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# WELCOME

Welcome to the 53rd edition of the Newsletter on the theme of *working with family, friends and carers*. It is wonderful to see how many articles have been submitted to showcase all the good work from our services and it is a great way to kickstart the newsletters for the year.

This newsletter contains a wide range of articles, including opportunities for virtual carer involvement, carer events, communication with carers, personal experiences from carers as well as information on the Quality Network carers working group. I really recommend sharing this newsletter widely with as many staff, patients, carers and visitors as possible.

The Quality Network team have been working collaboratively and flexibly with services, offering support where needed and holding open and honest discussions with teams on their current circumstances. Services are at different stages, with some being fully clear of COVID-19 and back to a "normal" service, whilst others are still facing vast COVID-19 associated staffing challenges.

We are running a number of See, Think, Act workshops with Elizabeth Allen, original author, gathering feedback from attendees on the current edition as we embark on a third edition of the document. We have so far run two See,

Think, Act workshops and have received good quality feedback from those attending. There are two more workshops taking place and more information can be found within the newsletter. We are looking for trauma informed approaches practitioners to attend these workshops so please do get in touch if this is something you could contribute to.

Lastly, in December last year we were sad to say goodbye to Kate Townsend as she stepped down as Programme Manager for the Network. Kelly Rodriguez has been appointed to take over this role and is very much looking forward to continuing the good work the Network does.

**Kelly Rodriguez, Programme Manager**





## QNFMHS Carers Working Group

**Adele de Bono, Deputy Programme Manager, Quality Network for Forensic Mental Health Services**

The NHS estimates that the care provided by friends and family members to relatives is equivalent to £119 billion every year. Within forensic services, family and friends offer their loved one's emotional support, advocacy and valuable insight into care planning. They often help services to understand their loved one's experience and can act as a stakeholder in service provision. Family and friends have worked with the Network for seven years, sharing the richness of their experience on reviews and developing the Network. Last year, the Network developed a carers working group, to review the way we work with family and friends representatives, support engagement on peer reviews and develop an action plan for part two of this cycle.

### Carers working group – why?

Supporting family and friends involvement on peer reviews is a shared challenge for forensic services. The input of the family and friends representatives is crucial to the way the network provides recommendations and guidance to member services. We wanted to:

1. Review the way we work with our carer representatives - maintaining high levels of input.
2. Better understand any challenges around carer engagement and share ideas to actively promote the carers voice, expertise and experience in the QNFMHS review process.
3. Develop a plan strategy for the Network and members who struggle to engage with their carers.

### The process

The working group met twice between November and December 2021. It involved clinicians from forensic services, carers leads, family and friends representatives and the Quality Network. Various discussions considered the challenges member services have experienced engaging carers in the peer-review process/day, strategies that have helped

engagement and improving accessibility on review days for friends and family. The meetings were free flowing and conversational. The Network developed a nine-point action plan based on the groups thoughts and ideas.

### Outcomes and action points

The action plan works towards an understanding of the challenges services face on review days and ways the Network can support open communication with family and friends. It aims to improve accessibility, encourage the sharing of service level reports with carers, address any confusion about consent (patients do not need to provide consent for the Network to speak with their relative), the co-production of information to go with surveys and flexibility. We hope to promote the network as friendly, supportive and professional – increasing our visibility to family and friends.

### 9-point action plan



### The future

As the new review cycle starts in September 2022, the new family and friend strategy will guide, support and improve engagement with family and friends on peer-reviews. The Network has started to embed action points such as the introduction of a text message reminder service prior to the review day and flexibility around meeting times for carers. We will continue to tailor recommendations for member services around carer engagement through the spirit of reviews – reflection, openness and quality improvement.





## The Use of Skype for Social Virtual Visits at Arnold Lodge

**Obinna Okonkwo, ST5 Forensic Psychiatry, Simon Gibbon, Consultant Forensic Psychiatrist, Arnold Lodge, Nottinghamshire Healthcare NHS Foundation Trust**

Social virtual visits by means of the Skype Video Telecommunication Application (VTA) had been available at Arnold Lodge medium secure unit as an alternative or an addition to face-to-face visits. It was particularly utilised by patients who were unable to have regular social visits because their family and friends resided far away or suffered from health or mobility problems. However, its uptake was limited and the procedure for Skype social virtual visits was, at the time, similar to the face-to-face visits including the limitation on its frequency and duration and the requirement that it was facilitated at a location off-the-ward, at a fixed time and for a fixed duration.

In keeping with the introduction of the first national COVID-19 lockdown in late March 2020, all social visits to the hospital by the family and friends were suspended. To help mitigate the loss of contact with loved ones, the Hospital Management Team cautiously and promptly expanded the capacity to facilitate social virtual visits by means of Skype VTA using affordable ward-based android tablets, supervised by ward staff and without the previous limitations on access.

In October 2021, we undertook a service evaluation to measure patient satisfaction on the use of Skype VTA for social visits, to understand patient and staff perspectives on the pros and cons of this, and to understand patient preference post-COVID-19 pandemic.

Data was collected by means of anonymous questionnaires (with patient and staff versions). Twenty-nine patients and thirty-nine nursing staff participated in the service evaluation.

18 patient participants (62%) reported being somewhat or very satisfied with the Skype social visits and five (17%) were neutral.

15 patient participants (52%) rated the Skype social visits as the same as its face-to-face counterpart. About a third ( $n = 10$ , 35%) rated it as somewhat or much worse than face-to-face social visits and four patients rated the experience as

somewhat or much better than its face-to-face equivalent.

Most of all patient-participants (83%) indicated they liked the implementation of the new Skype VTA procedure because it afforded them the opportunity to regularly keep in touch and see their family and friends during the COVID-19 pandemic. Some mentioned that what they liked is how quick it was to arrange and facilitate social visits through this medium. A few noted that they relished the opportunity of seeing their home environment.

Concerning dislikes, the patient-participants' responses could be grouped into staffing-related issues and device-related problems. The issues raised in the former category were issues with staffing levels impacting the facilitation, having no privacy during the sessions due to staff presence and poor knowledge of information technology among staff.

The device-related issues were the use of relatively low-quality devices with small screen, *tablet not charged/power running out, tablet not working*, poor internet connectivity, and frequent passcode changes. Many described the interface as *poor, lagging, freezing, or crashing*. The patient participants commented these problems impacted their user experience.

90% of the patient-participants noted that they would like the existing process to continue as it is post-pandemic.

34 staff participants (87%) rated the experience of patients for whom they facilitated their use of Skype VTA for social visits as either positive or very positive. Four (10%) rated their patient experience as neutral.

All staff participants identified the possibility of seeing the faces of family and friends and having regular contact with them during the national COVID-19 lockdown as being positive. Other benefits identified by staff were the relatively easier organisation and facilitation of the Skype social visits compared to face-to-face social visits; the absence of any limit on the frequency of its use and the elimination of travel costs for carers too ill to travel or living far away from the hospital.

On the other hand, a staff participant noted that the process added to *the workload of an already overstretched nursing staff* and another, experiencing some difficulty keeping tab on the scheduled times of the Skype social visits,



perhaps due to the increased frequency compared to face-to-face social visits.

Several staff participants reported observing patients feeling *happy, better, or excited* following Skype social visits. They further expressed the view that the regular social contact facilitated through Skype VTA provided an opportunity for patients to see their home environment and develop positive and mutually beneficial relationships with their family and friends and a sense of identify by feeling as part of family and social group.

However, some others noted that some patients experienced negative emotions such as a *dip in mood* or feeling *distressed* or *upset* after Skype social visits. A participant further suggested this was perhaps due to the patients were missing their loved ones. Another respondent suggested that the Skype social visits *could make patients feel more isolated or alone as not being able to see family in person.*

The staff participants also echoed the views of the patients about staffing issues impacting the facilitation of the Skype social visits. They also suggested that poor internet connectivity, insufficiently charged tablets, *tablet not working*, frequent passcode changes, and the use of low-quality tablets frustrated the patients, their carers, and the staff.

The staff participants further reported observing patients becoming disappointed when their

carers did not answer the video calls made at the scheduled times or indicated that they were not in a private area to take the calls. A staff-participant suggested the absence of physical contact (such as hugging) in virtual social visits makes the platform less complementary for socialisation.

They also expressed being put in a difficult position of having to manage situations where persons not on the patient approved lists of visitors came in on ongoing Skype VTC or situations where carers do not adhere to the procedural guidelines.

Overall, the more widespread use of Skype virtual social visits at Arnold Lodge has been a positive experience for patients and staff and has not resulted in any significant risk issues.

This service evaluation afforded both service users and staff the opportunity for the voices to be heard and for their views to inform changes. Verbal and an easy-read written feedback have been provided to the patients. Consultation with the hospital management team has already resulted in agreement to purchase new tablets with larger screens and changes to improve the reliability of Wi-Fi access.

*Acknowledgement: we would like to thank the patients and staff who participated in the service evaluation.*

Click [here](#) to access our **website** for more information about the network or email the team at [\*\*Forensics@rcpsych.ac.uk\*\*](mailto:Forensics@rcpsych.ac.uk)

Click [here](#) to view our latest edition of standards.

You can follow this [link](#) to find out more about our events and training.



## Carers Interventions at Ashford Low Secure Unit

**Wendy Johnson, Forensic Social Worker, Ashford Unit, Southern Health NHS Foundation Trust**

At Ashford we have been engaging our carers over the last year as much as possible with the COVID-19 restrictions. We held a tea party during National Carers Week in June in our garden at Tatchbury Mount where the patients prepared a number of cakes for our carers to enjoy.

We held another afternoon for them in September where carers came along and spent time with their sons. They had the opportunity to sit and chat over a cup of tea as well as play some games.

Carers fed back from these events:

*“What a lovely way to spend an afternoon.”*

*“It was lovely to spend some time doing ‘normal’ things with my son”.*

This year we have been able to complete our carers Information booklet and a copy has been sent out to all of our carers this gives them information about our service, visiting times and other external support services which they can access.





## The Journey to Improving Carer's Experience at Ravenswood House

**Karrie Vallance , Carer Liaison,  
Ravenswood House, Southern Health  
NHS Foundation Trust**

We know from research that involving carers in their loved one's journey through health and social care services not only improves outcomes for service users, but also helps carers feel valued and empowered. For the last couple of years this has been the focus of a group of passionate staff from our service: Ravenswood House, medium secure unit in Hampshire, Southern Health NHS Foundation Trust. As a mixture of disciplines working under the umbrella of service user and carer engagement (SUCE), we have met monthly to discuss ways in which service user's experiences can be enriched and how the engagement and inclusion of their carers can be increased and improved.

Our initial aim was to have carer champions on all wards within the hospital, led by a carer lead for the service. Due to several barriers, mainly related to staffing and protected time, this was difficult to fully achieve, however staff that were able to manage the additional workload made significant improvements in the projects to improve the experience of carers. Fast forward two years and a member of our original group is now in a designated post as a carer liaison for all of the wards at Ravenswood House. The Carer Liaison post is a real asset to the unit and means that projects and initiatives developed during SUCE meetings or from Trust level, can be followed through with commitment, ensuring our Trust's core objectives to improve carer experience are implemented.

Our Trust is working towards becoming a Triangle of Care service and as part of this project we have introduced carer communication plans – this is a fantastic tool developed to enable staff to identify the needs of carers, build relationships and simultaneously gain their expertise on how to engage, care for and manage difficult and challenging situations their loved ones may encounter during their recovery. From these carer communication plans, it is evident most carers want more participation in their loved one's care. The carer liaison therefore acts as an advocate and is best placed to bridge the gap, connecting carers with the relevant professionals

to ensure positive co-production is achieved. Depending on their needs, carers are also signposted to organisations offering carer support, facilitated by the Trust, charities or local authorities. Currently within our service there is no support group devoted to carers of loved ones in forensic settings, therefore carers are directed to the Trust's Friday Forum facilitated by our Trust carers' strategy project officer. Although carers have reported finding this helpful, their feedback for a more tailored approach has driven us to start to develop a support group aimed at those with loved ones using specialised services – watch this space.

Other developments our carers have been engaged in include the reviewing of policies and procedures and the evaluation of Care Programme Approach (CPA) reports. Their feedback on service developments is vital and ensures their opinions are listened to and appreciated. We have compiled a database of all carers across our forensic inpatient and community services, so continuity of care can be achieved when a service user is discharged transferred from one setting to another.

One of our biggest success stories of the last year was a summer festival that was held within the Ravenswood House grounds, organised by our occupational therapy department. There was a mobile farm, a band, various performances by service users, games, a mocktail stall and most importantly loads of carers. It was incredible to be able to invite them along so they could join in with the fun and share the experience with their loved ones. We hoped to replicate the success of the festival by inviting family and friends to a Christmas party. Sadly, this was cancelled at the last minute due to COVID-19, however as soon as restrictions are lifted by the Trust, we are planning our next big event.

Speaking of achievements, we cannot finish without boasting about a few other things – firstly, we received really positive verbal feedback on the progress of carer engagement during a recent Care Quality Commission (CQC) inspection (they have yet to publish their findings). We then received a similar response following the Quality Network Review – a proud moment. And to end, our Trust has recently celebrated obtaining our first Triangle of Care accreditation star, which is a fantastic accomplishment demonstrating the involvement we have made in our practice, to ensure carers feel supported and their experiences improved.



## Ravenswood Summer Festival

**EM, Patient, Ravenswood House,  
Southern Health NHS Foundation  
Trust**

My views on the festival were very promising:

**"We want another one!"**

The festival was the brainchild of occupational therapy (OT) department. At the festival we had a variety of animals from sheep, goats and a horse, to name but a few. This was an instant hit with my family and I am sure other guests felt the same.

At the start of the festival, we were able to meet up with our families and share in the atmosphere. I guess one of the main factors was the nice weather throughout the day.

There was also live music from The Bluebird Band who played few tracks. During live music we were fed with burgers, hot dogs and crisps. Soft drinks were available throughout the day. I would like to point out that vegetarians were also catered for.

As I said before, there was live music and some of the patients sang and played instruments. One of my peers played guitar and ukulele and close to the end of the festival he sang a couple of songs with his brother and the band.

In the afternoon we went back outside to see the animals where loads of pictures were taken. My family enjoyed the day. It was a good atmosphere for the visits and it made the day seeing family and friends instead of being stuck in a visitor's room. They were more than happy to come again when another festival is planned i.e., Christmas.

It also felt good because the families were not pressured into going. I felt really good about the whole event as I got to see my family after a couple of years and I am sure others did as well. It was good to see patients taking part in the live music which added to a good atmosphere. As usual members from the OT were there with camera, snapping away taken pictures for the newsletter, for the notice board and families. All in all, the festival was a big hit and gets the thumbs up from me as I am sure it does from others as well. Well done OT department and all the staff who took part.



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## Virtual Carer Events

**Rakhee Haque, Lead Systemic Family Therapist, Natalie Waghorn Lead Practitioner Forensic Social Worker, John Howard Centre, East London NHS Foundation Trust**

The Forensic Directorate in East London has tried to engage with families and friends in a number of different ways over the years. This article briefly describes two specific initiatives, family and friends open days and the carers forum, and how they have evolved during the COVID-19 era.

### Family and Friends Open Day

In 2017 we invited families, friends and carers to our first open day at the medium secure unit (MSU). They welcomed the event and felt that this 'was well overdue'. We have since held these meetings bi-annually across the MSU and low secure unit (LSU).

The open days offer guided tours of the facilities and presentations from the head of service, different professional teams and service users on their varied experiences. Discussions groups are facilitated and pre-COVID-19, a catered lunch for service users and their relatives. During the lunch, families and carers informally meet different professionals who might be caring for their relatives such as staff from various departments, including social work, therapies, sports, education, people participation and the drug and alcohol service.

Since the onset of the pandemic, open days take place virtually on Zoom, trying to retain the same format (though sadly no lunch!)

Carers consistently comment positively on the open day and presentations from the service users, the discussion groups, meeting other families and the opportunity to share a meal with their loved ones

*"I liked the presentation from the service user, being new to this service it was very insightful. Hearing about the experience of other patients first-hand ...It gives families and friends hope!"*

### Carers' Forum

In April 2020 we held a virtual meeting with carers offering information and reassurance about how

the service was managing COVID-19 and the care of their loved ones. About 25 relatives and friends attended. The meeting was well received and ended in a spontaneous round of applause for staff!

In the meeting, carers requested a space to meet each other and a place to talk about their experiences. This forum now meets online every six to eight weeks and is co-facilitated by family therapists and social workers. Sometimes we invite other disciplines to talk about their provision at the different secure settings such as occupational therapy (OT), nursing, what activities are available on the ward and typical weekly menus. We have also had guest appearances from both the Care Quality Commission (CQC) and North London NHS Forensic Consortium seeking feedback from carers.

It is an informal and open group so whilst we have some regular attendees there are also carers that dip in and out of the group. Some of the main themes that have come up for carers are food (in terms of healthy options available), patient activities, visits and how to improve them (e.g., by the sharing of home cooked food, playing cards, etc.), and the difficulties communicating with clinical teams. They have also shared feelings of shame about their relative being in a secure setting. At times they have provided each other with their own experience of a loved one moving between medium to low security and how that was managed as well as how they had conversations with their loved ones such as not going back to the family home.

The forum also allowed space to share together frustrations about COVID-19, lockdowns and the service response at times where visits have not been allowed or leave has been stopped for service users due to guidance for infection control.

### Feedback from Carers on Experience of Virtual Events

***"Carers forum is useful, other people raise concerns that I may not be thinking about, ... useful to see how it is dealt with"***

***"I never would have been able to attend, the technology has allowed me to access this and other services like family therapy which is very good, useful to have this service and offer them all from a distance." (Carer living in another country).***

***"Covid restrictions have prompted the service to go online, I can now have more contact with the team, get to see people and what they look***



*like, different from a phone call. This is a positive outcome of Covid and gives a sense of connection”.* build more meaningful relationships and dialogue with our families, friends and carers.

The pandemic has compelled us to find new and creative ways of working. Where we might have struggled in the past, offering virtual meetings has allowed us to better connect and start to

## Co-producing a Staff E-Learning Resource to Raise Family and Carer Awareness

**Emily Poole, Patient and Carer Engagement Coordinator, Langdon Hospital, Devon Partnership NHS Trust**

I thought readers would be interested in the story of our (almost completed!) co-produced project.

We started this work back in 2019, in response to consistent feedback being generated by our family members, mostly collected at our biannual family and friends events, but also via written feedback, phone calls and conversations.

We (myself, supported by the engagement and involvement team, Listen, Empathise, Agree, Partner coordinator and six carers/family members) collectively agreed that what was needed was some form of staff awareness-raising with the following remit in mind:

- To ask staff to stand in the shoes of carers and family members to understand their experience.
- To give all staff the confidence to communicate appropriately with family members in an informed and welcoming manner.
- To clarify issues of confidentiality (often the basis for lack of confidence in interactions with family members).
- For staff to understand the positive impact every one of us can have on the family and carer experience and how they personally can make positive changes.
- For staff to be familiar with principles of recovery and the Triangle of Care.

- For a resource which would be accessible, user friendly and not too long. Making it an online resource means people can access it where they would not be able to leave their work area to join face-to-face training.

We met as a group (usually a core group of five or six as people’s availability would fluctuate) on a monthly basis and over the next few months drafted a script and a storyboard. We then recorded voiceovers with the music technical instructor based within our team.

At this point COVID-19 hit and everything was locked down. This delayed our project considerably. However, during this time our arts and crafts technical instructor and I were fortunate to work with two patients on our medium secure unit to co-produce an animated sequence for inclusion in the learning resource.

This animation also works well as a standalone and went on to win a Platinum Koestler award in 2021. Because of the extended timescales forced on us by COVID-19, some of the family members have moved on, but new people are now involved. As restrictions began to ease, we had a great piece of luck, in the form of a new addition to our IT workforce, with experience of producing films for colleges.

Thanks to his technical expertise and generous availability, our work is being transformed into what we hope will be a very useable and useful resource. We are hoping to have a final draft out for review by our family and friends steering group in March.



## Involving Carers as Experts by Experience

**Carris Nesbitt, Social Worker, and Jade Wilkinson, Trainee Clinical Psychologist, Tatton Unit, Pennine Care NHS Foundation Trust**

Involving carers as experts by experience can have a positive impact on their loved one's care. Through the carer champion role, the carer was contacted before their loved one was admitted to our service to introduce the unit and team. This created a strong foundation for our understanding of their loved one's strengths and areas of support.

The carer's knowledge and commitment to their loved one's care provided a comprehensive social development history; in collaboration with the psychology team and their assessments, the learning disability team was able to make a formal diagnosis.

This diagnosis has meant the carer's loved one meets the criteria for a care treatment review (CTR) which is rooted in the principles of human rights. The reviews are part of the NHS England's commitment to transforming services for people with learning disabilities, autism or both. The interview below highlights the importance of working together and the positive impact the CTR has had on the carers, their loved one and the team.

***"Fingers crossed this is the start of something new for my son, if we can help others we have done our job."***

**Q: Can you say a bit about your journey so far?**

A: "I have been trying to get my son a diagnosis for over 30 years, my journey has been hell, no one has taken on board what we've been saying."

**Q: How did you feel when you heard about the transfer to Tatton?**

A: "When he said he was going to your place, I thought maybe we will get someone to listen and understand. Thank god you did. It was brilliant, someone was listening to what we were saying. I have been asking for over 30 years and no one else has listened until now."

***"As a mother that can be soul destroying. It's like hitting a brick wall."***

**Q: What positive impact has this had on your loved one and their care?**

A: "Brilliant, we can now work together to support my son and his needs. The team have a good understanding of how to support him to move on and have a better life. I feel for people that don't have any notice taken of them. I think about the people who are living in places that they shouldn't be in and are not listened to."

***"You are coming into my world and my planet and should listen to me."***

**Q: What has worked well?**

A: "My son has the confidence to speak up, it's such an improvement now he has got someone to listen to him. It's a relief to have a carer champion on the unit and be able to pick up the phone and be listened to whilst I fight for my sons rights. He is entitled to have a life no matter what's wrong with him."

***"I know my son better than anybody, and now my son has a voice through me."***

**Q: What hasn't worked so well in the past?**

A: "Not being listened to and made to feel like I don't have a voice. Being dismissed as a paranoid mother, being isolated and alone, and being put down. I lost my confidence."

**Q: How has this impacted on you?**

A: "It has destroyed my life not being listened to and it has emotionally impacted on me and my son and made me mistrust teams. It made me think 'what's the point if they aren't listening?' It is patronising and I feel like I've been belittled because I care."

**Q: How did it feel attending the CTR meeting?**

A: "I found it a really good experience. I was made aware of other services that I did not know could offer support. It was well-organised, people were pleasant and understanding which I haven't had. I was shocked that people on the other end were taking note and listening to me."

**Q: Any words of advice for other practitioners?**

A: "Being ignored shouldn't be happening. Listen to parents and carers because we know the person better than anybody and we can share a wealth of experience into how they are going to respond to certain situations and what they will be faced with."

***"Recognise the influential position that you are in as a professional when working with"***



### **vulnerable people.”**

“Make protected time for carers within the service to have their say. Let carers know where they can go for help.”

### **“I wish I met you years ago, I may not have been in this situation”**

#### **Q: Any words of advice for other carers?**

A: “Get in contact with an MP or professionals and have them listen to your concerns about your loved one. Access a carer champion or carers service where you can get support.

To conclude, this powerful interview highlights how instrumental it is for the carer champion role to be implemented in services to involve carers at every opportunity but more importantly from the start of a service user's admission. Working in partnership has developed the team's knowledge in the CTR process and exercised our person-centred skills by adapting documents and care plans with the service user and their carer, so they are delivered in an effective, understandable way.

We would like to take this opportunity to thank the carer for their participation in promoting carer involvement and thank the Tatton team for their commitment to putting service users at the core of their practice.



*Artwork by Tatton service user to illustrate the CTR process and carer involvement.*

## 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)



## “I would like to understand more”: Developing a Carer Support Programme at Robin Pinto Unit

**Dr Becky Grace, Senior Clinical Psychologist, Dion McNicolls, Integrated Clinical Lead, Zaliya Musah, Deputy Ward Manager, Omolola Oginni, Staff Nurse, Laurencia Chirapa, Deputy Ward Manager, Lelia Smith-MCloud, Clinical Support Worker, and Christlyn David Psychology Placement Student, Robin Pinto Unit, Essex Partnership University NHS Foundation Trust**

### Introduction

Robin Pinto Unit is an 18-bed, low secure male forensic ward in Bedfordshire; run by Essex Partnership University (EPUT) NHS Foundation Trust. A multidisciplinary working group aimed to improve the quality of support available to carers, and better meet Quality Network for Forensic Mental Health Services (QNFMHS) Standard 53 (2021; *Carers have access to a carer support network or group*). The development and evaluation of a pilot carer support programme is outlined below.

Carers play an essential role in mental health recovery (Wyder et al., 2021) and their involvement is emphasised in numerous clinical guidelines relevant to our patient group (e.g., National Institute for Health and Care Excellence [NICE] CG77, 2013; CG78, 2009; CG178, 2014; CG136, 2011). It is recognised that the role can have a detrimental effect on quality of life and lead to social isolation (Hayes et al., 2015; Broady & Stone, 2015). A number of clinical guidelines therefore recommend that support and psychoeducation are offered to carers (e.g., NICE CG178, 2014; CG136, 2011; NG150, 2020). Together, this suggests that carer support is necessary for the sustainable delivery of mental health services.

Within forensic mental health services, carers' groups have been identified as important, with carers highlighting the benefit of peer-support (Ridley et al., 2014). The complexity of cases and level of risk within this field arguably suggests that carer involvement is particularly important, along with the need to support these individuals.

### Method

Drawing on co-production principles, carers ( $n = 9$ ) and patients ( $n = 9$ ) were approached to discuss ideas for the programme. Interviews were conducted with carer consultants ( $n = 6$ ). Carers highlighted that they would like to understand more about their relatives' experiences, in an informal, friendly setting, with a preference for support in-person. A socially-distanced pilot programme was launched in Carers Week 2021 (with remote attendance available).

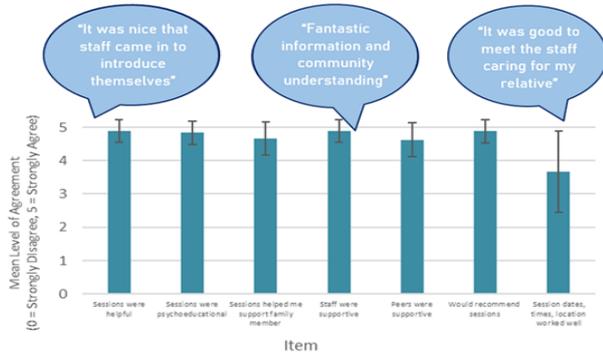
The pilot consisted of three, monthly sessions, lasting 90 minutes each. Sessions were split between psychoeducation and peer-support. Topics included mental health and relapse prevention, medication management, and local support services. Sessions were run by multidisciplinary colleagues, in conjunction with multi-agency partners from third sector carer and housing organisations. To support the longer-term implementation of the programme, feedback was collected at each session and session times were varied (within working hours).

### Results

Ten feedback forms were completed; overall, the programme was rated highly positively, as summarised in Figure 1. On a scale of 0 (strongly disagree) to 5 (strongly agree), sessions were rated as helpful (mean  $x\text{-bar} = 4.89$ ,  $SD = 0.33$ ) and as increasing carers' understanding of topics ( $x\text{-bar} = 4.83$ ,  $SD = 0.35$ ). Carers felt supported in sessions by staff ( $x\text{-bar} = 4.89$ ,  $SD = 0.33$ ) and peers ( $x\text{-bar} = 4.63$ ,  $SD = 0.52$ ), and felt better able to support the person they cared for ( $x\text{-bar} = 4.66$ ,  $SD = 0.50$ ). Scores for session times ( $x\text{-bar} = 3.67$ ,  $SD = 1.22$ ) and attendance ( $x\text{-bar} = 3.33$ ,  $SD = 2.05$ ) were more variable. The afternoon session was rated as the most convenient time ( $x\text{-bar} = 4.20$ ,  $SD = 1.09$ ) and had the largest attendance ( $n = 6$ ). Carers said they would recommend sessions ( $x\text{-bar} = 4.86$ ,  $SD = 0.35$ ).

### Discussion

As recognised by Ridley et al. (2014), attendance was variable. Consultation suggested that barriers to attendance were geographical, financial, related to information technology (IT) literacy, or work-commitments. It is hoped that signposting to grant-making organisations may alleviate some of these barriers in future. Remote and in-person attendance were both available, so this may suggest a role for other forms of support for some carers.



**Figure 1**  
**Qualitative and quantitative feedback received (n=10) for carer support programme sessions**

A possible limitation of this work is that, of 18 patients, a minority of carers attended. This could suggest a bias in those keen to engage. However, repeat attendance could also be seen as evidence that sessions were valued.

Future plans include developing an ongoing, sustainable programme, beginning in March 2022. Sessions will be on a quarterly basis, with involvement from the wider multidisciplinary team. For the next phase, sessions will finish to correspond with a patient community meal, enabling the opportunity for joint interaction. Responding to feedback, sessions will be held in the afternoon, with some environmental modifications. Psychoeducational content will include further information on mental health difficulties and discussion of risks and restrictive practices. It is hoped that collaboration with the third sector can be maintained and enhanced.

In summary, this was a successful multidisciplinary and multi-agency pilot carer support programme, developed in consultation with carers and patients. Combining peer-support and psychoeducation, these sessions were rated highly, and will continue developing as the programme is implemented.

## Involving Families in Secure Services

**Nuala Sheehan, Carer/Retired NHS Family Therapist**

Opportunities for family involvement in secure services have been developing in recent years in recognition of the fact that carers have skills, knowledge and experience that can make a positive impact on their loved one's care and treatment. The involvement of carers is regarded as vital to their loved one's recovery as there is good evidence that involving families achieves superior clinical outcomes with better recovery rates and increased job satisfaction for staff. Since the publication of The Carer Toolkit in 2018 the involvement of carers is now mandatory in secure services. As a mother of a man who has been a user of mental health services of all types for 20 years, including inpatient secure services for the past five years and five months, I regard this as a welcome and necessary improvement. However, despite opportunities to be involved in

meetings such as a secure services carer forum and despite having been appointed as a carer expert by experience in my local Trust, I continue to be excluded from any meaningful involvement in my son's actual clinical care. My son welcomes my involvement and has always given his consent.

The Triangle of Care, the Carer Toolkit and the Trust's Carer Charter all state the experience and expertise of family members should be valued and that family members should be seen as equal and expert partners in order for services to achieve the best possible care for their patients. Family members are required to be integral to the whole care plan, initial assessment, risk assessment, reviews, discharge and recovery planning. In my experience of my son's care in a medium secure unit this is simply not happening. It is rare for anyone working with my son to make contact with me. As a result of persistent efforts on my part I now have a weekly 30-minute phone conversation with a social worker on the team which is very helpful. However, the social worker has been absent from work for four of the past six months during which time our phone conversations could not have taken place. I am not permitted to attend the



fortnightly ward rounds, therefore the only opportunity for me to communicate with the team is at the six-monthly Care Programme Approach (CPA) review meeting. However, this immediately follows a pre-meeting from which my son and I are excluded and at which all meaningful discussion and decision-making has already taken place. And so, I am still excluded from these processes.

Carers have a very low priority in this service and staff appear to be unaware of the requirements of the Carer Toolkit, despite the fact that it has embedded a requirement for meaningful carer involvement in the standards since 2018. Generally, there is clearly not a culture of valuing family involvement. Attempts to include families are half-hearted and there is little real appreciation of the benefits of carer involvement. When I have discussed this with senior staff I have been told to 'leave it to the mental health professionals' and 'the team needs to be able to work independently of carers, just as a medical team would not expect carers to be involved in their work'.

Therein lies the problem. In forensic inpatient services the biomedical model predominates, whereby mental health problems are still regarded primarily as biological illnesses and treatment teams are structured hierarchically, along the lines of medical teams. All patients have a psychiatric diagnosis and for the vast majority the primary interventions are medication, usually prescribed long-term and restrictive practices. The psychiatric diagnoses are believed to explain what is wrong with patients in terms of underlying illness resulting from neurochemical imbalance that drugs purport to correct. Insufficient attention is paid to the meaning of symptoms, what has happened to patients in their lives that has led to their problems. There is much debate about the validity of the biomedical paradigm and alternatives are gaining attention such as those outlined in trauma-informed care, open dialogue, and the power threat meaning framework.

There is a more obvious and natural role for family members in these emerging approaches, particularly in Open Dialogue teams where hierarchies are flattened, families are fully included, all voices have equal validity and all decision making involves the patient and their family.

Open Dialogue is frequently cited these days as

the best example of a clinical approach that embodies the desired direction of change in mental health services towards a more person-centred, trauma-informed and relational ways of working. There is good evidence of its efficacy in achieving vastly improved clinical outcomes as well as increased job satisfaction and improved retention rates for staff. Research carried out in Finland with people experiencing a first psychotic episode who were treated with Open Dialogue shows that 74% achieved full recovery at two-year follow. The comparable recovery figure in the UK with treatment as usual is 7%. The efficacy of Open Dialogue is largely due to patients and their families being empowered, patients being given agency in their lives, the creation of a safe place to talk about difficult subjects, to establish the meaning of symptoms and staff developing deep, authentic and reliable relationships with the family. There is consequently less need for restrictive practices, hospitalisations and long-term use of medication.

A shift in the way services are organised will be required to move away from the predominant biomedical model towards the primacy of these alternative paradigms. There is already a good example of the use of Open Dialogue in a UK low secure service, Morris Ward at Goodmayes Hospital in London. As described by the Open Dialogue trained consultant Emmanuel Okoro and Open Dialogue pioneer Professor Russell Razaque at the QNPICU Annual Forum in September 2020. The major trial of Open Dialogue that is currently underway in the UK, the ODESSI trial, will hopefully provide a convincing evidence base for the efficacy of this approach in the UK when its findings are published in about two years.

If only Open Dialogue had been available to our family, I am certain my son would have recovered from his mental health problems years ago. The five years and five months he has spent in secure inpatient services, at a staggering cost of to date of £980,000, have produced no discernible benefit to him and much discernible harm. This is doubtless the result of the disproportionate risk aversion that is embedded in the culture of the hospital that leads to coercive practices and the disempowerment of patients, plus the overuse of psychoactive psychiatric drugs that are known to cause serious unwanted adverse effects and to cause chronicity when used long term. None of these are conditions that are conducive to psychological healing.



## Family Reunited – An Opportunity Nearly Missed

**Helen Shilton, Family Liaison Worker,  
Ash Ward, East London NHS  
Foundation Trust**

A 64-year-old man was admitted to our low secure ward. He had led a transient lifestyle for many years. Moving between supported accommodation, prison, periods of homelessness and various admissions to acute wards. As part of the ward triangle of care procedure on admission I reviewed his records, particularly family liaison history which was always recorded as “no family”.

In my role as family liaison worker, I wondered whether to even have a conversation with him about family and friends but I decided I would introduce myself, explain my role and use that to gently ask about family.

He told me that he was one of three siblings and that his sister used to regularly write to him, but those letters had stopped a few years ago and he thought that she had passed away, but he would like to know if that was the case.

I began researching deaths, obituary notices etc., but could not find anything. I reviewed the notes and found an old address for his sister.

After a discussion held with the team and the patient, I wrote to this address. The letter was very brief and being aware of confidentiality it contained only essential information. I did not provide an address, just my name and phone number and an explanation that I was supporting this gentleman who was thinking about his sister.

Many weeks have passed, the patient was asking about it and then I got a phone call from his sister. She explained that she had moved address, but my letter had been forwarded. She told me that she cared very much about her brother and that he had “bore the brunt of a very difficult upbringing”. In the past she used to write to him often and received letters back, however those had stopped. Therefore she thought something must have happened to him.

She also told me that a few years back she went to visit him in prison after receiving a prison visiting order, however, he had been released a day before her visit and so she had missed him. She told me about her recent years that she had been caring for her very physically unwell husband and described her own recovery from breast cancer.

She was very pleased that contact had been made and that she knew her brother was alive somewhere safe. She restarted their correspondence.

It was so pleasing to tell this man that his sister was alive and that she would be writing to him soon. He simply replied: “That’s lovely” and his facial expression said so much. During his stay with us they regularly corresponded, and she sent him some parcels including childhood photos.

Learning/discussion points:

- Ask those difficult questions and sensitively delve a bit deeper.
- Dedicated family liaison role allowed for more time and commitment to re-establish these contacts.
- Recognition that even if there have not been any family connections, it might be due to circumstances and not a lack of care.
- Confidentiality can sometimes be a block that is difficult but possible to negotiate.

### Join the Network!

Membership registration for the Quality Network for Forensic Mental Health Services (2022–2023) is open! In order to renew your membership, please complete the following forms:

[Joining form](#)  
[Service information form](#)



## Working with Family, Friends and Carers

**Dawn Sutherland, Advanced Nurse Practitioner for Family and Carer Engagement, Tamarind Centre, Birmingham and Solihull Mental Health NHS Foundation Trust**

Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) family and carer strategy acknowledge that maintaining relationships with family, friends and carers is very important throughout the patient's recovery journey. At the Tamarind we endeavour to take a proactive approach to family and carer engagement.

Once a patient has been identified for admission, contact is made with the identified family, friends, or carer to introduce myself as the family and carer lead and send them a carer's information pack. This gives them information about the service including the roles of the different members of the multi-disciplinary team.

I explain how, with the patients consent, they can be involved in the patients care and I answer any questions they may have about their loved one's care and treatment. For some this may be their first experience of secure care so they will need a lot of reassurance and information. I arrange to meet with them face-to-face and they receive a written invitation to the clinical team meeting. During this first face-to-face meeting, carers often appreciate the opportunity to talk about their experience of trying to navigate mental health services.

A carer now attends clinical governance meeting and all papers relating to the meeting are shared with the carer. The carer reports that everyone is "extremely welcoming" and that the "intention of transparency and improvement feels strong". Feedback was sought from a number of carers about their experiences on the below:

### Effective Communication Between Family, Friends and Staff

In talking to carers there are mixed experiences of this process.

This feedback shows that although we are doing

some good work there is more work to be done in not only communicating with families but also in following up on agreed actions.

**"Some staff have been reassuring and have taken time to explain things, they have also said to ring anytime if you have questions."**

**"I have found that communication is ok, it's the follow through that is an issue. By this I'm referring to Care Programme Approach (CPA) meetings, where you discuss your concerns and fears, staff members are delegated to contact you after the meeting with answers or what is required....it goes unchecked and there is no resolution."**

Events and initiatives such as carers forum and family days. Four friends and family events are held yearly. The service users are asked to nominate people that they would like to attend these events. These are usually themed events led by different disciplines, Nursing, Psychology, and Occupational therapy and there is a Black History event. Regular meetings are held with service users and staff to plan these events which are used an opportunity to showcase service users work.

**"Felt very welcomed as carers by all staff from reception to those in the family day events."**

**"Meeting son's peer group...also helps with this connection and support. It also shows a culture of inclusion in such a broad sense... please keep modelling that to us, to patients and to staff."**



**“I have been blown over by the help, patience and understanding of Dawn Sutherland. Through her I have been able to get information that is needed and personal assurance when everything is getting on top of me. As a carer of a loved one in the Tamarind Centre there are times when I feel overwhelmed and a quick call to Dawn can quickly put me at ease. I have found this service to be very helpful.”**

**“Really helpful way of meeting nursing and ward staff, occupational therapists, psychology staff, all of whom introduced themselves to us and who were very professional and friendly. Staff clearly put in much time and effort; it makes on going contact so much easier.”**

**“I have had the privilege to attend all three events held at the Tamarind centre last year and overall, they were amazing. We got to mix with our loved one, fellow patients, other families of service users, staff, and some doctors. It was good to see staff members interacting with our loved ones as it gave a sense of peace. Staff and service users decorate the hall and had themes running throughout, there were games available for all to play and it was great to see staff members playing along with all. You feel like you got to know the staff there.”**

### **Carer’s Forum**

Prior to the Pandemic the carers’ forums were often poorly attended. At the start of lockdown we moved to virtual meetings via Microsoft Teams, which saw an increase in attendance that has continued. We aim to make the meetings informative and relevant for the families. Each month a different person is invited to speak on a topic that is relevant to the service user’s recovery journey and the families are encouraged to ask questions. Presenters include occupational therapy staff, psychology, drug use nurse, pharmacist, consultant psychiatrist, staff from the Transitions group. All these speakers have been warmly welcomed by the group with many questions.

### **The Carers’ Experience of Having a Loved One in Secure Care.**

Many carers often feel overwhelmed and confused when their loved one is admitted to secure services. They will need to navigate the security procedures from the moment they enter the building which can appear confusing.

We have received valuable feedback from our families and carers. There is still ongoing work to be done to make carer engagement more embedded within the service. However we have found that a proactive approach to family and carer engagement benefits everyone.

**“Knowing the environment really helped in conversations with our loved one, to understand more about his day and his activities – he and his dad felt more connected.”**

**“The monthly meetings provide a better understanding of what happens to our loved ones and the team that works with them...different facilitators providing direct information about the work they do.”**



"Very useful information, opportunities to ask questions and discuss topics openly."

"Delivered well, I like the format and the length of time the meeting takes."

"Also, very good on key pathway points...such as on preparing for community transition, drug and alcohol worker teams. With mixture of less structured at times to allow for more general discussion – seems to work well."

"It is easy to feel isolated and anxious, it is hard to discuss with others who have not experienced what we have. The monthly meetings help so much, it means a lot that you are not alone."

"When our son first went into secure services the relief and the hope for us as carers was huge – this service is rated well and there is significant treatment/therapy for our loved one. To him and to us as a family. Our experience of individuals is that they are accessible, professional, often friendly and wanting to help despite their own pressures."

"Sometimes staff seem determined to reassure. I'd like to tell staff that it's ok to tell carers that you don't know but you'll find out, or even that something just can't be done."

"It is reassuring to know we have a shared experience with other families/carers, they understand what you are going through."

"Dr Maganty's structured sessions have been excellent - about secure units, typical high level pathways and expectations...different sections and links to CJ/MoJ and great way of easing in new carers into linking to unit too."

"Clinical lead of unit making the time to be on many of these is a great real commitment and message from both him and the Tamarind centre."



## Advancing research in adult secure mental health services in England

### Advancing research in adult secure mental health services in England

Howard Ryland<sup>1</sup>, Louise Davies<sup>2</sup>, Jeremy Kenney-Herbert<sup>3</sup>, Michael Kingham<sup>4</sup> and Mayura Deshpande<sup>5</sup>

#### Abstract

Forensic mental health services in high income countries are typically high cost and low volume, providing care to people with mental illness, personality disorders, learning disability and autism deemed to pose a risk to others. Research into how forensic mental health services work as a whole system is limited. Such research is urgently needed to guide policy makers and ensure that services operate effectively.

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New research has now been published which describes an initiative by a commissioning advisory body, the Clinical Reference Group for Adult Secure Services at NHS England and NHS Improvement, to pioneer a new approach to advancing research

for forensic mental health services. This involves the systematic canvassing and prioritisation of research questions from stakeholders, including patients, carers, academics, and clinicians. To view the recently published paper, please click [here](#).



## From Care to Support

**Dr Faiza Hussain, Specialty Doctor,  
Courtney Greene, Head of Occupational  
Therapy, Cygnet Hospital Woking, Cygnet  
Healthcare**

### Family Inclusive Practice

Looking after a friend or a relative with mental health difficulties can have a serious impact on one's own mental health. According to Carer's Annual Survey carried out in 2015, 71% of carers have poor physical or mental health. Further, 78% of carers reported feeling anxious and 55% mentioned that they had suffered from depression due to their caring role.

Supporting and caring for someone with mental health difficulties can be physically and mentally exhausting. We, at Cygnet believe that supporting family, friends and carers is essential to comprehensive and holistic care. Hence, they are an important part of the service that we provide to our patients.

According to Javed and Herrman, relatives of a person suffering from mental health difficulties frequently experience physical, psychological, social and financial problems.

There is ample evidence that in addition to helping with short-term outcomes, working with carers and families also facilitates long-lasting improvements in the mental health and quality of life of those with mental health disorders.

In July 2010, the triangle of care guide was launched by The Princess Royal Trust for Carers to emphasise the necessity for involvement of carers and families in the care planning and treatment of people with mental health difficulties.

The guide is about creating a mutually beneficial relationship between carers, service users and health care professionals to improve their mental health by including and supporting carers. Cygnet Woking is committed to using this approach.

### Carer's forum at Cygnet Woking

Many relatives, friends and carers struggle to understand what their loved ones are going through. The family, friends and carers forum at

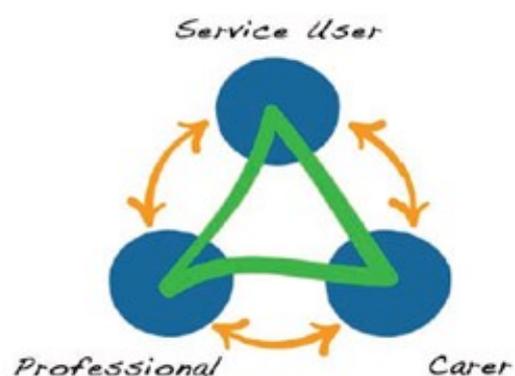
Cygnet Woking aims to address some of these difficulties by offering a key contact person and running monthly educational sessions.

The role of the family, friends and carer's forum lead is to act as a point of contact for the carers and be the link between carers and the treating multi-disciplinary team (MDT). Soon after a patient's admission, a welcome pack is sent out to carers who express an interest in being part of the forum. They are then invited to various events during the period of their loved one's stay at the hospital.

Carers are invited to attend Care Plan Approach (CPA) meetings, ward rounds and various other meetings with the consent of the patient. These meetings may be attended in person or online. Carers also have access to the consultant's clinic where they can book an appointment with the treating responsible clinician (RC) to share their concerns and discuss the treatment pathway. The consultant's clinic process was initiated after identifying a gap in communication between the clinician and carers.

### Providing Education to Carers

In certain instances there may be some stigma associated with mental health conditions and admission to a hospital may be a matter of concern amongst the carer group. The forum at Cygnet Woking aims to provide educational sessions to support carers and patients in combating this stigma.



In addition, many of our patients are in 'out of area' beds, making it more difficult for a loved one to visit. Cygnet has addressed this by offering remote support for family, friends and carers where they can join meetings online. Wards are equipped with video communication enabled



tablets to enable patients to have regular contact with their loved ones.

Zoom events have been scheduled throughout 2022 after a successful online programme in 2021. Positive feedback has been received from carers that they find online events easily accessible and beneficial. The focus of the 2022 events will be on education to reduce stigma and will include many other useful topics such as:

- Importance of routine in recovery
- Taking care of the carer
- Medication compliance
- Physical health in mental well-being
- Mindfulness
- Anxiety disorders
- Depression
- Schizophrenia and psychosis
- Sensory awareness
- A-z of mental health
- Recovery triangle

Action for carers Surrey has also attended the online meetings in order to promote the support that they are able to provide carers directly. In conjunction with the monthly online meetings, family and carers days are also organised (summer fair, summer barbecue, etc.) where people can come and spend a day with their loved ones at the hospital in a fun and relaxed environment. Despite the obstacles of time, distance and the pandemic, Cygnet Woking has risen to the challenge in adapting our practices to facilitate the involvement of families and carers in their loved one's treatment and progress. Such practices continue to provide good outcomes and sustainable care.

Cygnet's aim is to continue improving the collaborative working environment by involving carers of our service users in their treatment and offer them support for the care they provide outside the hospital.

## Working with Family, Friends and Carers

***Matt Knight, Patient and Carer Experience and Involvement Lead, Forensic Mental Health Service, Oxford Health NHS Foundation Trust***

Our family champion programme was relaunched in November 2020 and has had a positive impact on how we as a service can communicate with and support family, friends and carers. Our inpatient service is made up of ten wards totalling 150 inpatient beds. Each ward has at least one family champion.

### What is a Family Champion?

It is a voluntary role taken on by a member of the nursing team on each ward. The role is carried out by both, qualified and unqualified staff, depending on who is available or has a particular interest.

The role of the family champion is to take a lead

role and support all team members to fulfil their responsibility to consider the needs of family, friends and carers, not to be the only team member who does this.

This includes the family champion ensuring that resources are available and kept up to date, training and support is available, good practice is shared and that opportunities are available for family, carers and friends to interact with the staff team.

### Supporting the Family Champion role

Each family champion is given a 9-5 shift once a month when they are able to focus solely on their family champion duties. As much as possible each ward gives their family champion the same day across the whole service. This means that all family champions have the opportunity to meet up (via MS Teams) on that day for informal peer support and to share good practice. It is also an opportunity for training and updates.

All family champions are given in house annual training – as either an introduction to the role for new champions or as a refresher to those who have done it for a while.



## Family Champions Role in Maintaining Contact Details for Families

Family champions play a big role in ensuring the service has accurate and up-to-date contact lists for families, friends and carers. This seems to be a perpetual challenge in secure mental health services but where we have active family champions in place contact details are both up to date and detailed.

At present we rely on this information being collected on admission, but for a variety of reasons this is not always the best time to be doing it. Admissions are busy and stressful times for everyone – not least the patient and their family. A newly admitted patient may have some reservations about handing over contact details for their families and there may be very good reason for families needing to give the patient some space and a break from contact.

The family champion is proactive in regularly reviewing this information with the patient, so that when they become more settled they may be more open to the service having contact with their family and perhaps other close friends and acquaintances. Of course, along with actual contact details it is necessary to frequently review a patient's consent for information to be shared.

The online patient record system used by our Trust is not ideal for keeping all these contact details and information about consent in one place. Therefore, with the guidance of our head of information governance, we have set up an Excel spreadsheet for each ward on OneDrive. This means that a number of members of staff can access and edit this contact and consent details and all information is only stored in one place, where it is always up-to-date.

### Other key Family Champion duties

As well as keeping contact details up to date family champions are free to take a lead with any work improving the way their ward interacts with families, friends and carers.

Some family champions have been working on

“virtual tours” of the wards, to allow families to see images of the inside of the ward and picture where their relative is.

Other tasks could include things like:

- Putting together and sending out welcome packs to the families of new admissions.
- Ensuring patients are aware of how to use the ward iPad for virtual visits.
- Keeping the family or visiting room tidy with up to date and helpful information on display.
- Planning events for families and carers on the ward.

### Challenges of Having a Family Champions Programme

It can sometimes feel as if there is a champion for everything in the NHS – and I am sure in every service there is high risk of what you might call “champion fatigue”. Services are so often overstretched that it can be a daunting task for anyone in a champion role to get others in the team enthused. Often family champions are unable to have their allotted time off shift to fulfil the role and on some wards staff turnover can be high so that the family champion changes quite often, or there are times when the role is not covered.

With the role often being given to more junior members of the team it can often feel to family champions that they do not have the authority to promote new approaches or improve working with families, friends and carers.

Within the service we have tried to overcome these challenges through offering regular training and support, encouraging family champions to work together across wards and by wards having more than one family champion where possible to improve succession planning.

Overall, the family champions programme makes a significant difference to the way that each ward and clinical team are able to work with families, friends and carers as well as improving the quality of contact the wider service can have with them.

If you wish to contact the Network please email the team at  
[Forensics@rcpsych.ac.uk](mailto:Forensics@rcpsych.ac.uk)



## Working with Family, Friends and Carers

**Lyndsey Tunney, Recovery and Engagement Coordinator, Senior Peer Supporter, and Lynn Williams, Recovery and Patient Engagement Lead, Bamburgh Clinic, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust**

### Service Evaluation – Review of Discharge Guidance in Secure Care Services, Analysis of Current Practices Relating to Supporting the Involvement of Patients and Unpaid Carers in the Discharge Process

Patients with a current discharge plan or due to commence one will be given the opportunity to take part. We have also approached a small number of discharged patients/carers who are accessing our community hostel. Patient participants are asked permission to approach their carers.

A survey monkey has been produced relating to patient and carer experience. Patients and carers will be approached to establish the current level of involvement and identify any areas where there could be improvements made. We are using qualitative and quantitative methods.

Red, amber, green (RAG) rating will be developed with clear parameters. Red indicates there is currently no involvement, amber means feedback is collected once decisions are made and green suggests a full involvement and inclusion in the process.

Personal identifiable information will not be included in the final report or presentation. Recommendations will be made following a review of the findings with our lived experience advisory group.

### Lived Experience Advisory Group

This is a patient and carer led group supported by peers and recovery staff. As part of the wider provider collaborative joint working with Cumbria Northumberland Tyne and Wear and Tees Esk and Wear Valley NHS Foundation Trusts.

This group core membership consists of people with lived experience. Service users and carers are consulted and involved with decisions about the

design and delivery of secure care services. Representatives from the lived experience group provide feedback to the provider collaborative implementation group. The benefit of this group is that patients and carers are consulted, informed and involved with changes that affect our services.

### Carer Peer Supporter

Cumbria Northumberland Tyne and Wear secure care services employ two full-time peer supporters with recruitment starting for a further two posts. We have recently employed our first carer peer supporter. She is now in post and brings with her lived experience of caring for a loved one within a secure service. The role of the carer peer supporter will include rolling out our carer awareness training to staff and audits of our 'Getting to know you' process to ensure that our policies for working with carers are consistent.

### What is a "Getting to know you" Process?

"Getting to know you" is a Trust wide process followed by staff to get to know the carer of the person being cared for. From when a person comes into contact with Trust services, our staff aim to gain a better understanding of the patient's background and family circumstances as well as identifying more quickly the patient's main carer(s). This is a constant and ongoing process.

### Carer Newsletter

A carer's newsletter is developed three times per year for patients at Northgate and St Nicholas sites. This is co-produced with patients and peer workers.

### Good Practice Identified from our Triangle of Care Annual Report

The separate carer tab on the new version of RiO (electronic records) has improved the recording of carer contact. Action plans can be produced from reviewing the document. Carer champions regularly audit carer documentation and information such as 'Getting to know you'.

Bamburgh Clinic, Tyne Mental Health and Lindisfarne continue to develop a carer newsletter every three months. This is service user-led and feedback for improvements from carers is sought.

Services have links with all local carer's centres and can signpost carers who are out of area to their own local centres.



Our carers have received regular updates around visits during pandemic. I pads have been purchased so Skype visits can go ahead.

### Carers awareness training

The core principles of the Trust’s carer awareness training went through a robust co-production and redesign process following the NICE baseline assessment of NG 150. The updated version of our training s now mandatory for clinical services and best practice for non-clinical services.

The Core Principles slide set provides a section for the addition of locality and/or service specific

information, to enable local details to be included in presentations. The training continues to be co-delivered with carer representation.

### Carers Charter

Our recovery and engagement team within secure care services are also in a privileged position to be involved in the review and redevelopment of our carers charter as well as setting new standards across our organisation.

## From Raising Awareness to Working Together...

**Hayley Mason, Family Engagement and Liaison Lead for the Forensic Mental Health and Learning Disability Inpatient services, Trevor Gibbens Unit, Kent and Medway NHS and Social Care Partnership Trust**

As most of us know, one of the key messages built into the Triangle of Care is that of raising awareness of carers and their needs. But something we have been increasingly hearing from our patient’s loved ones is that it’s not enough to just train our staff to be aware, we need to do more - **we need to actively work together!**

In order to do this, we need to first acknowledge what families, friends, carers and patients already know – it’s not “us” and “them” - we are all part of the same team and must work together to build a meaningful and trusting working relationship in order to find the best way forward for everyone involved.

One of the ways we’ve started to do this within the forensic mental health and learning disability inpatient services in Kent and Medway NHS and Social Care Partnership Trust (KMPT) is by reviewing the training that we currently offer to staff around carer awareness.

A snapshot of some of the work from our focus groups is outlined below:

- Discussions around why we use the term “families, friends and carers” and not just “carers” and why it’s important to work

together including the benefits for the service, the family, friend or carer and of course the patient.

- Acknowledgement that it won’t always be easy... that services won’t always be able to provide the information that families, friends and carers ask for, or change things in the ways they would like; that there may be challenges of time, staffing and practicalities on the wards which impact on interactions with families, friends and carers; that families, friends and carers may have had negative experiences in the past and are feeling mistrustful of services.
- Thinking about what services can do... they can always think about first impressions; they can listen attentively, with compassion and empathy and without judgement; they can validate feelings and provide hope and reassurance; they can be clear, honest and realistic in communications and welcome families, friends and carers in to the service; they can understand that most families just want the best for their loved one and that that there is always a story behind seemingly “absent” families; they can look after the patient and recognise that they will not always feel deserving of asking for help; they can understand that families, friends and carers will “fight” for their loved one and that emotions can sometimes get the better of them whilst remembering that it’s not personal.

We started by inviting families, friends and carers to work with us on this project via our Trust-wide engagement pool\* and by speaking to those families, friends and carers of our current patients to see whether this is something that people wanted to pursue.



We have held three focus groups so far and although the groups have been small, the discussions have been invaluable in opening our eyes to the experiences of families, friends and carers and the ways in which we can work together to improve things moving forwards. We are currently developing a new induction session for staff across all disciplines and departments and will be moving on to creating "working together workshops" which we hope will be a collaborative space in which the challenges, practicalities and benefits of working together can be further explored.

Alongside the collaborative review of our training, we are working to actively engage with our families, friends and carers in ways that suit them. This might be via contact with our ward-based carers champions or our family engagement and liaison lead who works across the low and medium secure services. It might be reaching out on a one-one basis by text, email, telephone, videocall or in person at a convenient time, talking and offering support via our monthly forums or sharing information and resources via our quarterly newsletter.

We also share other opportunities to get involved in shaping services both locally and across the Trust and are currently working with families, friends and carers to refresh the KMPT carers charter and to plan a joint carers' conference with colleagues and families, friends and carers from Kent Community NHS Foundation Trust as well as local carer support organisations.

This is not to say that we have it all sorted. As always when working with people, it is about an ongoing process and being adaptable to the individual needs, hopes and expectations of the families, friends and carers we are working with at any given time. What we can be consistent about is being open, honest and willing to listen and work together in a way that allows families, friends and carers to feel supported both as individuals and in their role as someone supporting a loved one in services.

*\*The engagement pool is a list of service users, carers and their family members who have completed a lived experience expression of interest form and who currently engage with us. You can find out more about our engagement pool [here](#).*



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### Save the Date - Annual Forum!

The Quality Network for Forensic Mental Health Services (QNFMHS) **Annual Forum** will be held on Thursday, **12 July 2022**.

If you are keen to present a workshop, or at the Annual Forum, please get in touch by emailing [Forensics@rcpsych.ac.uk](mailto:Forensics@rcpsych.ac.uk)



## Family Inclusive Practice and Partnership Working in Forensic Mental Health

**Yusuf Danesi, Social Worker,  
Battersea Bridge House, Inmind  
Healthcare Group**

Since 2001, the UK mental health policy has explicitly embraced recovery as a guiding principle and supports social inclusion, employment, and wellbeing. Central to this development is an approach that values partnership between mental health practitioners and mental health service users and their families and friends. More so, the best mental health care of any individual on a mental health section in a secure locked unit can only be realized when mental health practitioners work in collaboration with service users and carers. The 'Triangle of Care' captures this three-way partnership, which enables all voices to be heard.

Forensic settings are arguably among the most difficult places where recovery principles can be successfully applied. This is because individuals in forensic services are re-stigmatised as they endure a long relationship with the criminal justice system - atop their mental health problems. That notwithstanding, recovery is vital for them just as it is for anyone else. Research shows that including families can result in improved social function, self-experienced health and medication concordance for their relatives in mental health services. Consequently, it could lead to reduction in the frequency of relapse, hospital admissions and days spent in hospital (Claxton et. al., 2017). The recovery process includes economic and social inclusion, as well as medical care.

The triangular partnership will evolve organically through the adoption of positive practice. It is therefore important that a collaborative relationship is built between users, carers and clinicians. Practices such as providing carers with information, support, and advice, can reinforce the partnership. Ideally, carers should be involved in all stages of the patient's care - from assessment, care planning to discharge. The family and friends' forum, which meets during specified times of the year outside work environments, can be a dialogue that accommodates clinical commissioning groups on the basis that improving mental health is essential for economic and social development. This therefore requires

participation of all sectors of the community. For example, carers can be involved in training mental health workers (Simpson and House, 2003). It is noteworthy that the research governance framework for health and social care that was developed by the Department of Health (2001) recommended the active involvement of service users and carers at every stage of research.

Unfortunately, partnership is not an easily achievable outcome. For example, forensic service user consent for family members to be involved in their care is not easily accomplished. This is also not helped by lack of commitment by service providers, who could be proactive by ensuring that participation is encouraged, and appropriate training is regularly accessed by their staff; understandably, staff are concerned about expectations and additions to their primary duties. However, a good way to start is by making support to do involvement work and supervision available and regular for persons involved, while acknowledging that respecting human rights is the crux of successful partnerships for mental health.

Carer participation will further be enhanced when there are clear involvement policies in place that are co-produced and understood by all parties involved. Monitoring and evaluation of involvement can be made possible through surveys and results disseminated not only to the partners but also to government policymakers. Strengthening the partnership requires involving carers from the point of admission of their relatives, start of projects and changes to existing services. The partnership needs to be guided by cultural issues that apply to different groups within the population, while not ignoring stigma and discrimination associated with the public and staff. Providers must be transparent and honest about possibilities and barriers as well as expectations and avoid forcefully enlisting carer participation through coercion, control, deceit, or manipulation.

Providers should be easily accessible to all stakeholders and ensure there is a genuine willingness on the part of the latter to commit to the relationship. Overall trust will also be developed by ceding more control of allocated budgets to the family and friends' forum, while also making it possible for wider group representations to be supported and financed.

In conclusion, the guiding principle of recovery needs to be hope that it is possible for mental



health service users to regain a meaningful life. It is therefore important that service user and carer empowerment is promoted through a range of different approaches expressed in this piece. The family and friends' forum is a veritable platform for

accessing self-help groups and advocating for participation in service planning and identifying socially inclusive and reintegrative pathways for service users.

## There's Always Something You Can Say - A Look at Confidentiality

**Sheena Foster, Carer Representative, CCQI**

*"Hello, it's Mary Smith here. I just wondered how my son was doing."*

*"Oh, erm, yes. Erm, erm, just a minute. I'll go and ask him if I can talk to you."*

This is not an unusual conversation on the phone when a patient withdraws consent, indeed it happened to me only last year.

I am one of those people who think the word confidentiality should be banned from mental health services. It seems to stop staff from talking to carers in a constructive and human way. It creates barriers where there should be collaboration, and suspicion where there should be trust and cooperation. I prefer the term, "sharing information for the benefit of the patient," a more sensible and soothing way of approaching the "c" word. Seeing it differently takes the pressure off and can help build relationships that enable carers to trust the services and want to work with them for the benefit of the patient. So, let's try again.

*"Hello, it's Mary Smith here. I just wondered how my son was doing."*

*"Hello Mary, good to hear from you/thank you for ringing. I know that Robert doesn't want you involved but I can tell you he's very settled. I saw him in his room earlier on and he was watching TV and drawing in his book. And how are you?"*

This conversation may take longer but no longer than walking to a patient's room, asking if it's ok to talk to their mum and leaving them worried about

what might be said and what their mum wants to talk about. This is different, information has been shared; it gives the carer a picture of where their relative is, what they are doing and how they are. It is a golden nugget; no personal or sensitive information has been shared, an honest and considerate conversation has taken place which validates the position of the carer in the patient's life.

Asking a carer how they are is a way of building a trusting relationship. This is important when a patient does not want their relative involved in their care because carers are still able to provide information to professionals. They want to give information that can help their relative's recovery and sometimes, they too, will not want that information disclosed to their relative. Staff are in the privileged position of keeping the door open for families; they can act as a conduit to keep the lines of communication open. I suspect it is too easy in secure services to believe that if a patient does not want their relative involved in their care and treatment there must be something 'dodgy' about the family!

However, being human we all choose what information we want to share, who we share it with and when and how we share it. Why should patients be any different? My son tells me what he wants me to know. He asks my opinion about issues he is faced with, he tells me how he feels about his situation and the medication he is on. He always phones before his Care Programme Approach (CPA) to tell me what he wants from it and rings me after to let me know how it went. He indirectly involves me in his care. Sharing information is therefore not a black and white issue. Information known by a carer is no longer confidential but I wonder if anyone ever checks out with patients what information they have shared with their relatives. At times it would make conversations a lot easier.

Imagine never being told anything about someone you love. What would you really like to know? All you would probably want to hear is that they are okay and doing well. Asking carers what



information they would like and then checking it out with the patient is another option when sharing information. Again, being human means we have probably all been told information by friends 'in confidence'. Instinctively we know what we should share and what to keep private. Why do we struggle with this concept so much in secure services?

Carers and staff want what is best for the patient so sharing information should be a positive experience. Thinking about what can be told to carers and not being frightened of having a normal conversation with them is the starting point. There is always something you can say.

### 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.

The next session is on **22 April 2022 (10:00-12:00)**

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.

### The crucial role of coproduction in Quality Improvement in psychiatric services: for psychiatrists and postgraduate trainees

**Half-day interactive workshop, Wednesday 27 April 2022**

#### Aims:

- To build upon delegates' existing knowledge of QI methodology to embed coproduction at every stage
- To promote a deeper working understanding of the necessity of coproduction with service users and carers
- To empower delegates to champion and implement coproduction as standard practice in psychiatric services and beyond.

Please follow [this link](#) to find more information and book your place.



## QNFMHS See, Think, Act Review - Seeking Your Expertise!

The Quality Network for Forensic Mental Health Services (QNFMHS) is embarking on **the third edition of See Think Act**. Your knowledge and expertise will play a crucial role in informing the updates. The Network will be hosting four workshops to gather feedback and experiences which will directly inform the third edition.

Your guide to relational security

**SEE**  
**THINK**  
**ACT**

We are looking for people who are able to contribute to these workshops, **including service users, patients, experts by experience, family, friends and carers, clinicians, provider collaborative representatives/commissioners; and trauma informed practitioners.**

We look forward to those who attend these workshops taking an active role in participating.

The Network has already hosted two out of four workshops. There are a two further workshops available, please sign up to the one(s) relating to your area of interest/expertise/experience:

- **19 April 2022 (10:00 - 12:30) - Inside World (Personal World and Physical Environment)**
- **06 May 2022 (10:00 - 12:30) - Outside World (Outward Connections and Visitors)**

**Please book your session via the online form [here](#).**

We are looking for trauma informed practitioners to be involved in this work. Please do sign up to a workshop or get in touch with the Network if you are interested in taking part in the See, Think, Act review.

We have created a survey to gather feedback on the current See, Think, Act, including what is working well and what needs to change. Please follow [this link](#) to complete the feedback survey.

For any queries please email [\*\*Adele.DeBono@rcpsych.ac.uk\*\*](mailto:Adele.DeBono@rcpsych.ac.uk)



# Previous Newsletters

Click on the images below to access the previous editions.

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**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 had 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 career 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**



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**MSU/LSU Issue 51, October 2021**

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## WELCOME

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

As you may know, the NHS has made an ambitious target of achieving net-zero emissions by 2040. This is a real statement, and you can find a link to their full strategy within this newsletter. The NHS has also recently launched last October, 18th months, a branch of the NHS that aims to conserve and protect coastal and marine ecosystems, working to ensure ocean health is considered and where appropriate included within healthcare strategies. It joins the NHS as part of their Greener Programmes of Care. They have links to resources, evidence bases, literature and engaging webinars. There is also written a response for the sustainable healthcare that we have produced. It has additional links, papers and podcasts—this can be found towards the back of the newsletter.

In addition to the newsletter, you can find articles about inclusion of waste and increase use of recyclable materials. Introduction to greener therapeutic interventions and utilising outdoor space. Other forms of sustainability are also included, such as staff sustainability and patient empowerment. Patient empowerment is important.

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

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

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

**Kate Townsend, Programme Manager**



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**MSU/LSU Issue 50, July 2021**

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## WELCOME

A big welcome to our 50th Edition of the QNPHHS newsletter! It's a huge achievement to our members and the Quality Network team to be able to reach fifty newsletters. It really highlights the enthusiasm and dedication to the Network and our ethos of sharing good practice. To celebrate this newsletter we have a 'Looking Back' section towards the end of the booklet, with some articles and previous themes of newsletters being highlighted. There are links to older editions through Knowledge Hub (if you feel like some nostalgia. Our second theme is also around relational security and See, Think, Act, following the successful event back in March. It is great to see that it is very much at the forefront of team's minds.

Within the jam-packed newsletter, we are also really happy to have the winners of our second ever creative writing competition, and the fantastic winners of our annual artwork competition. It really does bring so much joy to the team to be involved in them, and a huge thank you to all of the applicants and the staff who are promoting this for us. Every year they get better and better.

Now that Cycle 13-7 has been completed, we will be gathering data to create a thematic report this year. We are focusing on thematic due to COVID. What an extraordinary cycle it has been! As I'm hoping our members will have seen, we will be returning next year to a 50/50 split of full developmental reviews from September onwards. As almost all organisations are, I'm sure we are looking to adopt a hybrid-model moving forward, and are going to pilot the

continuation of Developmental Reviews being virtual, and the return of face-to-face reviews for full reviews starting in the New Year (2022). I am really looking forward to starting a new cycle, and returning to services this year, and I know the Quality Network team is as well.

In other news, we have recently done one of our biggest QNPHHS virtual events! This was in collaboration with ELFT, Traversa, QNPHHS and QNPHHS projects (CQCQI) to discuss the topic of 'Emerging Drug Trends and their impact on Mental Health Services'. This was a fantastic and engaging two-day event that covered a range of topics. We had international speakers, experts by experience, researchers and community projects share their knowledge and stories—a huge thank you to the presenters for their hard work. It was such an enjoyable two days. The recordings are now available on our online platform Knowledge Hub.

**Kate Townsend, Programme Manager**



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**MSU/LSU Issue 49, March 2021**

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## WELCOME

As this is the first newsletter of 2021, it feels appropriate to reflect on what has happened already this year. Nationally, services have risen to the huge challenge that the second wave of COVID-19 brought, at the very beginning of the year. Teams banded together to continue protecting patients and the public, pushing themselves to the limits and working extraordinarily hard. Hopefully, things appear to have settled again and there is the opportunity to reflect and really take time to appreciate our peers and colleagues.

On 23 March, it was a Day of Reflection and parts of the UK's skyline was lit in remembrance for those who lost their lives in the pandemic. Once more, a tough reflection on what has been a year-long battle with the disease. We held a minutes silence during our event on that day.

This event was focussed on See, Think, Act in the context of Trauma informed Care and COVID-19. Following on from feedback from our members that relational security was an area they wanted to focus on, we held a full day event to discuss topics such as blurred boundaries, the impact of connecting with patients when wearing full PPE, what positive (and frustrating) changes had been made to wards over the last year.

It was a really engaging day, with over 100 people in attendance. A huge thank you to Liz Allen and Julie Deacon for facilitating the day, as well as Emma Watts, Katherine Bird, Russell Bolger, Sherna Foster,

Sarah Markham, Mike Lawson, Susan Denison and Ade Ajo for their tremendous input. Towards the end of the session we spoke about the 'next steps' for See, Think, Act and what we can do to re-engage members in the approach. Certainly there seems to be a want for updating the material, and a focus on leadership, so watch this space.

We also have a number of upcoming events, including a webinar on the newly published guidance on managing a healthy weight (29 April 2021), and a two-day event on Emerging Drug Trends (02/02/2021), please look at our website for more information.

It seems to come earlier each year, but we have also opened registration for the next cycle of reviews (2021-2022). It feels really difficult to plan ahead to a world where we might be able to travel and return to face-to-face visits. But this is what we are hoping to do from October. Although plans are still being made, we will try to prioritise this for the full reviews where possible, and COVID-19 permitting. It seems scary to believe this will be a possibility, but it's important to plan for the best case scenario (not just the worst).

**Kate Townsend, Programme Manager**





## Useful Links

### Care Quality Commission

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

### Centre for Mental Health

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

### Department of Health

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

### Health and Social Care Advisory Service

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

### Institute of Psychiatry

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

### Knowledge Hub

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

### Ministry of Justice

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

### National Forensic Mental Health R&D Programme

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

### National Institute for Health and Care Excellence

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

### NHS England

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

### Offender Health Research Network

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

### Revolving Doors

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

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

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

### Royal College of Psychiatrists' Training

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

### See Think Act (2nd Edition)

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

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### Twitter

Follow us: @rcpsych @ccqi\_  
And use #qnfms 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 Prescot Street, London, E1 8BB

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