FORENSIC
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

MSU/LSU Issue 47, October 2020

This Issue

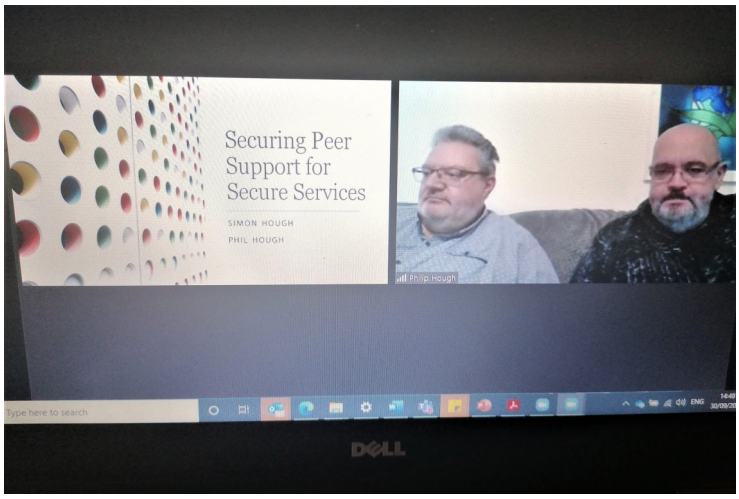
WELCOME

Welcome to the 47th edition of the Newsletter on the theme of lessons learned from COVID. It is wonderful to see how many articles have been submitted to share and support our colleagues.

The updates from the team are mainly about managing the project virtually. We are prepared and ready for our first ever virtual review to be held next week at Trevor Gibbens Unit and are excited to see how it will go! The most notable changes to the review will be no tour of the environment. But apart from that we are hoping to see reviews take place as close as possible to normal. Let the reviews begin!

In more virtual news – we had our first ever virtual all day event last week and am very happy to announce its success. It was the first time we have combined the Low and Medium Secure annual forums for an event that should have taken place in Manchester in June. We had an array of wonderful speakers throughout the day, including a discussion panel on the tough topic of ethical dilemmas faced when a patient does not give consent. We had a debate over surveillance and also got a glimpse of the old building within Broadmoor Hospital! And a powerful webinar and key note presentation on the positive impact of peer support. The audience was engaged and submitted comments and questions throughout the day. A big thank you to all our presenters, and to Jude Deacon, the new advisory group chair for facilitating the day.

A big announcement at the event was about next year's plan to offer feedback meetings to all our members. We want to hear from you about your experiences of being members—what works well and what doesn't. We are going to use this to inform our future practice, so it is vital we hear form you. We will collate the feedback and create a 'task and finish' group to review and think about future plans. We are happy to arrange this at a local service level, or at a trust level. Please get in touch with me to arrange this.



Greater Manchester Mental Health NHS Trust

COVID-19 - Lessons Learnt for the Delivery of the Edenfield Recovery Academy

The Recovery Academy Edenfield Campus (RAEC) at the Adult Forensic Mental Health Service (AFS) (Greater Manchester Mental Health NHS Trust) is primarily designed to deliver recovery learning opportunities and well-being skills for 225 medium and low secure service users (including those in adjoining step-down services) in group-based sessions. The RAEC represents the AFS local hub of Greater Manchester Mental Health NHS trust's larger Recovery Academy provision.

At the start of the COVID crisis and as services began to lockdown, our group-based sessions had to be suspended. The priority was to safeguard the health and well-being of our service users and staff as effectively as possible therefore each ward was being viewed as a separate household and we were unable to accommodate mixed groups of service users from the wards.

The dedicated staff and volunteers in the Recovery Academy had to quickly adapt and support the service to operate an effective lockdown. Therefore, for many weeks the Recovery Academy completely ceased its usual activities.

Once it became clear that the lockdown strategy was effective, the opportunity to implement different ways of working in the "new normal" was being considered. We began to look at ways we could operate while at the same time preserving all contact with service users within their discrete household bubble.

We began to discuss how we could logistically manage service users safely attending the RAEC. It was determined that, to begin with, this was an opportunity to identify a session that offered the least risk to service users with the optimum opportunity to do something from the Recovery Academy programme that had been particularly well attended previously.

The general internet browsing sessions, "CyberZone" had been a popular session for service users and we were aware that many of them were missing the opportunity to use the computers. Access to the internet can provide service users with the opportunity to engage with the virtual world. Service users can engage with a world that they are otherwise restricted from entering freely. People in general take for granted the necessity of using their access to the internet for all aspects of daily living. This is an important experience, skill and resource for our service users to be confident safe and adept at using.

Once we made the decision to reintroduce CyberZone and in line with guidance from the Government and the trust's Infection Prevention Team, we began to look at providing access to service users ward by ward.

In risk assessing the Recovery Academy environment we firstly determined how many service users and staff we could safely accommodate in the IT suite to ensure effective social distance measures. We removed four of the nine service user PCs and seating. We determined that a maximum of two staff in addition to five service users could safely use the IT suite at any one time. We looked at the necessary cleaning and decontamination schedules required to support different ward households visiting the IT suite during any given day.

The initial weekly programme provided sessions for no more that two ward households per day with clear cleaning routines before and after each session.

In consultation with senior colleagues responsible for maintaining a COVID safe service, we set a date to implement the programme.

We were initially unable to offer sessions to all wards; however, after the programme was running for several weeks without any problems, we extended the programme to give access to more ward households per day.

We consider this project has been successful and provided the impetus to do more and offer more safe opportunities during this challenging time. The lessons we have learned are:

- Doing nothing was not an option for either service users or staff.
- Thorough and careful risk assessments

provide a safe framework for re-introduction of activities that support service users' recovery experience.

- Co-operation of service users and staff in maintaining safe routines are crucial.
- Co-ordination with colleagues who deliver other off ward activities to ensure all service users have the opportunity to attend all available activities.
- Being vigilant that all safety routines are adhered to and supported at all times.
- Maintaining good communications, high levels of trust and confidence with all the key stakeholders and addressing any concerns and issues that arise immediately.

Our next steps will be to reintroduce more sessions from our RAEC Prospectus to offer our service users a variety of recovery based interventions.

Kevin Scallon and Michele Morgan, Recovery Academy Team, Edenfield Centre

Pennine Care NHS Foundation Trust

Lessons Learnt From Coronavirus Pandemic

My name is Muhammad Khan, I am 36 and have been at a rehabilitation unit for more than two years. It is a step-down unit with 13 residents. I have had five long admissions on acute wards so doctors decided to admit me onto a rehabilitation unit.

The past two years have gone by quickly and I have learned a lot in my time here. I have learned to cook and budget and have learned different distraction techniques for my voices and compassion focused therapy. My regular symptoms include hearing voices and when I fall ill, paranoia and erratic behaviour.

I am a graduate of English and Politics and was unable to finish my MA in journalism due to falling mentally unwell for the first time. I have always aspired to be a journalist as I love to research and write.

My family originate from Bangladesh, a small but beautiful country in South Asia. It is a relatively new country as it gained independence from Pakistan after a bloody civil war in 1972. My family came to the UK in the mid 80s.

In total I have spent about six years sectioned and detained in acute mental health wards. I have also spent time in a PICU (Psychiatric Intensive Care Unit) on numerous occasions. I have first-hand experience of the mental health service as I have had contact with it for 13 years.

The rehabilitation unit is a safe place where no one will judge you regardless of your past, the nursing team are compassionate and empathise with clients and welcome you from day one. We are expected to follow the rules and are treated with dignity and respect.

Prior to the lockdown life was good as we were encouraged to do different activities such as visiting the mosque or the local community centre. There also used to be a badminton group and trips to the local gym. A few of us would also go to the cinema once a month.

I am very close to my family and used to stay at my parents house every weekend. My parents are elderly so I loved to see them regularly. I have three sisters and five brothers. We are a very close knit family and they have supported me through hard times. They helped me financially and emotionally by visiting me when I was detained and always being there for me.

The only restriction on the ward was the need to be signed out by a nurse and as long as permission was granted by the doctor we were allowed to go anywhere. Whether to go to the takeaway or the town centre or to the cinema.

I have been attending psychology sessions for more than a year and can honestly say I have learned so much. I particularly benefitted from mindfulness techniques which help me to focus my thoughts and ground myself. The ward psychologist has motivated me to write.

We have a great Occupational Therapist who involves the clients in what interests them most. She has helped me a lot, not just with different activities but with my passion for writing too. Things have changed a lot since the lockdown started nearly four months ago and life on the unit has become harder. Leave has been restricted to one hour a day and many activities have stopped. Unfortunately, my GCSE exams were cancelled and staff are now having to wear Protective Personal Equipment at all times.

The hardest thing is not being able to go home to see my family. Visitors aren't allowed on the ward yet, but we can use Skype and Facetime to keep in touch with friends and family. Something is better than nothing. We can go out every day for a walk in the nearby park with staff and have access to the large garden at the front of the unit.

I have always enjoyed writing, so have used my free time to fulfil my dream and have written a novel. It is called The Fire Mage and is a fantasy story about a bullied child who grows up to become a great magician. Also I have written articles which have been published and have started a blog about mental health in BAME communities.

Over the past few months the greatest lesson I have learned is gratitude for the smallest thing such as being able to see family freely. I have also learned to empathise with the less well off. I have learned the importance of being positive in desperate situations. If you can't be positive for yourself, be positive for others.

I also appreciate the most basic amenities such as shelter, three meals a day and sanitisation. Something that millions of people all over the world do not have, for example the Rohingya people in Bangladesh or refugees from the Syrian war.

I have learned to take life one day at a time and how having faith is an anchor in difficult situations. I have witnessed the resilience of the human spirit and how adversity gives you a chance to grow and become a better person.

Muhammad Khan, Patient, Heathfield House

Follow Muhammad's blog inmywords.co.uk

Over the past 13 years I have spent more than six years in hospital. As a member of the BAME community I want to share my experience with the mental health service, and to fight against stigma around mental illness in these communities. I am making the hard decision to tell my story so others are empowered to do the same.

South London and Maudsley NHS Foundation Trust

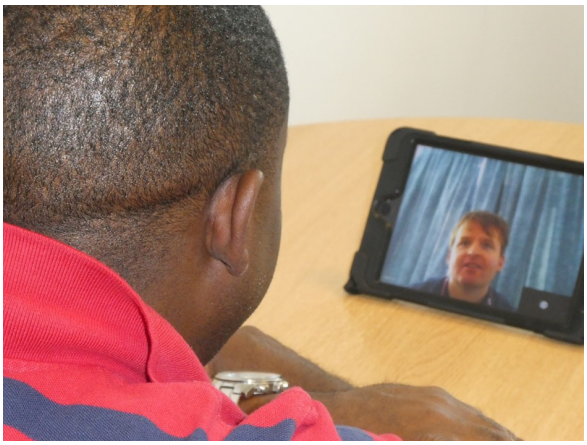
Secure Virtual Therapy during COVID-19

In the wake of the coronavirus outbreak, it became essential to reduce footfall onto the wards at River House MSU, Bethlem Royal Hospital. Psychologists were asked to investigate alternatives to face-to-face contact and try to engage remotely using digital equipment in the first instance. However, Information Governance (IG) and security requirements do not allow forensic inpatients access to open Wi-Fi or smartphones and any use of technology with controlled internet access requires nursing observation as the ward iPads contained confidential information.

We wanted a way to have a secure therapeutic space for patients, whilst meeting MSU security requirements. Continuity of care is particularly important in forensic settings given the role that offence focused work plays in risk reduction, MOJ applications and considerations for Section 17 leave. We also wanted to address the additional needs brought about by the pandemic, such as increased anxiety, concern about patients' health, the health of loved ones and bereavement.

To achieve virtual therapy securely, a protocol had to be developed which would allow patients to access the iPad unobserved by staff. The British Psychological Society and SLaM both released guidelines for the remote delivery of psychological interventions through digital platforms. This provided the foundation but did not address the security issues specific to a forensic environment. The innovation was the use of Guided Access. This is an inbuilt function of the iPad which operates like a Kiosk App, using a passcode to allow access only to a designated area, in this case a Microsoft Teams video call. Using Guided Access, all other functionality is made inaccessible until the passcode is re-entered by staff on completion of the session, thus preventing an IG or security breach.

In practice, a member of the ward staff receives an MS Teams call from the psychologist, and then locks the device using Guided Access. The iPad is then given to the patient, who can see the call but nothing else. When the session is finished, the patient brings the iPad back to the nurse, who can then re-enter the passcode, unlocking the device, and finish the call. This also allows for a brief handover from the psychologist to the ward staff.



We consulted with colleagues from IT, IG (including the Caldicott Guardian's office) and the security team at River House to develop the protocol. In discussion with the Trust IT and IG teams, our ideas were well received, and we were asked to develop a video and share the learning across the Trust. We were also invited to present the work to the SLaM Leadership Forum and wrote a case study for NHSE.

Prior to approval, we maintained patient contact via phone. Virtual therapies began in May, and after two months, we conducted an evaluation. Feedback from patients has been positive, with most reporting overall satisfaction with virtual therapies. Most reported that they've been able to maintain a therapeutic relationship with their therapist, feeling comfortable to do so virtually with a positive impact on wellbeing (see Fig 1). In terms of continuity of care, many patients reported being pleased they 'still get to carry on with the work'. In practical terms, this has allowed teams to apply for Section 17 leave and moves to lower levels of security. Some patients have been discharged to the community whilst maintaining contact with their psychologist via virtual technology. Although some patients expressed a preference for face to face work, many reported that it was still "good to see each other's facial expressions". This appeared to be particularly important for more paranoid patients who sometimes struggled to trust phone calls. However, for some patients, mental state factors did remain an issue and engagement was

difficult to establish and maintain.

Feedback from ward staff has also largely been positive. Many were unfamiliar with the use of tablets and Guided Access, and so training was offered in conjunction with an instructional video. Despite the learning curve, after two months, nursing staff reported that setting it up was "relatively easy". Nurses also stated that "continued engagement [with patients] during the pandemic has been very useful" and that it gave them a sense of connectedness with the psychologist. There were some practical challenges, such as coordination between psychologists and ward staff, and around room booking and diary clashes. Despite these initial hurdles, the use of Virtual Therapy has now been integrated into the normal operation of the wards. This rapid transition demonstrates the adaptability and flexibility of both staff and the service in a time of crisis.

Conclusion

The main learning point from this exercise has been that a digital solution has made it possible to maintain psychological therapies through a global pandemic, even with additional security considerations for forensic services. Currently, we are considering the use of iPads and Guided Access to conduct group therapies and interventions, including family work.

Going forward, a more thorough evaluation of the outcomes of Virtual Therapy will be conducted and the potential for its usefulness and effectiveness in forensic services post COVID-19 will be examined.

There will always be a need for face-to-face contact and that mode cannot be replaced. However, it can only be a good thing to add virtual means of contact as part of a mixed economy going forward, offering choice and flexibility to our patients.

Dr Ken Murphy, Principal Clinical Psychologist and Forensic Psychotherapist, Isaac Sunday Oyekan, Deputy Forensic Security Lead, and James Clarke, Assistant Psychologist, River House MSU, Bethlem Royal Hospital

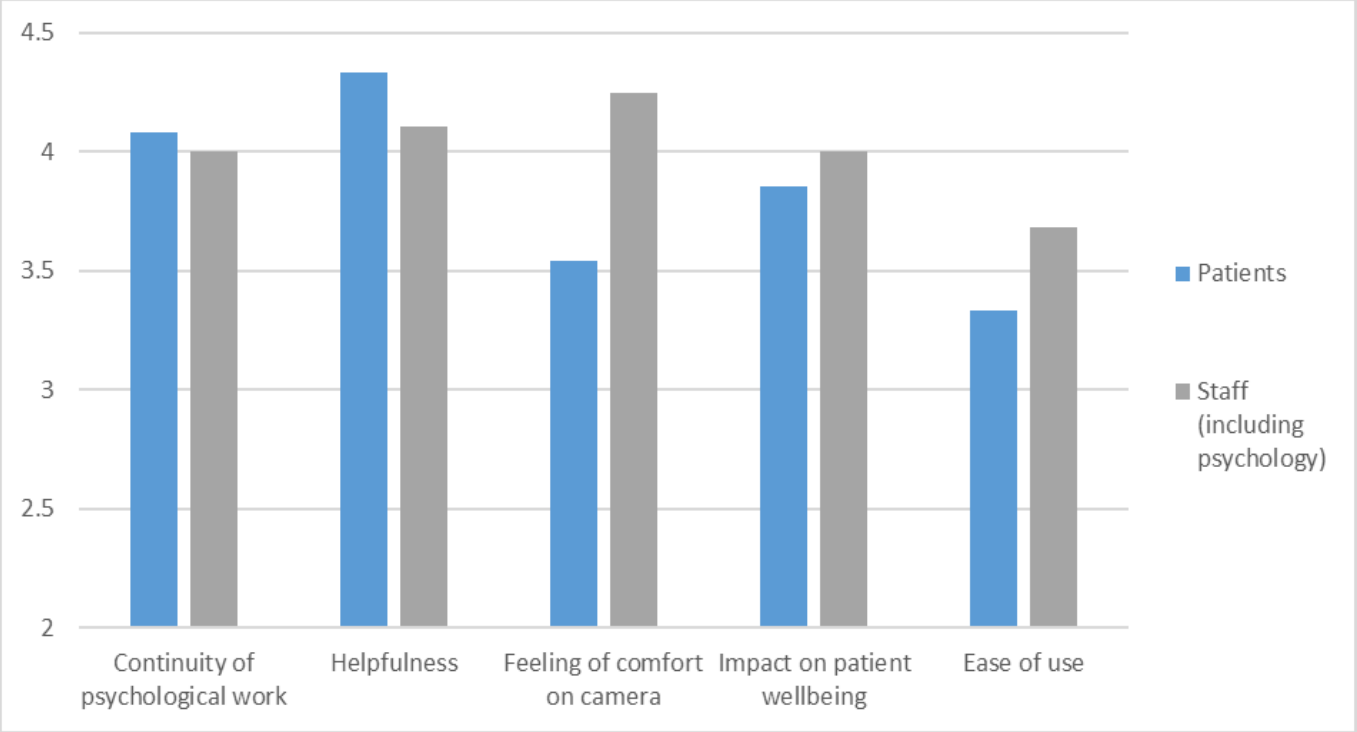


Fig 1. Impact of Virtual Therapies during COVID-19

Greater Manchester Mental Health NHS Trust

Adapting Gym Sessions in a Secure Setting During the COVID-19 Pandemic

As a result of the impact of COVID-19 in March 2020 all gym and sports hall activities at the Edenfield Centre Adult Forensic Mental Health Service had to close. At the beginning of June 2020, as part of the recovery phase of managing the service during the pandemic, we were tasked by the service manager to consider the feasibility of reopening gym facilities at the Edenfield Centre.

After initial discussions, we settled on two options. The first option was to reopen the existing gym and the second option was to relocate all of our fitness equipment to our Sports Hall. The former option offered a potentially speedier reopening but we would have had to significantly limit numbers using the facility and also limit access to almost half of the equipment in order to maintain social distancing within the environment. The option of relocation to the Sports Hall offered us the ability to increase numbers attending and also to make all 18 pieces of equipment available for use without compromising on social distancing due to its larger floor area. It was also agreed that the Sports Hall offered better ventilation due to the height of the ceiling and its numerous openable windows and would therefore provide a safer environment for our service users and staff.

After careful consideration of the aforementioned reasons, it was decided that relocation to the Sports Hall was the preferred option despite presenting a significantly greater logistical challenge and financial expense.

Given the nature of our equipment, we had to plan the move with an external contractor who specialised in moving gym equipment. With social distancing always at the forefront of planning, careful consideration was given to the placement of equipment. In the end we were able to achieve a distance greater than two meters between each gym user when pieces of equipment would be in use.

It is also worth mentioning that whilst we were waiting for our equipment to be moved and government guidance to be issued, we made arrangements for all our service users to have access to structured outdoor sessions in the form of “Boot Camp” style groups whilst indoor exercise was unavailable.

Throughout the process we liaised closely with the Trust Infection Prevention Team in addition to Housekeeping and a COVID-19 risk assessment was carried out for the area. By working collaboratively, potential risks were highlighted and modifications to the environment were carried out in order make it COVID safe and secure.

Examples of additional modifications we had to make were establishing maximum occupancy numbers, single ward use only, increasing relevant signage, and implementing an enhanced cleaning schedule.

After paying attention to all the issues in a timely fashion, we reached the point that by the time Trust guidance on reopening gym facilities was issued, we had the majority of requirements already in place and could open safely and successfully in line with all guidance documentation.

This has been received very positively by our service users and feels like a little bit of normality has returned to their day to day structure.

James Ryan, Sports and Recreation Coordinator, Edenfield Centre

Pennine Care NHS Foundation Trust

How COVID-19 Restrictions Impacted on the Personal Experience of Service Users and Carers

The current COVID-19 pandemic has had, and continues to have, an unprecedented impact on mental health service delivery. The Rehabilitation and High Support Directorate (RHSD) has 11 units. In recent months all have had to adapt to continue to deliver safe and effective care in line with government and trust guidance and increased restrictions. This has understandably been a challenging time and staff, service users and carers have had to be creative to minimise some of the impact on service delivery.

The restrictions in place, in particular, impacted on visitors accessing the units and this has resulted in long periods of separation between loved ones. It was evident that in recent months, with so much change, there would be a lot for RHSD to learn from. We were eager to really understand what the challenges of COVID-19 have been for service users and carers. We also recognised that with change often comes new ways of working that may actually improve future service delivery and were keen to hear of any positive experiences.

To enable us to increase our understanding and learn from the changes, questionnaires for service users and carers were developed. The two questionnaires were co-produced with service users within RHSD. These questionnaires were then circulated to and shared with all 11 units. Clinical teams on each unit were asked to promote and share these questionnaires with service users and carers. Following a period of five weeks, completed questionnaires were gathered and feedback collated.

We received very open and honest feedback from both service users and carers and it provided a real insight into how the lockdown and associated restrictions had impacted on daily life. From reading over the feedback, it was apparent that whilst everyone had experienced very personal challenges, there were some common difficulties experienced by all. For service users, common challenges included staff wearing Personal Protective Equipment and the impact of this on daily interactions and communication in therapy groups and activities. Restrictions impacting on valued and meaningful Section 17 leave and activities, on relationships and seeing loved ones face to face and on access to valued roles and responsibilities.

Despite these difficulties, service users were really positive in their feedback about what supported them to manage or overcome these. Service users spoke of staff being supportive, caring and offering reassurance. They also identified that more valued activities and therapeutic groups being made available on the unit helped with the loss of accessing those in the community and provided greater structure and reduced boredom. During a very hot day, one unit facilitated an ice cream stall for all to enjoy, this act of kindness and piece of normality during an unsettling time was appreciated by all. An increased sense of community on the unit by doing more activities together and a real sense ‘of we are in this together’ was also identified. It was also brilliant to hear that service users used a variety of coping skills and felt that they developed skills including patience, resilience and use of technology.

Technology was highlighted as supportive. Use of Skype/Facetime supported individuals to stay in contact with loved ones. Video conferencing platforms were also used to support individuals to engage with valued roles and responsibilities. Examples included virtually running a health and wellbeing college course as an expert with lived experience and attending the RHSD patient council meeting in the role of patient representative.

The feedback from carers also highlighted key challenges. These included loneliness, not being able to see loved ones face to face and concerns that loved ones could test positive. The carers who responded reported that they felt staff in RHSD had managed the situation well and supported them and their loved ones. They identified the support to maintain contact creatively as one of the most important things that helped make the situation more manageable.

It was really important to hear that despite the challenging time, service users and carers found changes made within the directorate as

supportive. To continue to improve the service, we are now looking at maintaining more activities on the units, using more technology to support creative and flexible ways of working and reviewing outdoor space and options available to support socially distanced visits during adverse weather. The Trust is also exploring the use of transparent face masks to help improve communication.

Harriet Smith, Transformation Lead, Rehabilitation and High Support Directorate

Hertfordshire Partnership University NHS Foundation Trust

Broadland Clinic Adapting to COVID-19 - An Interview

The Broadland Clinic Medium Secure service is an intellectual disability inpatient unit in Norfolk. Occupational Therapist, Vicki Malcolm, was interviewed by a patient, OG, about the changes to practice which had to be made due to COVID-19.

OG – Hey Vicki, can you explain for us and our readers what has been changed at the Wherries activity centre during the lockdown?

Vicki – Of course! To start with we adjusted the timetables to ensure that the wards can be kept separate, to reduce risk of transmission, everyone already noticed that we are now wearing PPE and we have even tried to change the types of activities we run to ensure less contact between everybody. We also introduced a cashless patient shop, so that we could reduce the risk of transmission but still run our popular "Galley Shop" each week.

OG – Is there anything new in particular you think has been good?

Vicki – Well as we had to stop all the family visits and most leave, we thought we would try and be outside as much as we could so we have planned picnics in the garden as well as a nature trail in the woods which everyone has seemed to enjoy.

OG – How do you think the patients have reacted to all these changes?

Vicki – Everyone has been excellent during this time! Everyone seems to have really adapted to the changes very well and we are very proud of the resiliency you have all shown.

OG – In many ways some of the changes have made the days quieter and more manageable and slower paced. Can you let our readers know if there have been changes on the wards?

Vicki – Sure! The most notable change was that we closed down one of the wards to create a quarantine unit if we need to use it; this meant some of the patients moving around wards, which again they dealt with very well. We have also moved around eating arrangements so there are two sittings to ensure safe social distancing is being followed.

OG – Have meetings changed at all?

Vicki – Yeah, we have been using Microsoft Teams video calls for most of our meetings which has turned out to be a great way of including more professionals in those meetings who may not have been able to attend previously.

OG – How have staff been finding this time?

Vicki - Staff have been working very hard as it has been a very difficult time, many have been worried about their families and it has been stressful for everyone in many ways. However, it has felt like one giant test, a test which we are going to pass when we reach the other side. The staff have really appreciated all the support from the public and the patients here, especially the excellent claps! We also benefitted from a "Wingman Lounge" which was a new staff lounge which was staffed by furloughed pilots and flight crews from major airlines.

OG – Is there anything that has changed that we could continue doing afterwards? Some of us would like Skype to stay for video calling our families!

Vicki – Definitely there is quite a few lessons to be learned from the way in which the hospital has been operating, we will most likely keep much of the excellent hand hygiene in place as well as using Teams and video calls to further develop meeting capabilities. Introducing Skype calls for patients to speak to their families has been another change and another success. Patients were pleased to be able to see their families houses and even their pets through Skype.

OG – Thank you very much for speaking to me today and I am sure everyone will enjoy reading what went on.

Vicki – Thank you!

Vicki Malcolm, Occupational Therapist, and OG, Patient, Broadland Clinic

Birmingham and Solihull Mental Health NHS Foundation Trust

Inequalities in Women's Secure Mental Health Services

What are inequalities?

Many service users have experienced disadvantages based on characteristics they possess, referred to as inequalities, which have significantly influenced their opportunities in life. An inequality is the difference in social status, wealth, or opportunity between people or groups (Collins dictionary, 2020).

Inequalities persist throughout life. They begin before birth and proceed into adulthood, having an adverse effect on mental and physical health. This has been highlighted by research into COVID-19, demonstrating the increased risk for ethnic minorities and those living in disadvantaged areas (Raleigh, 2020).

Unequal treatment in health results from inequalities in society, including factors such as birthplace, place of employment and age (Fair society, healthy lives, 2010). Other determinants of health include; social position, education and marital status. This relates to the protected characteristics displayed in figure one, which are aspects of identity that are protected by law from different types of discrimination.

Age: Significant inequalities in self-rated health were found to be strongly associated to age (Alexopoulos & Geitona, 2009).

Religion or faith: Individuals who reported that they had experienced religious discrimination, had increased prevalence of mental health difficulties (Jordanova, Crawford, McManus, Bebbington & Brugha, 2015).

Gender reassignment: Transgender people are more likely to experience health inequalities in relation to premature mortality. A higher prevalence of suicide attempts, smoking, alcohol use, substance use, and lower uptake of screening programmes were also found (Williams, Varney, Fish, Durr & Elan-Cane, 2010).

Sex: Men are twice more likely than women to develop alcohol dependence (World Health Organisation, 2020).
Women are twice as likely as men to report experiences of mental health difficulties (Yu, 2018).

Pregnancy and maternity: Deprivation and ethnicity are associated with stillbirth and neonatal deaths (Centre for Maternal and Child Enquiries, 2014).

Disability: Research suggests that individuals with a disability are twice more likely to experience mental health problems than the general population (Cooper et al., 2007; Emerson & Hatton, 2007; NICE, 2016). Reasons include genetics, vulnerability to negative life experiences, fewer resources to access coping skills and the impact of society, including discrimination (Mencap, 2020).

Sexual orientation: Research suggests that health inequalities exist for lesbian and bisexual women (McNair, 2003). This can result in avoidance of routine check-ups which can have a significant detrimental impact on wellbeing.

Marriage and civil partnership: For men and women, the prevalence of non-psychotic disorders is lowest for those who were married and highest for those who are divorced or separated (Meltzer, Gill, Petticrew and Hinds, 1995).

Race: Those from Black, Asian and ethnic minority communities experience disadvantages from all aspects of society (Royal College of psychiatrists, 2018). This includes barriers to accessing relevant support for mental health needs, significantly impacting on wellbeing (Arday, 2018).

Figure one: Protected characteristics.

<u>Secure healthcare and inequalities</u>

Service users in secure healthcare experience complex challenges as a result of inequalities, such as stigma and discrimination. This can lead to additional adverse experiences whilst receiving care from national health services.

Therapists working in a culturally sensitive manner aim to understand how culture contributes to the meaning of an individuals' story. Research has found that showing willingness to understand culture and inequalities enhanced the therapeutic relationship (Siegel, Haugland, Reid-Rose & Hopper, 2011).

The Ardenleigh inequalities project

Understanding how to respond to inequalities helps to shape existing services so that they are more accessible to those in need. Evidence demonstrates that inequalities in mental health can be worsened by poor service provision (Elliott, 2009).

To address inequalities, information was gathered from service users and their care records, to explore and collaboratively plan how to overcome barriers that service users had experienced.

The findings demonstrated that service users often reported that they had not experienced any inequalities. This may be due to a lack of understanding, unreliable questions or due to how safe they felt about sharing their experiences. Service users were, however, able to reflect more broadly on their experience of being able to achieve the goals they had hoped to in life. Many service users considered their mental health needs to be a disability, resulting in difficulties in getting a job or receiving adequate support.

Service users also reflected on barriers they have faced related to factors such as: disabilities, religion or faith, substance use, material inequality, poor housing, lack of employment, living in care and experience of violence.

Service users offered numerous suggestions on how to address inequalities in the service, including access to employment opportunities and facilities to practice their religion or faith.

How we are addressing inequalities at Ardenleigh

Service users in the women's secure blended service at Ardenleigh are invited to attend a weekly culture club. This provides the opportunity to collaboratively share experiences related to their identities, whilst learning about other cultural factors.

A working group has been developed to set up an employment service at Ardenleigh. Working has a significant impact on wellbeing and social status, offering rewards in addition to income such as socialisation, skills building and a sense of personal achievement (Sheperd, 1989).

Religious, faith and spiritual beliefs are important coping strategies for many people experiencing distress. Studies have found that service users who have participated in religious workshops demonstrated a reduction in their mental health difficulties (Griffith, Mahy & Young, 1986). Service users at Ardenleigh have access to a spirituality room, where they are able to arrange visits from members of different religions, faiths and spiritual backgrounds.

To continue to understand the inequalities that service users have experienced, peer support workers will develop focus groups to promote a safe space to develop awareness and encourage reflections on individual experiences.

Finally, the project will be extended to the staffing group, to explore how the service supports their individual needs and addresses the discrimination they may have experienced.

Eryn Mann, Specialist Psychological Practitioner, Supervised by Dr Kate Harris, Consultant Clinical Psychologist, Ardenleigh

Peer reviewer training

We have amended our reviewer training package to cover the process of virtual reviews and the responsibilities of peer-reviewers. We have condensed the session to 1-hour and these will be delivered on MS Teams. The following training sessions are:

- 13 January 2021 (10:00—11:00)
- 21 January 2021 (14:00—15:00)

If you are interested in attending, please complete this booking form. Dates for 2021 sessions will be available later in the year. Keep an eye on our website for more information.

South West London and St George's Mental Health NHS Trust

The Positive Changes Being Made Following the COVID-19 Outbreak

For the last six months the main topic of conversation has been COVID-19, and rightly so, as these difficult times have landed upon us all quite suddenly and unpredictably. This pandemic has affected every single one of us in our personal lives and in our work lives. The difficulties and trauma of this pandemic have been much discussed but there are some positives and important learning points that we have seen in our Forensic Mental Health Services in South West London & St George's Mental Health NHS Trust.

At the beginning of the pandemic services were put under gold, silver and bronze command where services needed to act quickly, and new ways of working were implemented and were ever changing. As a service this was difficult, we have always strived to work in the least restrictive way; however, the pandemic, the government and our own anxieties meant that many new restrictions were the way forward for the foreseeable future. This was difficult.

Prior to the pandemic, the therapy department in the forensic services worked centrally in the Pan Clinic (centralised therapy hub) as well as on the wards. The Pan Clinic was a place where patients would come from the ward, if their zoning and risk assessment allowed, and engaged in activities, therapeutic work and see patients from other forensic wards. Activity support workers are allocated per ward but also worked across the wards and centrally too. However, once the pandemic hit, this way of working completely changed and staff were allocated one ward to work on and were unable to cross onto other wards apart from in an emergency. Due to the use of the centralised therapy, Pan Clinic was shut down, the gym was also shut and the therapy department office was used only by staff from the same ward at a time and were allocated shifts of using that office space. Desktops were changed to laptops and docking stations, reduced numbers in the office as well as remote meetings and social distancing were all introduced.

Precautionary measures such as social distancing and introducing COVID secure workplaces led to staff needing to work differently and creatively. Some therapeutic groups and sessions were introduced on a remote basis. Technology has come into its own during this pandemic, although nothing can replace face to face conversations and contact, it has enabled activities, meetings and sessions to continue and enabled connectivity to be maintained during a very isolating time.

All of these new measures meant a big change in the ways of working and this meant having a lot more ward based activities, using the outdoor spaces more and having a lot more presence on the wards. Very quickly the impact of having the staff based on the wards was appreciated by other staff and the multidisciplinary team, and the feedback was extremely grateful. Not only from a staff point of view but also from patients the feedback was positive, a feeling of staff being present and coming towards the crisis instead of stepping back and away from the patients. However, the feeling of 'mucking in' slowly drifted into a loss of identity and loss of role and, following the initial crisis, it was important to reevaluate and reinstate role specific activities, groups, assessments and interventions for therapy staff.

The exercise therapists being present on wards showed a 200% increase in engagement in physical activity from patients. This was just one example of increased engagement that was shown through statistical data. However, there was a definite shift and increase in engagement across the board. Having staff always on the ward and also being able to have activities on the ward available to all levels of ability, all levels of risk and motivation meant that explorer level patients were engaging a lot more in activities than prior to the pandemic and the new way of working. A patient mentioned "We enjoy having the OT staff based on the ward, there is more going on and we have more time to do 1:1 sessions". Ward based staff meant that there were higher levels of flexibility and patient centered work, instead of having a structured group off the ward in the central hub where patients agree to come, have to be signed out of the ward and commit to that activity. Being on the ward meant activities could be graded according to the ward and that patients were more engaged in what they wanted to do, if there was a consensus that a lot of patients wanted to play table tennis opposed to doing an art group, this could be facilitated. These

factors all led to an increased engagement in therapeutic activity and strengthened rapport and therapeutic relationships. One patient commented “The session was inclusive of everyone, nobody was left out” showing that anyone could participate and be part of therapeutic activities.

An important point to mention is that during lockdown there was a decrease in incidents on the ward, this correlates to the increased ward based activities and staff engagement which is an important positive outcome. One patient explained “I have been engaging more with the OT and activity worker, and the sessions have been amazing. I think this has made me feel more settled”. There was an expectation that there would be increased anxiety, frustration, fear and confusion and so the staff prepared for more incidents and heightened emotion. This would have been completely understandable as many people felt these emotions daily regardless of if you are a patient, staff or loved one. It was extremely rewarding and helpful to note that incidents did not increase during these months and this may have been down to a number of different factors.

Something that was able to be adapted was Café Connect. The Café is a space in Pan Clinic where patients take up vocational roles such as being a cleaner or barista to help them progress towards careers and build skills. However, as in the community, the Café had to shut. The staff ensured patients could still access items to purchase through a ward by ward Mobile Café. One patient’s feedback on this was “I am happy we have mobile Café Connect, because we can still buy the snacks and things we need like toothpaste and shower gel”. The purpose of the Pan Clinic and Café is to enable patients to progress to a therapeutic space once appropriate zoning was determined, engagement was increasing and risk was manageable. This is still the case; however, due to the Pan Clinic being shut, there has not been a space to use for progression and for increased exposure to sharps or tools and vocational activities. This is something that is continuing to be worked upon; however, there is now a new emphasis on thorough engagement at an explorer level on the wards and graded engagement and activities working towards access to the pan clinic. This re-emphasis on progression and the journey through these stages will be invaluable when reopening the pan clinic areas.

There is still work to do in order to reopen Café Connect, the Pan Clinic and to progress towards mixing wards again in future. The lessons learnt throughout have been invaluable and will now shape and reconfigure the way the therapy department works and continues to develop and adapt.

Overall, this pandemic has been challenging and stressful but six months in and it has given us time to step back, re-evaluate the way we work and make a difference and make a change for the benefit of the patients and the service. It has allowed us to ensure our care and engagement is patient centered and always adaptable and flexible, ensuring activities are graded to help increase participation in meaningful and therapeutic activities. It has strengthened bonds with staff and has developed new and different ways of working. The things that have been learnt, the changes that have been made and the emotional response that has come from this pandemic are long lasting. There of course have been negatives, heartache and challenges but hopefully this article has also shown a snippet of some positives and progression that has come out of this difficult time. If this pandemic has shown anything it has shown teamwork and ongoing adaptability within our services.

Emma Rudduck, Interim Lead Occupational Therapist for Forensic Services, Shaftesbury Clinic

QNFMHS Open Discussion Summaries

We have held open discussion forums for services. Below is a summary of the themes of each discussion. The full summaries can be found in the forum section of our Knowledge Hub.

Restoration and Recovery - 16 June 2020

What is the current situation with COVID-19 in services?
Most services have fewer cases and restrictions are easing.

Key challenges
The main challenges for services were discussed. These included increase in incidents, the limitations of staff wearing facemasks and adhering to government restrictions.

Use of technology
It was reported that COVID-19 has allowed services to develop technology use.

Easing restrictions
Following the government guidance, some services have been slowly easing out of lockdown. Many staff are returning to work, leave is being gradually reintroduced.

Carer experiences
Patients are starting to receive visits with family on the grounds. The increase in opportunities to contact their loved ones via mobiles on the wards has been positive for carers.

Staff support and wellbeing
Services are continuing to check in on staff. There are anxieties around a second wave happening and concerns around the wellbeing of ward managers.

Least Restrictive Practice - 13 July 2020

What is the current situation with COVID-19 in services?
Most services are beginning to ease restrictive lockdown measures. Many patients have struggles with these. In all services staff have adapted the way they work e.g. face coverings, good hygiene.

Service perspectives and actions
There was a discussion around what different services are doing. E.g. easing restrictions, reviewing restrictive practices, hygiene and infection prevention.

Positive outcomes
The improvement in use of technology has been a big positive for services. There has also been a strong focus on physical health.

Communication
The importance of communication to patients and cares during lockdown was highlighted. Services discussed how they have been addressing this.

Carer Experiences
There has been mixed experiences for carers during the pandemic, not all have seen the restrictions reduced for their loves ones.

S17 leave
Facilitating leave has been a big challenge. There was a discussion around what different services have been doing.

Staff and Patient Safety and Wellbeing - 30 June 2020

Communication
There was a discussion around MDT support to nursing staff and challenges with communication,

Use of technology
The use of Microsoft Teams was reported as being helpful. Virtual ward rounds have gone well and feel more productive for services. There have been challenges with the introduction of technology, including patient access.

Easing restrictions
Some wards have designated occupational therapists. However, others activities initially dropped during lockdown. There are plans for some service to increase psychology programmes on the wards.

Lessons learned
Staff expressed that they would have liked to see more senior staff members visible and more present on wards.

Use of Technology - 24 August 2020

Has technology in services improved as a result of Covid-19?
Increased tablets, laptops and computers provided for patients as well as updating internet networks.

Impact on friends and family visits
Patients have spoken to friends and family on a more ad hoc basis allowing patients to see into the homes of their loved ones, see their pets and also to keep in contact with those who live far away and may usually not speak to as regularly. Patients have the ability to see more loved ones at once as multiple people can join one call. Nevertheless, there are patients who would prefer to see their family and friends in person and some family and friends may not be able to use the technology to communicate with their loved ones, and contact has reduced.

Patient access
In some cases patients can use their own devices with certain functions disabled (e.g. camera and audio). Issues have been found with monitoring internet use, and whether this can be done by staff or through a third party. In some services, there were huge barriers to patient access to technology, such as security concerns and limited IT department input.

Which platform?
New telecommunications software introduced, such as Zoom, Microsoft Teams, One Consultation and Visionable.

Is the new technology here to stay?
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. In the past, services found communication with prisons difficult, but are hopeful that new technology such as Visionable will improve this. However, hybrid meetings do not always work well, and having some people in the meeting in person, and others virtually can cause problems.

Managing risk, patient pathways and lessons learned following COVID-19 - 10 September 2020

Leave and discharge pathways
Most services reported that the majority of leave has now been reinstated. Issues with 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.

Incidents
Some services reported a reduction in incidents on the wards. It was thought that this could be due to the improved staff relationships, concerns regarding being restrained or the increase in activities on offer.

Collaboration
Difficult to be collaborative in the initial stages of the lockdown as there is a duty of care to follow the rules, even if patients were not happy to comply. One service adapted the guidelines to improve patients understanding for the rules which felt more collaborative. For some services, the situation had led to better collaboration and closer relationships with staff and patients. For example, one service worked with patients to create communication summaries for each patient to support agency staff who did not know them well. Other services spoke about COVID care plans, getting feedback from patients about their experiences and increasing in activities that both patients and staff can join.

Technology
The increase in technology use has been a positive change. Patients are able to contact their family and friends easily and more frequently than before lockdown. There has been an increase in the programmes that enable patients to virtually see family and friends in a safe way. In addition, staff reported seeing an improvement in the attendance of patients referred from the community due to them being conducted via the telephone.

QNFMHS Open Discussion Feedback

Below is the feedback received from some of those who attended the recent Open Discussion sessions held by the Network.

The session was relevant given the current events happening and was useful to hear other services with the similar problems.

We need many more of these. And many more should attend. Very, very worthwhile.

It was reassuring to hear that services are struggling with similar challenges.

The discussion forum was interesting in knowing what other services have implemented during the pandemic and how everyone has been adapting their ways of working with service users during this time.

It was really helpful to be able to discuss what is happening on a National level rather than just locally. Was particularly helpful to have the views and comments of service user and carer representatives.

I enjoyed the session and found a lot of the information very useful.

I found it interesting learning from the carers.

I found it interesting to hear how staff had not felt as well supported as I imagined.

It was reassuring to know that we have all adapted our practices as best we can to support patients through COVID.

It was a relaxed opportunity to share good practice and hear what others had been doing. I think it was really helpful to have the briefing beforehand to remind people that it was a discussion session.

Priory Healthcare Group

Lessons Learnt from COVID-19 at Priory Kemple View

'Tough situations build strong people. Stay positive, stay focused, stay strong, be kind to one another'.

Since the unexpected and unprecedented COVID-19 pandemic started in March we recognised that patients and their families were, not surprisingly, experiencing higher levels of negative emotions such as stress, fear and apprehension. Usual routines were disrupted, and restrictions to leave and community-based activities were implemented due to government guidelines. As a site we had to be responsive in order to keep the same level of patient engagement and activity that we had always managed to achieve.

We began by trying to remedy the loss of several off-site activities by creating similar hospital based activities instead. Further in-house vocational jobs were created, and the stock within the patient's shop was increased to provide a selection of different items (fortunately toilet paper was already provided!). Patients previously enjoyed attending off-site recovery cafés to prepare food and socialise, so as an alternative they were offered an evening off-ward to cook a meal, relax and watch a film with peers. This proved to be so popular that the sessions had to be increased from once to twice weekly.

In order to maintain motivation for our patients in the wake of having to spend prolonged periods on the ward, the Occupational Therapy (OT) timetable was revised to facilitate activities whilst adhering to social distancing measures. Additional quizzes, puzzles and activities were provided on all wards and access to the grounds and horticultural area remained available to patients.

It was important as a hospital to utilise a multi-disciplinary approach to support our patients and staff. Our therapies team developed "Living Well Together During COVID-19" sessions in which patients and staff created their own survival guide which included:

- Laughter
- Mindfulness
- Respect
- Safety
- Exercise

The patients ended with the following motivational statement: 'Tough situations build strong people. Stay positive, stay focused, stay strong, be kind to one another'.

There was a drive to improve the IT capabilities around the site and 'Zoom' took a brand new meaning and became the communication tool of choice, allowing training, access to external professionals and encouraged input from patients for CPAs and discharge meetings. One patient presented a Zoom call for this month's staff induction and said "I'm actually relishing the prospect of doing it again. It was nice to feel needed and required". For some patients it was apparent that behind the screen was actually more comfortable than face to face. Service user council meetings and the physical health and wellbeing meetings, both always very well attended by patient reps, continued virtually via Zoom. Skype or video calls were also facilitated to ensure that patients were able to maintain contact with their families until visiting was able to be restarted.

Both staff and patients were required to be imaginative in how they accessed physical activity safely, and the recovery and OT team created bespoke sessions for individual wards to engage in. As the on-site gym was not able to be used for a period of time, staff attended virtual online training to learn about an exercise routine called a 'cell workout'. This was designed to guide people through workouts using nothing but their bodyweight and was a great resource when the gym equipment could not be used.

On-ward boot camp style sessions were facilitated in the gardens, and basketball and football sessions were managed creatively to ensure social distancing measures. The dietician attended the site fortnightly to offer increased and individualised support to patients regarding eating habits. Menus were revised and healthier diet plans were developed in collaboration with

patients to encourage them to remain motivated to eat well.

Kemple View's working well team have also had to adapt to the changes. The big events celebrating team work have had to be replaced with an increase of competition based activities. Along with weekly prize draws and free raffles, these have reminded staff how valued they are, and how flexible and helpful they have been throughout this period.

As the 'lockdown' restrictions started to be amended and then lessen, further challenges were observed in relation to the changing world, or the 'new norm' that had emerged within the community. Social distancing courses were facilitated by our recovery college, along with new systems to support our patients and to optimise their chances of success and alleviate some of their anxieties, whilst returning to the outside world. Despite this difficult period, we have been constantly impressed by the overall positivity and resilience of both our patients and our staff team, and we know that whatever challenges the next few months bring, we will be prepared together.

Rob Holcroft, Quality Improvement Lead, and Lisa Potter, Director of Clinical Services, Kemple View

Nottinghamshire Healthcare NHS Foundation Trust

Lessons Learnt from COVID-19: Year 2020

Wathwood Hospital had its first confirmed case of COVID-19 on 13 March 2020.

There were many lessons learnt, the main one, just how lucky we have been as a hospital and team that we have come through this initial spike of the pandemic safe and well, as we know so many have not.

Pre-planning, this was so important, ensuring that the pandemic store was stocked, as no one envisaged the distribution and stock disruptions that we had as a Trust and a nation. We have also learnt what items are really required to keep patients and staff safe, so our pandemic store has been streamlined somewhat.

Emergency preparedness exercises previously undertaken on site and regular reviews of all related procedures helped with the hospital's response, even talking through plans as tabletop exercises really does make a difference and can help with different scenarios and situations, staffing contingencies, preparation of non-clinical staff learning ward skills and much more.

The importance of local networks and contacts was another really important lesson as this is what in the early days kept the hospital stocked with the PPE required, when the Trust and government could not, our staff had the correct PPE gold standard.

The lesson of sharing, we are all care staff even when we do not work for the same team, hospital and Trust, as we developed and strengthened networks and contacts we distributed excess in PPE to other areas, within our Trust and without, supporting some local nursing homes and charities.

Supporting vulnerable local residents during lockdown, maintaining those all-important connections with people.

Testing potential positive patients, enabling all symptomatic patients to be tested. This has led to nine confirmed cases, but more importantly is that all actions that were taken were able to be communicated, and that everyone knew and felt safe in the actions being followed.

Maintaining activity, working with wards as individual households enabled activities to be sustained safely, reducing frustration, boredom and isolation.

Contact with loved ones, we all know what it felt like to not have contact with our loved ones in order to keep them safe. Well that wasn't different for our patients and their loved ones and although access and contact was restricted during the initial phase, developing alternative forums to enable this was paramount. The use of technology was invaluable, Skype especially, to allow even if virtual face to face contact. Telephone contact from carers links, and multidisciplinary teams helped provide that reassurance and support that we all need when we are unable to help ourselves.

Technology has played such an important role and a great lesson learnt, not just how much it has enhanced patient and carer contact, support and reassurance. When used as such it is a marvelous asset i.e. Skype, ICE, MS Teams, Zoom and Cloud Video Platform.

Teamwork, how wonderful was this during such a difficult time, with colleagues from departments we didn't know supporting us, driving up working out of hours to get us greatly needed equipment following failure.

Continuity, continuing normality as much as possible, providing placements for our TNA and Aspirant nurses, maintaining their learning and support throughout.

Talking and Support, this has been the single most important lesson learnt this year and has been the corner stone of everything we have done during this initial phase of the pandemic, it has had the greatest impact and has been the greatest source of success.

From the outset, Wathwood has worked as a whole team (carers, staff, patients) for updates, briefings, actions, planning, support and recovery all have been delivered as one team, together.

We have developed a proactive health and well being summit for all, introducing ally ship for our more vulnerable health and BAME groups, proactive support for those shielding and isolating, support packages for our carers, our community, and thank you activities for patients and staff have all contributed to our team ethos.

Lisa Sutton, Matron, Wathwood Hospital

Knowledgehub

Join the QNFMHS online discussion forum

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

QNFMHS 'You Said, We Did'

You said: As our review was cancelled due to COVID-19, we would like to see a copy of the survey responses from staff, patients and carers.

We did: We offered all services a self-review report if their peer-review visit had to be cancelled due to COVID-19. This also contained the completed self-review so services could clearly identify how they had scored themselves against standards. This report also included all survey responses received as part of the self-review, from patients, staff and carers.

You said: The webinars are great, perhaps smaller, more interactive sessions would be useful. Would like reflections from across services on what has and hasn't worked, how services are going to change, and implications for services, e.g. visiting, leave and transfers.

We did: A series of open discussion sessions for member services to join on Microsoft Teams, which were facilitated by a member of the Quality Network team and attended by staff, patients and carers from different services. Each session had a particular theme, which were based off member feedback on areas of interest.

You said: It would be good to see what other services are doing - there is not often time for the webinars so something in written form might be helpful.

We did: All our webinars have been recorded and uploaded onto our website for anyone that was unable to join the live event. We produce a written summary after each open discussion session and uploaded this onto knowledge hub, if anyone was unable to attend but wanted to identify what was discussed. This information is also found on pages 15—17 of this newsletter.

You said: Regular emails to be more aware of what the Quality Network are doing.

We did: In a bid to reduce the volume of emails being sent out to members during this period, we started sending out 'weekly round ups' to our mailing list. This was one email which contained an exhaustive list of updates, initiatives and upcoming events the Network were running. If you would like to be on our mailing list, just email us at forensics@rcpsych.ac.uk

You said: Some support for the upcoming 'virtual' reviews and what to expect.

We did: We have adapted our reviewer training to 1-hour sessions that can be delivered online. We are encouraging all our members to join this training whether you are participating in an external review or organizing your own, and we will talk through the process, changes following COVID19 and what to expect on a review day. We are offering more flexibility on review days than ever before in terms of review type and the length of reviews (some review meetings are spread over a week period, for example). We are also holding individual calls with members and peer-review teams to talk through the virtual review and what is expected of attendees.

Three Lessons From COVID-19

Bring us and them together

Secure mental health wards maintain important boundaries between staff and patients to protect everyone's safety and wellbeing. These boundaries are often in creative tension with the need to form meaningful emotional connections with our patients when developing therapeutic relationships. On Bowman Low Secure Unit, COVID-19 has challenged these typical boundaries in a number of interesting ways. Necessary use of PPE has reinforced signs of difference on the ward, with staff now routinely wearing masks and scrubs while patients do not. These traditional symbols of medicine hold powerful associations with disease and cleanliness as well as creating a physical barrier between staff and patients on the ward. This can be particularly relevant for those staff and patients who have additional communication needs. Our concern on Bowman ward was that these new points of difference would aggravate the natural tensions between groups and might stimulate feelings of inequality and stigma in our patients.

Through reflective group discussions our staff team was able to recognise this potential pitfall. It was accepted that PPE was an important protective measure for ourselves and our patients but we could see that some of our desire for this protection lay in our need to manage our fear of becoming ill and dying while at work. At times, each of us felt the urge to escape the threat that being on the ward meant to our health, and wearing PPE provided a visible measure of safety in the face of this invisible threat. When we spoke to our patients about the impact of the virus on us and our lives, our patients seemed more able to show us empathy and concern for the ways our lives had changed and the things we had lost. Lockdown brought a shared experience of the kinds of losses and restrictions that our patients had been dealing with since their admission. They were willing to be generous to us when we showed our frustration at having to wear a mask, or at not seeing our family, and in return we showed them that we would not panic, we would not leave their side and we would not forget them and their need for us.

Think carefully about every restriction

Perhaps the taste of lockdown inspired the staff team with a new level of understanding of the importance of every morsel of freedom. The escalating pandemic brought with it a wave of difficult choices to be made about the types of new limitations to be placed on our patients to manage their behaviour and, through them, the impact of the virus. Taking away someone's liberty is uncomfortable, legally and ethically complex, and each new change to patients' Section 17 leave was painstakingly considered. Many of our patients use leave to the local shops as their main motivation to get off the ward for a period of time each day, and taking this opportunity away meant removing an important step in their progression to discharge. Stopping family visits meant cutting tender and vital family ties. Preventing volunteers from accessing the ward shut down much of the ward's therapeutic activity.

These decisions strained our patients' trust in us, particularly those whose mental health difficulties meant they struggled to understand or believe what they were being told was happening outside. Through discussion we tasked ourselves with weighing up the unfathomable: the risk to our patients' and our own physical health versus the risk to our patients' sense of hope, meaning and joy in their lives, all of which were threaten by each increase in restriction. It felt important that in each decision we were taking stock of our own needs to feel safe on our ward alongside, and sometimes in conflict with, our patients' needs. As much as possible we sought to bring these needs in balance and to talk this through with the people whose lives we were restricting.

There is no health without mental health

Perhaps the most important principle we applied was giving equal weight to physical and mental health and not putting the risk presented by COVID-19 above the risk to our patients' recovery by stopping therapeutic treatment. In practice this meant continuing core activities on the ward throughout the virus wherever possible. Patients would continue to engage with healthcare assistants, occupational therapy, social work, social inclusion, nursing, psychology and psychiatry throughout the lockdown. Our ward manager stayed on site to support the team and, while the team devoted as much time as possible

to working off the ward in jobs that didn't require patient contact, our patients' importance to us was demonstrated by everyone on the team when they showed up to work each day despite the personal fear, anxiety and risks they faced. To make this possible, a message was made clear to everyone: 'It is OK to decide for yourself what level of risk is acceptable for you'. As a result, it was OK to say when being present on the ward was not worth this risk. It was OK to be open about the balance we struck between our needs and our patients' needs. In this way we were able to demonstrate that mental health was just as important as physical health for everyone on our ward.

David McLaughlin, Clinical Psychologist, and Rosalie James, Forensic Social worker, Bowman LSU

Tees, Esk and Wear Valleys NHS Foundation Trust

Engage, Engage, Engage

In March 2020, our Forensic Service established its Covid19 Bronze Command Business Continuity Plan (BCP) meetings to promote safety, support recovery and sustain wellbeing during the pandemic. We agreed this would be best achieved through intentional and regular bidirectional engagement with those involved with the service. Daily BCP meetings began with feedback from service users, carers and staff and they were sent frequent updates following the meetings.

The weekly carer letter from the service Director of Operations provided updates on visits, the rationale for changes, reassurance, links to wellbeing resources and an invitation to give feedback. A challenge was ensuring we had current contact details for carers. Some clinicians telephoned carers to enquire about their wellbeing, explain the service approach to Covid19, and invite questions. Carers told us they appreciated this contact.

When routine family visits ceased during the peak of the pandemic, we purchased tablets for each ward. This helped relatives maintain contact via Skype. However, we realised that not all carers had experience of using Skype and so we explored the option of Trust volunteers providing Skype tutorial assistance. We also agreed that clinical teams could assess service users for limited access to smartphones on the ward to allow video calls with their loved ones. This proved extremely popular with carers as it provided an alternative experience to pre-Covid19 visits held in the hospital visiting suite. One carer commented that she was delighted to FaceTime her son and see him relaxed in his own bedroom on the ward. Once community leave restarted, outdoor family visits took place at a local park. Again, we discovered that carers enjoyed this more relaxed experience with their loved one outside of the hospital.

Weeks before the government announced a national lockdown, we provided service users with accurate information about the coronavirus, taught them the six steps to handwashing and asked them how they might be supported in the event of a lockdown. At that time, a couple of service users who smoked on unescorted leave enquired about the availability of NRT if all leave was stopped. Other service users requested specific ward-based activities such as fitness equipment to prevent boredom and continue participating in physical activity. In 2019, service users had listed physical health as a priority area for research in our service; it was encouraging that they continued to value physical as well as mental health and wellbeing during the pandemic.

The service user Covid19 newsletter was translated into different languages to ensure equitable engagement and access to information. In a recent Covid19 publication of the service-user led magazine we read about their reflections, worries, experiences and life lessons during the pandemic. Whilst some routine services ceased during the pandemic peak, we learned the importance of maintaining practices that allow service users to feel connected, share hope and feel empowered. Therefore, we provided them with the technological support and training to participate in service-user led meetings via Microsoft Teams.

We held engagement conversations with service users, not only explaining the restrictions within the service, but also encouraging them to think creatively about the opportunities still available. Across clinical areas we saw a number of new service user-led initiatives and staff-supported collaborations. For example, a patient rediscovered his leadership skills and started a Sunday afternoon book club through which other service users were introduced to Shakespeare and other great writers. Most service users who joined a group to undertake their own Covid19 research reported the group alleviated boredom and helped them cope better during the Covid19 crisis and lockdown. Service users on one ward even began to publish their own newspaper.

Engagement with staff became even more important when we realised that some staff members (including those attending the BCP meetings) would through the pandemic also become service users or carers for physical and/or mental health reasons. A twice-weekly Covid19 staff brief was circulated to provide the entire workforce with up-to-date information and wellbeing advice. We overcame the risk of email fatigue among staff by displaying written information in changing rooms and encouraging profesional groups to communicate via MS Teams. We set up a dedicated email account for any member of staff to ask questions, share concerns and make suggestions.

Staff were consulted regarding a number of proposed changes. For example, staff feedback influenced the introduction of staff uniforms and shaped our guidance for using PPE in the presence of a few service users at very high risk of self-harm. By listening to the experiences and needs of staff, we were able to provide the correct support and PPE for those working in prisons and the community. Staff-side and human resources representatives were co-opted to the BCP which was particularly helpful when the BCP team proposed staggering shift start and end times to promote social distancing and staff safety. We are committed to responding to the findings of staff surveys on wellbeing and experiences.

Timely engagement, regular engagement and recovery-focused engagement ensured service users, carers and staff were considered throughout the pandemic. A great combination of strong, forward-thinking and responsive leadership, an excellent physical health team in the hospital, public health and IPC (Infection, Prevention and Control) expertise, and links with a medium secure service in Northern Italy (the European epicentre of the pandemic), allowed us to make confident predictions about the potential impact of the pandemic on everyone linked to the service and take early action. Learning how to engage most effectively with everyone is an ongoing process. Sometimes we did not get it right but we were honest and humble (after all, the pandemic was new to everyone on the planet), and we committed to learning by asking, listening, asking again and listening some more. Whilst our engagement methods will continue to change in response to needs, new evidence and future lessons learned, our engagement aim will remain the same during the pandemic: together, we will thrive and not merely survive.

Anne Aboaja, Consultant Forensic Psychiatrist, Forensic Service

A Letter From **Lisa Taylor**

Director of Operations – Forensic Services

Hi All

We are in the 20th week of responding to the global pandemic as I write this to you all.

As you are aware we have maintained caution throughout the Pandemic, as many of our residents on site are within the shielded or high risk category for the infection. I am very aware that this has been a difficult time, with restrictions of leave and visits to the site and activity being limited from the usual opportunities.

At this point we are reinstating services gradually to attempt to control any reinfection into the service.

The support of you all has been overwhelming and I really do understand how difficult it must have been for you all.

We of course are not out of the woods, but we will continue to work in a different way until a vaccine is found. We would love to receive your ideas of how to enhance your experience in a safe and socially distanced manner.

Thank you for your continued understanding and please continue to stay safe.

Avon & Wiltshire Mental Health Partnership NHS Trust

When the Clapping Stops the Struggle Continues...

Most of you will remember the Ebola outbreak of 2014, a viral haemorrhagic disease that arose in West Africa in the worst, most devasting outbreak of its kind. An epidemic which took the world by surprise, which closed down borders, impacted infection control policies and devasted the health system of multiple countries. During this outbreak healthcare workers were between 21 and 32 times more likely to be infected then the general population. Approximately 700 healthcare workers got infected and over half of them died. The Ebola crisis compared to a conflict impact due to the number of devastating consequences.

I volunteered in an Ebola Screening centre in Sierra Leone a year into the outbreak which killed

over 4,000 people. Staff were frightened, exhausted, training and support systems were broken and staff were stigmatised by the community. Despite this they continued with great positivity, hard work and dedication but the rates of mental illness were expected to increase significantly amongst health care workers, it was a situation I anticipated never seeing again in my lifetime.

As the World Health Organisation declared COVID-19 a pandemic I began working at Fromeside medium secure unit in Bristol. Wickham unit a male, low secure unit stands within the same grounds.

As we began to anticipate the impact of COVID-19 on our patients and our daily practice I began to feel the tension rise and the impact on staff began to reflect what I had already witnessed in Sierra Leone.

This led me to carry out a wellbeing survey amongst staff to quantify the impact of working during the covid-19 pandemic. 119 members of staff from across the multidisciplinary team responded to a survey sent out via email. 72% of respondents were female.

The survey showed that since the start of lockdown staff had experienced a range of different symptoms including anxiety/worry (79%), difficulty sleeping (67%), low mood (50%), fear (39%) and anger (38%).

74% of respondents also reported worry that working would impact their family members, and despite the clapping and applause 13% reported experiencing a negative reaction from the general public, including verbal abuse, being shouted at in supermarkets and accused of spreading the virus.

Respondents described anxiety around contracting or spreading infection to colleagues or patients. Changes in patient leave policies caused anxiety about safety on the ward in addition to working with unfamiliar colleagues as the use of bank and agency staff increased when permanent members of staff were required to take time off. All training and study leave was put on hold and staff expressed worry there may be an expectation to carry out tasks outside of their job role or that they had not received training in. Many commented that the feeling of anxiety coming into work had become commonplace and routine.

Throughout the start of the pandemic a range of wellbeing support was offered to employees. The majority of respondents commented on the benefits of a temporary staff room which had been developed, as this allowed space off the wards to rest and socialise with other colleagues making them feel less isolated. Some utilised staff wellbeing sessions being offered by psychology on the ward and a daily 5-minute mindfulness during handover was offered and access to supervision continued. Challenges to wellbeing were identified including difficulty accessing breaks due to heavy work load, staff feeling isolated from colleagues due to change in working patterns and practices to optimise infection control and fear of stigma around who was more deserving of support. Respondents felt that staff wellbeing needed to be prioritised and breaks encouraged.

Changes which have occurred since the start of COVID-19 at Fromeside Hospital have included appointing a wellbeing lead, an infection control lead, developing a permanent staff room away from the clinical area for staff to rest and reflect, ensuring that a discussion about wellbeing is prioritised in supervision to ensure any difficulties are picked up early and all staff are aware of how to access support if needed. A letter was sent out to thank staff and update them about future plans, in addition to a staff forum specifically for staff members returning to work from shielding was established. Ward based supervision, reflective practice and access to online psychological support was offered in addition to the trust identifying innovative ways to offer mandatory training online.

The results of this survey highlight the need to develop a sustainable strategy to proactively provide wellbeing support, this needs to include a mechanism to hear the voices of staff working on the frontlines, and offering frequent and relevant training. It needs to be focused but adaptable as the new and ongoing challenges of working under COVID-19 come to light.

Grace Harris, Speciality Doctor, Fromeside Hospital

The National Collaborating Centre for Mental Health (NCCMH)

Reducing Restrictive Practice Collaborative

The Reducing Restrictive Practice Collaborative (RRP) aimed to reduce restrictive practice by one third in participating wards.

All wards in the Reducing Restrictive Practice Collaborative measured the following types of restrictive practices, as defined in the in the operational definitions poster:

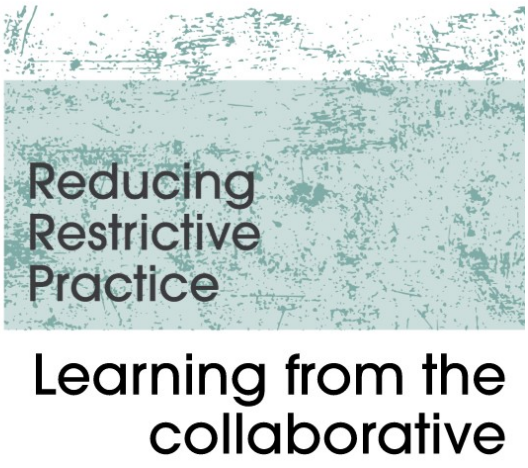
- Restraint – to prevent, restrict or subdue movement of the body, or part of the body of another person
- Seclusion – confinement in a room or physical space
- Rapid tranquillisation – use of sedative medication by injection.

They produced a resource booklet, detailing what they learnt from the collaborative as well as the roles and resources that made successful quality improvement projects that reduced the use of restrictive practices.

The booklet can be viewed online as an interactive resource and it is also available for download.

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

IMPROVING MENTAL HEALTH SAFETY
Reducing restrictive practice



Sexual Safety Collaborative

The Sexual Safety Collaborative is part of a wider Mental Health Safety Improvement Programme (MHSIP) which was established by NHS Improvement (NHSI), in partnership with the Care Quality Commission (CQC), in response to a request made by the Secretary of State.

The Sexual Safety Collaborative has been established in response to the CQC report on Sexual Safety on Mental Health Wards and aims to meet a number of objectives:

- Produce a set of standards around sexual safety during the mental health and learning disability inpatient pathways (including a strategy to measure and support quality improvement)
- Run a national quality improvement (QI) collaborative to support inpatient mental health teams in every mental health trust in England to use QI to improve sexual safety on their wards.
- Produce a library of resources, building on best practice to support the work of mental health trusts to improve sexual safety.

Due to the Covid-19 pandemic, the QI collaborative and publication of the standards have been postponed. Both parts of the programme are expected to resume in September 2020.

For any questions relating to the standards, please contact the Project Manager at Dominique.Gardner@rcpsych.ac.uk.

For more information on the collaborative, please visit the website.

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

Useful Links

Care Quality Commission
www.cqc.org.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

Department of Health
www.doh.gov.uk

Health and Social Care Advisory Service
www.hascas.org.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

Ministry of Justice
www.gov.uk/government/organisations/ministry-of-justice

National Forensic Mental Health R&D Programme
www.nfmhp.org.uk

National Institute for Health and Care Excellence
www.nice.org.uk

NHS England
www.england.nhs.uk

Offender Health Research Network
www.ohrn.nhs.uk

Revolving Doors
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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And use **#qnfmhs** for up-to-date information

QNFMHS Knowledge Hub Group
www.khub.net/group/quality-network-for-forensic-mental-health-services-discussion-forum

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