences, values, and skills do I have?**

How do I use these in work?

**What are my personal support networks?**

**What are my professional support networks?**

**What keeps me well and how do I refuel?**  
(E.g. in work and outside of work)

**What are my early warning signs?**

**When I notice these early warning signs, what do I need to look after myself?**

Data from the questionnaire is due to be collected for the first month. In addition, qualitative accounts from staff about their experiences of completing the care plan and using it to guide wellbeing discussions will also be collected and used in the analysis to make any necessary changes to the plan and process. This will then be tested in another group of staff within the multi-disciplinary team.

Some initial reflections are below:

“ *Completing the care plan helped me to reflect on my own values and how I was or was not working and living by them.*

*It helped me to more aware of my wellbeing and gave me the opportunity to really think about it and how and what may be impacting.*

*It was helpful to think about and be reminded of the support available both in and out of work.*

*It was also helpful to think about what has been helpful and what my own self-care looks like such as reading.*

*When completing the care-plan, I found the 'how are you?' box the hardest to complete. This might be due to the variety of things to reflect on, or it might be that it's because I am used to asking this question to others, rather than answering myself. Despite this, I think it might be the most important question for the wellbeing discussions - being listened to is one of the most powerful therapeutic interventions.*”

## The Need for Authentic Patient Empowerment in Secure and Forensic Mental Health Settings

**By Sarah Markham, Patient Representative**

The concept of risk provides the *raison d'être* for the structure and operation of secure and forensic mental health services, directing every aspect of the care and treatment of mentally disordered offenders from admission to discharge and beyond. Risk assessment and management subsume all other dimensions of care and treatment.

In comparison to general adult mental health inpatient settings, secure and forensic patients will generally experience greater levels of restriction and for longer periods of time. This can be especially true for restricted and prison transfer patients for whom decisions regarding S17 leave and discharge may require permission from the Ministry of Justice. Longer lengths of stays necessitate a greater emphasis on protecting patients against the risk of iatrogenic harms such as institutionalization, loss of hope, stigmatisation and lack of therapeutic optimism.

Various social and structural control processes can impact upon the care and treatment of forensic patients, and act as barriers to the implementation of recovery-based approaches to care and treatment. Social control may be characterised by othering, punitive restriction and subjective attempts to assess and

manage perceived risk. The actualisation of patient empowerment, autonomy, identity and connectedness can conflict and be compromised by more punitive influences such as disproportionate risk aversion and other forms of structural stigmatisation.

It has been suggested that a human rights approach might counter the detrimental effects experienced by patients in such totalising context. Article 8 of the European Convention on Human Rights and Fundamental Freedoms (right to respect for private and family life, home and correspondence) presents a clearly defined and robust framework to support emphasis on more recovery oriented ways of working.

Qualification of these rights is permitted but only where any restriction is 'in accordance with national law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others'. However in practice legislative remedies may also be compromised by the very influences they are designed to mitigate.

The dominant discourses of modern forensic psychiatry are dominated by reductively simplistic conceptions of the causation of violence. The stigmatisation, lack of rigour in maintaining detention under the MHA (1983) and unchecked discretion of the Ministry of Justice regarding the recall of patients under S41 of the MHA (2013) are manifestations of the means by which modern government and society seek to assuage their sense of ontological security in the face of offences committed by those with a diagnosis of mental disorder.

Secure and forensic mental health settings can be highly restrictive, coercive and risk-averse. Patients may have minimal access to the community regardless of their length of stay, be denied access to all but a limited number of their possessions and prevented from forming personal relationships. Anxiety-based, and often unreasoned or unevidenced perceptions of potential risk in the context of legal controls directed by the Ministry of Justice can lead to the liberty of patients being curtailed indefinitely.

Contemporary models of mentally disordered offender recovery and rehabilitation are rooted in the principles and development of individual autonomy, empowerment and self-determination, viewing these as essential to realising positive outcomes. The Secure Recovery Model advocates that patients should co-create their care and daily activities plans, and be accountable for their behaviour and actions; that they should take responsibility for, and through empowerment, self-determine their actions. However in the context of enduring paternalistic and derogatory characterisations of forensic patients this can be significantly difficult to actualise.

The punitive and custodial nature of secure environments may also be mediated by stigmatising and judgmental staff attitudes. Hence the need for investment in all aspects

of relational security and associated training and supervision of staff if the boundaries between care and custody are to be negotiated in a more adaptive and less harmful manner.

The current reality for patients can be bleak to say the least. They may daily experience punitiveness via the enactment of protocols; blanket restrictions and other rigidly maintained rules and regulations. The spectre of presumed public opinion and the fear of condemnation from the popular press haunts secure and forensic mental health settings and dictates and sustains this philosophy of stigmatisation and oppression.

Forensic patients form an 'othered' social group due predominantly to the dual stigma associated with both the mentally disordered and criminal identities. Such stigma is chronic and likely to remain with patients post discharge and affect their reintegration into the community; influencing housing, occupational and social opportunities.

It is essential that anyone and everyone with a true regard for patient well-being acts to challenge such stigma together with the other maladaptive attitudes and influence that compromise the actualisation of patient empowerment and recovery.

## The start of Cycle 14-8 Reviews and Reviewer Training

The new QNFMHS cycle (14-8) has begun and reviews are underway. The new cycle will be returning to a 50/50 split for members to do a full review, and a developmental review visit. To ensure scheduling is maintained, and reduce travel where possible, all developmental reviews will remain virtual. Dependent upon COVID-19 restrictions, we are hoping to return to face to face reviews for full reviews in the new year!

Reviewer training has also begun however we have more training dates available. Reviewer training is a two hour free event for staff from a service that is a member of the Quality Network. The training is a great learning experience for those who are interested in participating in the virtual reviews of medium and low secure forensic mental health services. This training is online and will take place on MS Teams. Next training dates:

- Monday 25th October 2021 (10am-12pm)
- Tuesday 18 January 2022 (12:00pm-2pm)
- Monday 21 March 2022 (11am-1pm)
- Friday 22 April 2022 (10am-12pm)

To book onto the training, you will need to complete this [online booking form](#).

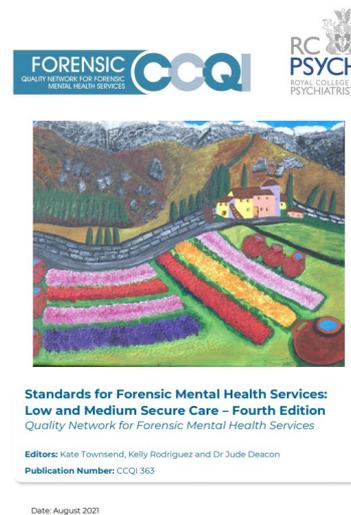


## Fourth Edition of the QNFMHS Standards

In August 2021, fourth edition of the Royal College of Psychiatrists' Quality Network for Forensic Mental Health (QNFMHS) Standards for Medium and Low Secure Care were published. These standards provide a framework for improving quality in medium and low secure mental health services.

The standards were developed through extension consultation with key stakeholders and a thorough examination of the key literature.

To download the fourth edition of standards, please click this [link](#).



## Physical Security Document

During the consultation process for the third edition of low and medium secure standards (2019), we received feedback that these standards would be more useful in a physical security document that can be adapted locally.

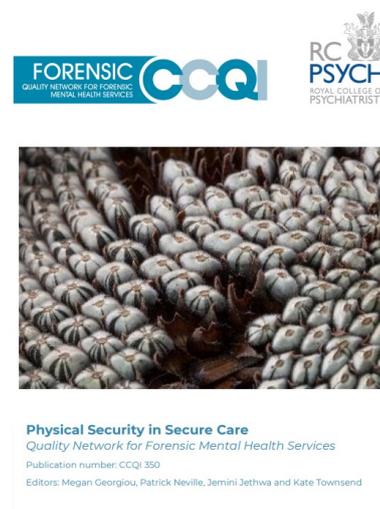
The following document has been devised using the physical security standards as a framework. It should be utilised as a 'live' document that is subject to continual review. Some elements are mandatory for all services; however, each area provides you with the opportunity to define how this practice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

### What is the purpose of the tool?

The purpose of the physical security document is to clearly describe the features of physical security within your service. The aim of this tool has been defined as the following:

- To act as a standardised tool that can be adapted locally to manage physical security
- To be used as an assessment and compliance tool
- To provide a consistent process of assurance
- To aid training for staff in physical security It is important to note that all staff have a responsibility to ensure the principles of recovery are maintained and a caring and therapeutic environment is promoted, despite the secure nature of the service.

Please click this [link](#) to access the document.



## QNFMHS Carers Working Group



The QNFMHS team are reviewing how we work with our families and friends representatives for the upcoming cycle. Our aim is to increase engagement and interaction with families and friends on the peer-review visits, review our current processes and think of innovative ways to work with family and friends. Utilising the NHSE carer's toolkit and member's knowledge and experience, we are setting up a working group to create an action plan to guide the Network's engagement with carers.

This group will be meeting 2-3 times from October - December, with a potential extension into 2022 to work on Victim Liaison and connecting with HMPPS. We value the work of the family and friends, and our carer representatives and want to make sure we do their work justice.

## Annual Forum 2021

On the 30th September 2021, we held our second virtual QNFMHS Annual Forum event. We had an incredible range of speakers present on some extremely interesting topics such as The Probation Victim Contact Scheme and Digital Innovation during COVID-19. We also had a range of workshop sessions around equality and diversity and improving the quality of care and patient outcomes.

We want to say a massive thank you to all of the presenters who spoke at the event and to all of the attendees. If you would like to provide some feedback on the event, please click this [link](#). Your feedback is highly valued at QNFMHS so we can continue to improve all of our events!

If you were unable to attend on the day you can watch the recordings and view the slides on our Knowledge Hub. The slides and recordings for the day can be accessed [here](#). To request access to Knowledge Hub, please email 'join Knowledge Hub' to [forensics@rcpsych.ac.uk](mailto:forensics@rcpsych.ac.uk).



### Sexual Safety Standards: Context

- ▶ In 2018, CQC found 1,120 sexual safety incidents (out of 60,000 reports) had occurred over a three-month period across NHS trust mental health wards
- ▶ Affecting service users, staff and visitors
- ▶ In 2018, NHS England & NHS Improvement commissioned NCCMH to develop standards and guidance on improving sexual safety in inpatient environments
- ▶ Establishment of national QI Sexual Safety Collaborative
  - ▶ Supports inpatient mental health teams in NHS mental health trusts to embed the standards and achieve improvement in ward sexual safety



# Sustainability Resources

## Websites

[RCPsych Sustainability and working sustainably](#)

[RCPsych resources](#)

[Centre for Sustainable Healthcare](#)

[Green Walking Project](#)

[NHS Forest](#)

[Walking for health](#)

[Nature and Health: Resources](#)

[Sustainable Healthcare Coalition](#)

[WHO guidance for climate resilient and environmentally sustainable health care facilities](#)

[Moving Medicine](#)

## Papers

[Health care's response to climate change: a carbon footprint assessment of the NHS in England](#)  
[Residential green space in childhood is associated with lower risk of psychiatric disorders from adolescence into adulthood](#)

[Wellbeing benefits from natural environments rich in wildlife](#)

[Guidance for commissioners of financially, environmentally, and socially sustainable mental health services](#)

[Social Prescribing - Understanding what works in, and supporting provision of, nature - based therapeutic interventions for people with an identifiable mental illness](#)

[Centre for Sustainable Healthcare Publications](#)

[Towards sustainable healthcare system performance in the 21st century in high-income countries: a protocol for a systematic review of the grey literature](#)

[The environmental footprint of health care: a global assessment](#)

## Apps and Podcasts:

[What would a sustainable health and care system look like?](#)

[Urban Mind](#)

[Connecting with nature to support our mental health](#)

[Collection of Podcasts](#)

['Sustainable health': the podcast](#)

[CodaPodcast: Sustainable Healthcare](#)



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# Knowledgehub

Have you joined the QNFMHS Online Discussion Forum yet?

Joining Knowledge Hub will allow you to:

- Share best practice and quality improvement initiatives
- Seek advice and network with other members
- Share policies, procedures or research papers
- Advertise upcoming events and conferences

We use Knowledge Hub as our main way of communicating with our members, so in order to keep up to date with the Quality Network, ensure you sign up!

Email 'join Knowledge Hub' to [forensics@rcpsych.ac.uk](mailto:forensics@rcpsych.ac.uk)

## Previous Newsletters

If you have enjoyed reading this newsletter, you can click on the images below to access previous edits.

See, Think, Act and 60th special edition



Collaboration



Celebrating diversity and difference



Lessons learned from COVID-19



## Useful Links

### Care Quality Commission

[www.cqc.org.uk](http://www.cqc.org.uk)

### Centre for Mental Health

[www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

### Department of Health

[www.doh.gov.uk](http://www.doh.gov.uk)

### Health and Social Care Advisory Service

[www.hascas.org.uk](http://www.hascas.org.uk)

### Institute of Psychiatry

[www.iop.kcl.ac.uk](http://www.iop.kcl.ac.uk)

### Knowledge Hub

[www.khub.net](http://www.khub.net)

### Ministry of Justice

[www.gov.uk/government/organisations/ministry-of-justice](http://www.gov.uk/government/organisations/ministry-of-justice)

### National Forensic Mental Health R&D Programme

[www.nfmhp.org.uk](http://www.nfmhp.org.uk)

### National Institute for Health and Care Excellence

[www.nice.org.uk](http://www.nice.org.uk)

### NHS England

[www.england.nhs.uk](http://www.england.nhs.uk)

### Offender Health Research Network

[www.ohrn.nhs.uk](http://www.ohrn.nhs.uk)

### Revolving Doors

[www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)

### Royal College of Psychiatrists' College Centre for Quality Improvement

<https://www.rcpsych.ac.uk/improving-care/ccqi>

### Royal College of Psychiatrists' Training

<https://www.rcpsych.ac.uk/training>

### See Think Act (2nd Edition)

<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act>

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### Twitter

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And use [#qnfmhs](https://twitter.com/hashtag/qnfmhs) for up-to-date information

### QNFMS Knowledge Hub Group

[www.khub.net/group/quality-network-for-forensic-mental-health-services-discussion-forum](http://www.khub.net/group/quality-network-for-forensic-mental-health-services-discussion-forum)

### Royal College of Psychiatrists' Centre for Quality for Improvement

21 Prescott Street, London, E1 8BB

[www.qnfmhs.co.uk](http://www.qnfmhs.co.uk)