

**MSU/LSU Issue 52, December 2021**

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# WELCOME

Welcome to the final newsletter of 2021! It is hard to believe that the year is drawing to a close already. It has not been the easiest year for everyone within the secure world, and we are sending our good wishes to everyone working hard to keep people safe and well within secure services.

This newsletter edition is on 'Clinical Innovations and Digital Technology', and we hope you enjoy! We have had some fantastic articles on construction skills cards, access to the internet and virtual reality headsets! It's been a creative and innovative edition, I hope you all enjoy the articles.

Included in this newsletter is also the fantastic Festive Card Competition Entries—and what a fantastic haul we received this year! There are around 90 submissions which I was just blown away by!

Since the last article we have been working hard in the background and preparing for the return of face-to-face reviews. We held a Physical Security Document Webinar to explain the guidance document and exactly what is required from the Quality Network. This was recorded and is available on Knowledge Hub for anyone who couldn't make the webinar.

We have been preparing for plans for 2022, and hope to provide some interesting training events, a focus on equality, diversity and inclusion, and also finish our carer's action plan, to help services engage with carers and involve them more within the service. So please watch this space!

Finally, I would also like to mention that this will be the last newsletter from me, as I will be leaving the College at the end of the year. It has been wonderful working here for the last five years, and I have learned so much. Thank you to all members for the wonderful teaching and innovative experiences I have had.

**Kate Townsend, Programme Manager**



## A Note From The Editor

By **Rianna Herbert, Project Officer, QNFMHS**

What a year it has been! A whole year of virtual visits and becoming masters of technology. There are so many interesting articles in this edition and it is lovely to read how secure services are embracing technology. Digital innovation is a part of our future and in 20 years from now, I can only imagine what new innovations are going to be around.

Digital innovation is exciting because it shows that services are looking at being least restrictive in all aspects.

This year has been a difficult one with COVID-19 still around, however restrictions are easing and we have heard from services how they are slowly returning to some normality with patients having leave and family visits again.

Let us not forget about our festive artwork competition, showcased at the end of this edition. We had an amazing 93 entries submitted. Thank you to all the patients who submitted an entry.

I hope everyone has a wonderful Christmas and New Year.

## AUTUMN HIGHLIGHTS



The start of Cycle 14-8



Fourth Edition of the QNFMHS Standards



Physical Security Document



Carers Working Group

We hope you enjoy reading this newsletter! Don't forget you can access some previous editions of our newsletter via [our website](#).

Some of our previous editions include:

- Lessons learned from COVID-19
- Good practice initiatives in secure services
- Collaboration
- Sustainable Healthcare
- Celebrating Diversity and Difference



## CSCS Card Success at Fromeside and Wickham Units

By Jessica French, Adult Education Tutor, Fromeside and Wickham Unit

The Construction Skills Certification Skills (CSCS) card scheme, also referred to as a green card, is a nationally recognised scheme which provides employers with the confidence in their employees' ability to work safely as a labourer on site. To successfully gain a card, individuals must pass two exams before making their application.

Here at Fromeside and Wickham, a grant from B&CE Charitable Trust has made it possible for us to provide financial support for a number of

service users to complete their exams and gain their CSCS cards. Despite being unable to attend the usual group sessions due to Covid restrictions, a number of learners have worked hard during individual and small ward-based groups to reach the standard required by the scheme- not an easy task!

One service user has gone on to secure paid employment one day a week and intends to continue working to support himself through a site carpentry course, whilst another is hoping to work in construction before going on to gain further qualifications in plastering. All agreed the financial support meant they didn't have to worry about how they would fund their cards, with one of the learners even saying the external funding helped motivate him reach his goal.

More information on the work of B&CE Charitable Trust can be found here:

<https://bandce.co.uk>



*One service user has gone on to secure paid employment... whilst another is hoping to work in construction*



# Moving Forward In Internet Access – The Experience of a Low Secure Rehabilitation Ward

## Introduction

There is a need to equip service users with the know-how to return to an ever developing technological world. There is a competing need to manage risk on wards posed by patients accessing the internet via computers, smartphones, and other devices.

Lockdown compounded these issues at Clifton House as community access and family visits were withdrawn. Access to technology would be key to enable patients to maintain links with families, friends, shopping, leisure, and rehabilitation pathways.

Despite concerns, the three wards: male assessment, male rehabilitation and female assessment/rehabilitation developed policies enabling patients to enjoy limited access to smartphones and other devices. This was initially limited to their bedrooms. Strict guidelines were imposed to ensure access was time-limited and that patients did not bring their devices out of their rooms.

Although this was a positive move forward, it also proved problematic. Patients did not socialise as much, spending more time in their rooms and began purchasing items online. Online purchases resulted in an inordinate amount of additional work for reception staff who were required to disinfect everything before it was brought onto the ward! It also resulted in an increase in on-line gambling by often bored individuals sat in their rooms.

Not all patients could access an internet signal from their bedrooms. This was particularly the case on Riverfields. This resulted in an inequality which caused additional frustration.

## Opening Access During Lockdown

It was on Riverfields (the rehabilitation ward)

that rules were gradually eased. Contracts were developed to enable patients' greater access to smartphones, laptops and other Wi-Fi enabled devices. Although this access has been dependent on individual risk factors relating to internet/smartphone use, the majority of patients risk histories did not warrant limiting internet/smartphone use.

Patients on Riverfields can now use computers, smartphones and other Wi-Fi-enabled devices on the main ward. It has proved a positive move forward and led to a greater sense of community. Notably there is:

- Greater transparency as to what people are looking at online.
- A positive culture where patients assist each other to understand how smartphones work. Older patients who have never owned a smart phone approach younger, more computer-savvy patients for advice. To date, no situation has developed which has warranted concern.
- Patients run their own evening 'music groups' on ward. They plug their laptops into the television screen and encourage others (staff and patients) to choose songs which are played and discussed.
- Opportunity for patients to engage in private virtual meetings with their solicitors/advocates etc. in appropriate side rooms rather than in their bedrooms.

## Keeping Pathways

Developing relationships with future teams:

Greater engagement with technology has assisted patients maintain pathways back into the community despite the obstacles imposed by a pandemic. Patients have developed relationships with future providers and advocacy, independent of the ward. They have organised and attended virtual one-to-ones and enjoyed virtual tours of their new accommodation by means of their own devices.

Communication with the ward:

Simultaneously, the ward created a generic Riverfields email account which enabled staff to email patients without revealing their individual email addresses. This has made it possible for staff to send 'teams meeting' links directly to patients. This has allowed patients to attend ward rounds or ones-to-ones virtually when on extended overnight leave at their new accommodation.

Patients have also been able to respond to these emails. They have used this system to:

- Confirm that they will be attending their ward-rounds virtually when on extended leave.
- Send receipts etc. letters from external agencies for the ward to print off.
- Send pictures of their new accommodation for staff to view.

### **Future work and other issues**

A lot of the above has been reactive to the pandemic rather than planned. We have been fortunate that within our current patient group we did not have serious concerns about rolling out this access. It

enabled patients to develop a level of internet competence and positively brought people together on the main ward. It kept their pathways open.

However, it has not always proved straightforward. The experience has not been consistently positive on other wards, where it has been necessary to maintain greater control over such access.

Pre-Covid, we worked with the police to develop a PowerPoint to assist patients to remain safe online. This feels out-of-date now as priorities and internet usage have changed. There is sparse information on how to download apps onto smartphones and ways to safely manage the many passwords we now need.

To ensure consistency and clarity for our patients, many who have had limited experience and access to the internet, it is felt that this is a piece of work which needs to be developed across services. Also, it is something that would need to be regularly evaluated in an ever changing world.

***By Jady Robinson, Occupational Therapist, Riverfields Ward, Leeds and York Partnerships Foundation Trust***

## **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)

## Clinical Innovations and Digital Technology'

My enthusiasm and passion to promote carers awareness and rights is a core value within my practice and is an area I feel very strongly about. Some of the ways we have embraced digital technology within our Rehabilitation and High Support Care Hub is we have a designated carer champion on each of our units to promote carer engagement and be a point of contact for family and friends.

The pandemic has encouraged us to be more creative in the way we work and how we respond and interact with carers. Carers involvement is invaluable to a service user's journey and how a care team provides person centred care and treatment within secure mental health services. A good piece of work that has been implemented at the start of the pandemic was our virtual ways of working and the strengthening of our peer support network by facilitating monthly carer champion meetings. These virtual meetings have provided a great space to discuss, reflect, share areas of good practice, positive news, explore the challenges carers are experiencing and an opportunity to raise awareness for family and friends. This protected space also provides a chance to discuss how we can be more innovative in the way we are working and applying the six principles of the Triangle of Care within our everyday work. Carer champions have discussed the benefits of attending this meeting in that they do not feel isolated in the role and can use the reflective space to be open about some of challenges they are

facing and develop their knowledge about carers rights.

*"I hope you are well and I thank you again for all of your support, we all really appreciate everything!"*

This virtual platform has seen the development of 'meet and greet sessions'. These sessions have been created by our transformation lead for new service users and aim to be carried out within 2-4 weeks of a service users admission. This gives time for their families, friends, and the care team to get to know one another, encouraging family involvement and collaboration and discuss how we can all keep in touch and link in. We have seen an increase in families attending the service users clinical team meetings and being part of some important discussions relating to discharge and risk.

*"I love the work you are doing"*

We recently received funding to invite an external company in to create a virtual tour of our low secure units. This will allow new admissions, family and friends to have a look around the unit in their own time and see the spaces which we use. We hope once completed this will offer some reassurance for family and friends to see where the person, they care for sleeps, eats and relaxes. This will be put on our website and sent out via our carers mailing list. We will support carers who don't access technology to be able to view the virtual tour when they visit.

*"Thank you so much for the emails and updates!"*

*"I have just read TT newsletter and it's interesting to read the updates. Thank you for your gift it was a lovely thought please send my regards to the team".*

**Carer Tatton Unit**

Feedback from our last virtual QNFMHS peer review: carers shared with the review team that the visitor's room requires updating and is uninviting. We have taken this feedback on board and have applied for charitable funds to improve and develop the space with new furniture, a smart television, games and refreshments. We are happy to share that the funding has been approved and we can now start making the room much more welcoming. We utilised the mailing list and telephone calls to capture feedback from carers about how we could do this. Over the last two years we have developed a newsletter which is sent out via email and post. This bi-monthly newsletter is co-produced with our service users and gives up to date information about the unit, key events, important messages, changes within the team, groups, fun facts and serves as a reminder about wellbeing. This has been well received by service users, colleagues, and families to remain up to date and serve as a conversation starter between family members.



**By Carris Nesbitt , Social Worker, Tatton unit, Pennine Care NHS Foundation Trust**



## Interventions re-imagined: developing the use of digital platforms in secure care

When the pandemic arrived in March 2020, our service was fortunate that steps had already been taken to enable service users to access technological solutions to the impediments created of secure care. The need to modernise and innovate by improving the use of digital technologies had already led to the installation of new, secure Wi-Fi access across all clinical areas. The service had invested in a set of iPads for each ward, with the intention that they would be used by staff for audits and other purposes.

The presence of this infrastructure enabled a successful bid to offer a 'virtual' motor mechanics qualification. This was in collaboration with First Step Trust, and our colleagues in the South London Partnership - Oxleas & South West London & St. George's. The training course uses virtual reality (VR) headsets to provide service users who are unable to access the community, or have restricted access to tools and equipment, to experience an accredited car mechanics course, soon to be recognised by the Institute of Motor Mechanics (IMI). The headset creates access to a 'virtual garage', modelled on the First Steps' SMaRT garage in Woolwich. This practical learning eliminates the need for portfolio-based study, a barrier for many service users who may have had negative experiences of schooling or are excluded from learning due to language or literacy issues. This vocation-based training can also be a route into mainstream employment. To date, 36 service users have engaged in in the course from the medium secure wards at River House. Two participants have secured formal placements with First Step Trust and one has secured paid employment. A course participant had

this to say about his experience:

*"I didn't think this would happen, I have the confidence to work again, I can't wait to get started!"*

The necessity for reduced footfall on in-patient wards when the pandemic began, impelled us to look for alternative ways to maintain engagement with in-patients to continue their programme of individual and group therapies. After trialling a range of approaches, we learnt that it was possible to provide secure access to iPads for service users through the use of a 'kiosk application' called Guided Access. This application allows the staff to 'lockdown' some or all of the touch screen, through the activation of a passcode. An iPad that has an open video call, can have its screen temporarily disabled, so that the device can be given to a service user to use without supervision in a confidential space.

Not only have individual interventions of all types been able to continue, as well as for example ward rounds, CPAs, family and medicolegal access, this has also driven innovation in the delivery of our group interventions and Recovery College offer. A current delivery of the Tree of Life illustrates this. The Tree of Life is a narrative-based intervention that originated in Zimbabwe with displaced and traumatised young people. Through the metaphor of the tree, a strengths and positive identity narrative can be developed, as well as a sense of connectedness with one's past and present. Through the support of the Maudsley Charity, the course is offered from the Forensic Hub of the Recovery College with peer co-production and co-delivery as fundamental. We have been able to offer the Tree of Life course, across four male wards, dispersed across three secure sites in South London simultaneously, with peer trainers taking the

lead in delivery, joining from their own devices at home. There is no need for any form of covid testing or social distancing. On the contrary, the opposite of social distancing has been made possible by service users in medium secure care being connected to peers who are getting on with their lives in the community, as embodiments of the goals they aspire to. One participant described their engagement in the course in these words:

*“I found it exciting and really nice being a part of it. Some of what I shared made me feel sad, brought me back some memories, some good, sometimes hurtful but I have to think about them as they are a part of my life and who I am”*

We were pleased that re-imagining secure care in multiple ways, expanding and developing our use of the opportunities presented by digital platforms, was shortlisted by the Health Services Journal in the Award Category of ‘Digitising Patient Services Initiative’. We did not win, but the progress of service users on their recovery journeys back into work and a meaningful life is reward enough.

**By Sarah Cook, Lead Occupational Therapist & Dr. Gerard Drennan, Lead Psychologist, Secure Services**

## 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.

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).

IMPACT's co-produced values

- Safe and least restrictive
- Openness and honesty
- Empowerment and opportunity
- People first and working together

**IMPACT**  
Improving the quality of mental health care

Partners: Cygnus, Elysiun, Maudsley Hospital, Priory, St Andrew's, etc.

### 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 NCMH to develop standards and guidance on improving sexual safety in inpatient environments
- ▶ Establishment of national QJ Sexual Safety Collaborative
- ▶ Supports inpatient mental health teams in NHS mental health trusts to embed the standards and achieve improvement in ward sexual safety



**The Elders:  
Bringing the Community in**

Paul Grant – Elders Team  
Dawn Sutherland – Advanced Nurse Practitioner, Family and Carers Lead [dawn.sutherland@nhs.net](mailto:dawn.sutherland@nhs.net)  
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Developed with  
Beresford Dawkins – Community Engagement Manager  
Patrick Bennett – Advanced Nurse Practitioner, ICU



## CLOSE TO THE EDIT



Hamish Hackett and Scott Atkinson have co-created a mental health stigma podcast that is currently on-going. I am very grateful of the contributions by the patients and staff that we have interviewed. The Pod is an ongoing conversation based around lived experience as well as opinions of what needs to be done to reduce the amount of stigma within society as a whole. We call it 'THE SHH PODCAST'.

The SHH podcast has been a great way of introducing some basic editing skills as well as allowing service users to see behind the curtain of certain kinds of media such as radio and audiobooks. Service users and staff alike have been invited into our cosy and albeit makeshift studio and asked to chat frankly and open about mental health stigma. We are using an iMac 27 inch with garageband for the audio along with lightroom and photoshop for the Podcast thumbnail cover.

We set up the microphone on a microphone stand as we found that if we placed it on the table between the interviewer and interviewee then it was prone to picking up feedback from people touching the table or even just moving their hands across it. Next was to check the levels on the microphone by speaking into it and adjusting the gain on

computing being sure to not have the sound levels in the red part of the gauge.

Once the recording was complete we then spent a couple of hours listening back to the recording checking sound quality and writing down the times where we would like to edit. The edit doesn't take much time in reality but checking back each time to make sure the recording still makes sense can be very challenging on attention and patience. The last thing to do is to record the intro and outro on GarageBand as well as compose some short intro and outro music using the same software and we are all done and ready to share.

We are looking forward to sharing our Pods with the hospital community as well as to people further afield whether that be people regionally or hopefully nationally.

**By Scott Atkinson, Involvement Lead,  
Stockton Hall & HH – Service User on  
Hambleton Ward**

Follow us on Twitter  
**@ccqi\_ @rcpsych**  
and use **#qnfms** for up-  
to-date information

## Peer reviewer Training

### Online Peer-reviewer training

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:

The following training sessions are:

- 18 January 2022(10:00—11:00)
- 21 March 2022 (14:00—15:00)

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



## Physical Security Document and Recent Webinar

Following the publication of the QNFMHS document: Physical Security in Secure Care, the Quality Network held a MS Teams meeting to go through the guidance document. We discussed the Physical Security Document process, why it was created and what the aims are. We also went through the guidance document, the workbook and what is required for the self-review process. To watch a recording of the meeting, please click this [link](#).

### 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.



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

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

## South London Partnership Digital technology Pilot In Virtual Motor Mechanic Training



### Background

Virtual training has been a long time in the making in the Forensic Directorate. The idea began five years ago in July 2016 following a serious incident at the Bracton Centre, Oxleas NHS Foundation Trust. The use of therapeutic sharps and tools was suspended immediately with a significant impact on the therapies programme for service users in both the medium and low secure hospitals. The on-site catering training project at The Bracton Centre was suspended indefinitely and the service users' recovery programme disrupted.

Oxleas Forensic Directorate had an established partnership with First Step Trust, a local charity providing real work experience, on-the-job training and salaried employment for people excluded from working life because of mental health conditions, index offences, learning disabilities, drug and alcohol and other disadvantages. First Step Trust offered motor mechanic and finance training locally in Greenwich Borough. Following the serious incident at The Bracton Centre, contact was made by the head of profession for occupational therapy with the chief executive of First Step Trust about accessing the catering project in the neighbouring Borough of Lambeth.

This was fully supported but the greatest challenge was logistics with travel from The Bracton Centre in Dartford Kent to Abbeyville's Restaurant in Clapham by public transport taking 2.5 hours each way. A brief conversation took place about the idea of bringing a vir-

tual kitchen into a secure setting which would remove the travel time and use of sharps preparing for community integration.

## Introduction

The South London Partnership is a collaboration between three organisations: Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and South West London and St George's Mental Health NHS Trust. Formed five years ago the work of the partnership is focussed on delivering new models of forensic care to service users in South London with a catchment population of 12 Clinical Commissioning Groups within the Partnership's geographical footprint. The South London Partnership Forensic Programme consists of six clinical pathways:

- A.** Acute
- B.** Assertive Rehabilitation, known as ARP
- C.** Women's
- D.** Community
- E.** Specialist – Learning Disability, Autism
- F.** Spectrum Disorder, Personality Disorder and Older Adults
- F.** Court Liaison and Diversion

The ARP oversees the care of service users whose length of stay in secure services extends beyond two years. Within this there are four distinct subgroups:

**Subgroup 1** - those who may need 2-3 years to achieve discharge to the community or locked rehabilitation/step down

**Subgroup 2** - those who may need 3-5 years to achieve discharge to the community or locked rehabilitation/step down

**Subgroup 3** - those who have been in secure services (medium or low) between 5-10 years

**Subgroup 4** - those who have been in secure services (medium or low) for more than 10 years



## Digital Technology in Forensic Mental Health Settings

Data collected from the Bracton Centre adult education service and occupational therapy department at Oxleas NHS Foundation Trust showed that a significant proportion of service users in medium and low secure were at Key Stage 1 level of literacy, with a reading age of between 5-7 years old, difficulties comprehending information where English may not be their first language and these service users requiring additional learning needs. In the three South London Partnership forensic programme inpatient services 65% of service users were from a Black Asian Minority and Ethnic (BAME) background. Research showed that digital technology could be used to enhance learning and engagement in the form of Virtual Reality (VR). Potentially this could transform the learning experience so service users 'learn by doing' via a less formal teaching method and immerse themselves in an experiential work-based learning environment with VR headsets. VR works on the premise of creating a virtual world – real or imagined – thereby allowing service users to not only see but actively interact in the virtual environment. Being immersed in learning by 'being there' could potentially motivate service users to understand, process and retain information in a safe and non-threatening way with the added value of pro-social involvement.

## SLP Assertive Rehabilitation pathway

Following the serious incident at The Bracton Centre in Oxleas NHS Foundation Trust five years ago, the use of therapeutic sharps was reviewed in order to comply with requirements from the Health and Safety Executive. This also had a direct impact on the use of therapeutic sharps in South London Partnership at River House in South London and Maudsley NHS Foundation Trust and Shaftesbury Clinic at South West London and St Georges NHS Trust. The ARP wanted to explore alternative options for delivery of vocational training via the use of cutting edge innovative digital technology to safely support service users in their recovery journey from inpatient services into the community. There would be no actual tool usage or dangerous/ high risk equipment outside of the virtual workplace. VR would act as a bridge to the real workplace, allowing graded exposure to the work environment providing employability support via advances in digital technology.

The focus would be on ARP service users in subgroups 3 and 4 with highly complex clinical presentations and over five years length of stay, socially excluded and institutionalised. The proposal was for a Digital Technology Pilot in the form of VR motor mechanic training to be delivered across the three ARP sites that form South London Partnership Forensic Programme with a total of 131 beds in medium and low secure.

Forensic service users need sustainable employment opportunities in the community. Trade industries like motor mechanics and construction have minimal safeguarding issues which can significantly impact on employment opportunities due to requirements for Disclosure and Barring Service (DBS) clearance and can offer a viable self-employment option for forensic service users.

### Proposal for a Digital Technology Pilot in

## Virtual Motor Mechanic Training

In March 2019 First Step Trust developed a VR training model following engagement with Halfords Autocentres, Ravensbourne University London and the Institute of Motor Industry **SMaRT Pathways Tech For Good Fund - YouTube**. This was an initiative aimed at enabling people who struggle with literacy, numeracy and/or debilitating anxiety in formal situations. The VR programme aims to equip people with the skills, knowledge and competence that a first-year motivated apprentice would have, taking people beyond entry level qualifications and is at the cutting edge of current thinking in clinical innovation with the use of digital technology.

In August 2020 a Proposal for a Digital Technology Pilot in Virtual Motor Mechanic Training was submitted to the South London Partnership Forensic Programme specifically for the Assertive Rehabilitation Pathway based on a blended learning module programme with on-site classroom lessons across the three SLP sites along with the use of VR headsets for elements that require the use of tools, equipment, materials and sharps.

This would be directly linked to clinical outcomes for 15 service users across the three SLP sites and Independent Sector over six months:

- Introduce digital technology via virtual reality in a safe and supportive environment – allowing engagement and learning of motor mechanics at a comfortable pace, giving service users a sense of control over their learning
- Enhance service user involvement and engagement in virtual reality motor mechanic training as they would be part of the prototyping team
- Provide service users with access to vocational qualifications above entry level. Virtual Workplaces (VW's) are places where service users can learn employability skills and be assessed by an Awarding Body, such as the Institute of Motor Industry (IMI)
- Build confidence, self-esteem, self-

- efficacy and competence in vocational rehabilitation, prioritising those of a Black Asian Minority Ethnic (BAME) background
- Demonstrate effectiveness of a virtual training tool for delivering practical training to a professional standard and support graded exposure into the community
- Enable service users to gain a sense of hope for the future by attaining a skill in motor mechanics in preparation for discharge into the community and reducing their length of stay in secure services

### Outcomes of the Digital Technology Pilot in Virtual Motor Mechanic Training

Service users were selected across the three SLP sites based on interest in pursuing motor mechanic training, clinical care pathway, risk assessment and multi-disciplinary approval. First Step Trust provide on-the-job training within a fully operational garage environment open to the general public, delivered by fully qualified and experienced car mechanic technicians.

The pilot was launched in the South London Partnership Assertive Rehabilitation Pathway in April 2021 and exceeded all expectations with 50 service users (the original proposal was for 15 service users) engaged in virtual motor mechanic training, accelerating the learning pathway for 10 service users who are now in the First Step Trust Woolwich Garage gaining real work experience along with 45 colleagues have 'taster sessions' with the OCULUS headsets in six months. The introduction of virtual motor mechanic training to service users in the ARP has

transformed their learning experience and positively impacted on clinical outcomes, instilling a sense of hope and opportunity to their recovery pathway.

### Next Steps

Following the success of the Digital Technology Pilot, funding was extended by the South London Partnership with plans to expand the virtual vocational training offer to catering and construction work creating sustainable pathways to employment for service users with the longest length of stay and the most difficult to engage in the Forensic Programme.

### Acknowledgements

Special thanks to Sarah Cook, Head Occupational Therapist at South London and Maudsley NHS Foundation Trust; Dr Jon Fitzgerald, Consultant Psychiatrist at Oxleas NHS Foundation Trust; Ronnie Wilson, Chief Executive at First Step Trust and Susana Pando, Head Occupational Therapist at South

**By Patsy Fung, Head of Occupational Therapy, Oxleas NHS Foundation Trust & Joint Clinical Lead – South London Partnership Assertive Rehabilitation Pathway**

West London and St George's NHS Trust.

**Oxleas NHS** *Improving lives*  
**Proposal for Digital Technology Pilot**

- **Assertive Rehabilitation Pathway** – male service users with over two years length of stay
- **Repurposing of Heath Clinic and launch of Support Plus** – review rehabilitation services across three sites
- **Modernise and innovate clinical services** – targeting the subgroup with length of stay over five years with complex clinical presentation
- **Transform learning experience** enabling service users to 'learn by doing' via a less formal teaching method and immerse into experiential learning with VR headsets
- **Virtual Motor Mechanics training** using a blended learning module programme in partnership with First Step Trust, a local charity
- **Outcomes** for 15 service users across three SLP sites over a six month pilot
- **Potential to expand** into other forms of training
- <https://youtu.be/GuQxkiRNSLY>

**SOUTH LONDON Mental Health and Community Partnership**  
 NHS Oxleas NHS Foundation Trust  
 NHS South London and Maudsley NHS Foundation Trust  
 NHS South West London and St George's Mental Health NHS Trust

**first step trust** *positive action brings positive results*

## Secure Services online learning platform -Cygnet Hospital Clifton

Cygnet Hospital Clifton has been running an online secure service learning programme for its nursing team. The Secure Service Online Learning platform was created by the unit's consultant, Dr. Sree Thamburaja in response to nurses requesting learning opportunities in the course of their working with the Cygnet Clifton Personality Disorder Service.

### Aims and objectives of the secure service learning course

The following themes were picked up in the course of discourse with nurses, feedback from their supervision, Clinical Governance themes and Care Quality Commission (CQC) feedback:

1. Lack of clinical experience working in secure services
2. Lack of clinical experience working with patients with Personality Disorders
3. Lack of learning opportunities on the job or accessed elsewhere
4. Procedural/ relational security information deficits
5. Low confidence amongst nurses in making informed decisions related to patients' day to day care.

The aim of the Secure Service online learning platform is to:

1. Create learning opportunities at work, at home or on the go.
2. Create a series of talks, presentations and webinars to cover assessment, treatment and management of personality disorder in Secure Services.
3. Create recorded sessions that can be revisited by nurses at any time.
4. Create opportunities for learning out of work hours and in work hours in order to capture a wider audience

5. To improve the overall health of the service, care delivery and service user experience

The objectives of the secure service online training are:

- To improve application of procedural and relational risk information in day to day decision making.
- To improve nursing confidence in planning patient intervention.

### Update on the online course

Cygnet Hospital Clifton is offering this interactive online secure services learning course to its nurses in hours and out of hours. Dr. Thamburaja, who designed the online course content, also delivers the course to the nursing staff via podcasts, webinars and live audience recorded sessions. So far, ten (10) sessions, each one hour long have been created and delivered online over a course of 12 weeks. During these sessions, staff can access the live online educational trainings while at work and from home. The final online session will be delivered on 5<sup>th</sup> November 2021.

### Feedback on the online course

Feedback forms have been completed by attendees and this is currently being collated to inform outcome of feedback at local Clinical Governance in December 2021.

There has been some positive feedback on the sessions conducted and there have been requests made for student nurses, senior support workers and the wider MDT to be included in the learning sessions.

There has been interest expressed by a medical peer group external to Cygnet Hospital Clifton and to offer learning opportunities to Cygnet Derby. One session has been delivered via Teams as part of peer group teaching and there has been expressed interest for more opportunities to join

remotely or access learning materials. The request for materials is also going to be featured in the local induction.

### Future plans

1. There are plans to have a senior team evaluate the material and Dr. Thamburaja will collate feedback on the training.
2. Cygnet Derby has requested for the material to be shared with them.
3. More sessions to be delivered on the platform and to create interactive learning opportunities on the go.



**By Dr. Sree Thamburaja, Consultant Forensic Psychiatrist and Matthews Nyirenda, CQUIN and Governance Administrator, Cygnet Hospital Clifton**

## 8 C's of Effectiveness of working in Personality Disorder Service

Competent- RCN standards/ HCPC /GMC/Cygnet Standards

Clinical knowledge

Compliance- Procedural, Relational and Physical security

Collaborative working

Communication- creating connections : SEE, T

Commitment

Compassionate care

Courage



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## Challenging Digital Exclusion in Secure and Forensic Mental Health Services

In an increasingly digital age, those who are not engaging effectively with smart and other technologies are at risk of being disadvantaged. Digital competencies are increasingly important for connecting with others, accessing information and services and meeting the changing demands of the workplace and economy.

Digital exclusion is recognised as a potential human rights challenge leading to inequalities in access to opportunities, knowledge, services and goods.

It is important to recognise that digital skills are as important as access to digital technology. Users of the internet can still be digitally excluded because they lack the skills to be able to confidently and safely navigate the digital world.

Given the nature and extent of the restrictions on the liberty of patients in secure and forensic psychiatric hospitals, access to the internet and modern technology is essential. Without such access patients may experience severe difficulties in maintaining contact with family and friends, accessing education and training, completing employment related obligations and keeping up to date with what is happening in the local and wider community.

This raises various human rights and well-being issues. The world health organisation (WHO) has acknowledged that mentally ill offenders are often the most discriminated against and stigmatised of patient cohorts. In locked, fenced secure units, they are essentially socially excluded and often forgotten by the general public and public figures at both national and international level. Essentially no one wants to be seen advocating for the rights and human need and value of those who are 'mad, 'bad' and 'dangerous' to know.

On an anecdotal level patients can experience

significant barriers to digital inclusion with laptops and smart devices labelled as restricted items, access to which is limited by blanket rules which do not discriminate between individual patient need or perceived risk. In some mental health trusts such as my own, patients can only access internet enabled digital technology under supervision or on unescorted community S17 leave (should they have this). Further barriers include lack of staff to facilitate such access. Interestingly it seems that it is the independent secure mental health care providers who are leading the field in developing and implementing patient access to the internet and other digital technologies. The public sector has a lot to learn from their success in this area.

Common sense and good clinical practice would entail that patients are individually assessed regarding their digital needs, skills and perceived risk. In the context of patient centred care and shared decision making, care plans should be co-produced with patients to optimise their digital access and ensure that their support needs are met. Yes, in many cases this still isn't happening. For instance, whilst pursuing a second PhD in artificial intelligence sponsored by the Ministry of Defence, in the course of which I delivered a presentation of my research at DSTL Porton Down, I still had scant if any internet access and no email access in the hospital in which I was an inpatient.

This is just one example of how needless and damaging restrictions on digital access in secure settings can be. I am sure (and indeed know) many of my peers are still enduring similar maladaptive conditions as they try and pursue their recoveries. This needs to change.

**By Dr Sarah Markham, Patient Reviewer, QNFMHS**

## QNFMHS Festive Card Artwork Competition

This year we held our second ever festive card competition! This was to find some artwork to be featured on the virtual Christmas card that we send to our members. We received so many wonderful entries but after votes from the QNFMHS team and our patient and carer representatives we found our winner. This can be found below. All the entries can be found on the following pages.



**The winning artwork was created by Byron Endicott a patient at the Lee Mill Hospital.**

# QNFMHS Festive Card Artwork Competition



# QNFMHS Festive Card Artwork Competition



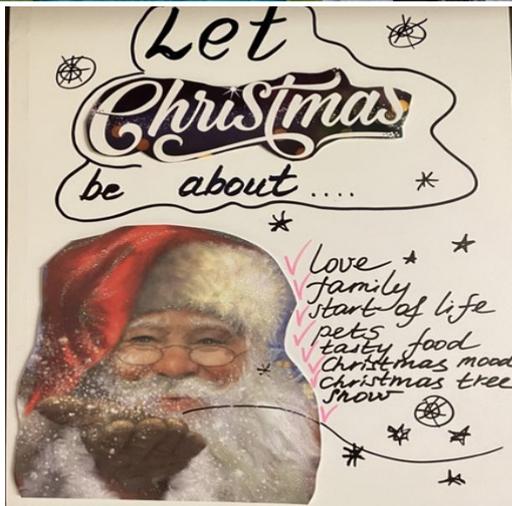
# QNFMHS Festive Card Artwork Competition



# QNFMHS Festive Card Artwork Competition



# QNFMHS Festive Card Artwork Competition



**Last years festive card winner**



## 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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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)