FORENSIC
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

MSU/LSU Issue 50, July 2021

This Issue

WELCOME

A big welcome to our **50th Edition of the QNFMHS 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 teams' minds.

Within the jam-packed newsletter, we are also really happy to have the winners to our second-ever creative writing competition, and the fantastic winners/entries to our annual artwork competition. It really does bring so much joy to the team to be involved in these, 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 focussing 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 most 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 QNFMHS virtual events! This was in collaboration with ELFT, Traverse, QNFMHS and QNPMHS projects (CCQI) 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

A Note From The Editor

By Josh Eden, *Project Officer, QNFMHS*

At the quality network we are acutely aware of just how difficult the past year and a half, or so, has been for patients, their loved ones, and those working in secure services.

Dealing with COVID-19 social distancing restrictions, patient and staff self-isolation, communication barriers around wearing PPE, frequently updated guidance, and of course the direct health impact of COVID-19 infection, has been tremendously challenging. Needless to say, these unparalleled challenges have strained services' ability to maintain the balance between care and security for patients, friends and family, and staff.

With this in mind, and coming off of the popularity of the See, Think, Act event held back in March we decided to invite member services to share their experiences and ideas on relational security in this 50th edition of the QNFMHS newsletter.

From my own interactions with people living and working in secure services when facilitating reviews, I have always left feeling inspired by the resilience I have seen from both patients and staff. It is clear that maintaining a caring, human and secure relational security is key in managing these difficulties. Services have often reflected on how the pandemic has demonstrated their reliance on relational security.

When putting the articles together for this newsletter, I have been really interested to see the range of perspectives on the topic of relational security. I am sure many of the thoughts and experiences will resonate with our readers.

With this being our 50th edition of the QNFMHS newsletter, we thought it would also be a good opportunity to have a looking back section, to consider and take stock of the recent past and changes to secure services.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

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COVID-19 Vs Relational Security

Paul Cummins, *Ward Manager/Security Lead, Kemple View*

Safe to say, 2020 had really put our workforce at Kemple View to the test as COVID-19 spread across the globe – It was supposed to be 'The Year of The Nurse,' a year in which we celebrated our essential healthcare professionals and bring to light the challenges we often inherent in our profession... How far-sighted that goal turned out to be!

As the impact of COVID-19 began to manifest, our staff found themselves in situations never seen before, with evolving guidance on how to care for patients with the virus.

As much as possible, we aimed to work together to best ensure the safety of our patients. But we could not simply expect "business as usual", and activities that looked to bring people into close contact either had to stop altogether, or be adjusted to meet the national guidance.
Group sessions, ward rounds, CPA meetings, mealtimes, recovery activities and even 'community' meetings had to be reviewed to allow for as little contact as possible and many of the familiar ward routines had to change, as a near-constant stream of news reports and scientific evidence caused our patients to feel anxious and distressed.

Undoubtedly, this presented us with a unique challenge. Firstly, our patients have very challenging, complex mental health issues often with significant physical comorbidity making them a high-risk population to adverse effects from COVID-19. Secondly, our wards are very much spaces of communal living in which patients are within close proximity to one another. Thirdly, the long-term hospitalisation of our patients is often a result of serious risk to themselves or that of others and quite commonly, many of our patients experience great difficulty with emotional regulation and poor impulse control, resulting in difficulty following universal instructions for infection control such as maintaining social distance, hand washing, or wearing Personal Protective Equipment (PPE).

With challenging conditions, completely new ways of working and an unrelenting global pandemic, the perfect storm was brewing and as ward managers we strongly anticipated that the dynamics of each ward would shift incredibly and undermine ward security.

We discussed how maintaining good relational security would be essential over the forthcoming months and how strong, effective leadership had to be a key element in supporting with this. Leadership itself can be a very difficult and a somewhat complex task particularly within secure services with the inherent pressure on staff working with challenging patients such as ours, and a high level of external scrutiny from regulators such as the Care Quality Commission (CQC) or other commissioners.

Prioritising public health whilst being attentive to the impact the pandemic could have on the security of each ward would prove difficult, although we agreed that communication between teams was a critical part of ensuring that our patients were kept safe.

By consistently advocating for supervisions, safety huddles, team meetings and reflective practice, ward managers would support staff in establishing positive relationships, with a view to working collaboratively to understand the patient group, and ways of supporting and managing them even throughout a pandemic.

Adaptation of the ward and the structure of each reflective session would include redesigning rooms and workstations within previously cramped areas of the ward. This of course, took considerable innovation from ward managers/

Whilst our relational security has always been very good, it's safe-to-say that it has become an increasingly important focus for us over the past year, and our staff have been able to effectively recognise some of the inevitable dynamics within our setting that can undermine security, even during a global pandemic.

That said, I would argue that effective leadership has to be a key element in supporting relational security.

www.frontfoot.net

Strategic Relational Security

Elizabeth Allen, *Director of FrontFoot and author of See, Think Act*

You'll be used by now to hearing me talk about developing relational security capability in staff. But if you joined us at the relational security conference in March this year, you'll have heard me talk for the first time about strategic relational security. I like to think it made a nice change for people to hear me rant about something slightly different for once.

Remember in 2015 in the 2nd Edition of See Think Act, we included 'What leaders needed to have in place:'? Well, we've developed things a bit more since then.

The Relational Security Development Workbook now includes a section for leadership development. We have a leadership supervision version of the Explorer. MDT development workshops still-happen; but they now happen after a leadership development day where service leaders learn about not just what relational security is, and what we're looking for from their staff - but how relational security fits into the wider organisational landscape and what leader's specific responsibilities are for creating an environment where relational security can thrive.

And we've done some work to map relational security to some of the wider strategic goals of our services.

It's worth understanding how relational security connects to other organisational objectives. Otherwise there's a risk we see it as an isolated project to 'implement'; and it just isn't.

Relational security is, at its core, about our practice, our culture and our attitudes; to the people we care for, the other people who care about them and to each other. So, it connects to pretty much everything we do..

By reverse engineering our 'transformation programmes' and instead mapping our organisational goals and projects to the relational security framework, we start to understand how relational security not only relates to but also might help resolve some of our biggest challenges.

We discover opportunities to blend subjects such as trauma, restrictive practice, care planning etc. into one programme rather than experiencing it as 85 different lines on a mind-numbing [sorry]

spreadsheet. One service reflected:

> *We were concerned we might first need to deliver our change programme for us to successfully embed relational security. Turns out, relational security was the change programme.*

So, it's possible that a well-developed relational security strategy might be a method by which we could accomplish multiple leadership objectives Isn't this the same thing, just upside-down? And if it is, is there any point?

Well, our staff frequently report being fatigued by the unrelenting implementation of seemingly unrelated 'projects'.

So it shouldn't really come as any great surprise that our projects sometimes fail to bring about the ground-breaking change we envisioned, if they're seen as 'yet another bright idea by the managers and more work for us'.

Visually illustrating how all these different projects and programmes actually map to the most fundamental element of their role helps ward staff understand both the project's relevance to their role and their personal relevance to the wider service aims.

But more importantly than that, it might just help these projects actually work in practice, and sustain them in our ward cultures way beyond the lifespan of a transformation programme.

Because it becomes instantly clear that these projects aren't actually projects at all. At a practical level they're relational security. And that's what our staff do best.

Thinking Ahead - The Future of See Think Act

Dr Sarah Markham, *Patient Representative, College Centre for Quality Improvement*

It has for many decades been acknowledged that people with mental disorders are often marginalised and discriminated against in the fulfilment of their human rights. Mental health stigma plays a crucial role in this process. I would suggest that nowhere is this more the case than in rigidly restrictive settings such as secure and forensic hospitals. I would also posit that for See Think Act to play a crucial part in protecting patients against the iatrogenic harms that pervade secure and forensic mental health services, the term 'think' should become inclusive of more reflective and ideally, self-reflexive ways of working.

Secure and forensic settings place an overriding emphasis on physical and procedural security; ways of working with and treating patients that are viewed as permissible given the risk-oriented stereotypes associated with mentally disordered patients. In slavishly and unthinking following policies and protocols, practitioners may routinely engage in harm, but may consistently claim that on the contrary, they are engaged in good practice. That they are doing what they are told to do.

Workers may often displace responsibility for how they treat their patients onto their managerial superiors: 'It's not up to me, I don't make the decisions, I just do what I'm told to do.' Hearing this again and again has made me wonder: 'Once you realised what was involved, why did you continue to keep at this job?'

Patients in secure wards will inevitably hear staff express their anxieties about being held responsible for a rare risk event. 'You have to protect your back.' Yes, as a patient you are reminded on a daily basis that you are always viewed and treated as the unreliable inferior other. This isn't helpful, in fact it is downright harmful to patients' self-concept and recovery.

The seeming inability of staff to identify and therefore empathise with their patients can lead them to be unaware of the potential gulf in human suffering that separates them (the oppressors) from their patients (the oppressed). Incapable of thinking from the perspective of one labelled as a mentally disordered offender, workers may by default fail to take account of or prioritise their patients' self-articulated needs. They are so different from me, I don't need to treat them as an equal.

Mental health stigma facilitates such thinking, attitudes and associated discourses. In my experience the extent of the failure of forensic practitioners to question and reflect upon their biases, decision-making practices and consequent harms for their patients, should not be underestimated. Given the extent of epistemic disregard sanctioned by the MHA, patients may have minimal opportunity to counter distortions, folklore and other fictions that can become manifest in the electronic patient record. Time and again, the real issues in mental health work fail to be addressed, especially poor practice and the need for safe means via which 'whistle-blowers' can report their concerns.

For services to move beyond reductively unthinking formulations of See Think Act will necessitate constant and consistent challenging and questioning of working beliefs, approaches and practices. Manager and team leaders need to observe, consider and be proactive to ensure that the exercise of clinical and associated authority is legitimate and therapeutic.

For See Think Act and related initiatives and interventions to make a positive difference to patients, staff need to start thinking in a much broader, deeper and critical manner about what they see, think and do. They need to be capable of thinking from the standpoint of a patient; the clinically flawed and purported risky mentally disordered offender they may fear and distrust. Staff need to act morally in the context of owning their identities as individual autonomous agents of care and responsibility. They need to treat their patients as sentient equals, and they need to care in the most ecologically valid way possible. And they need to do it now.

Peer Supported Social Problem Solving at Arnold Lodge MSU

Alison Rimmington, *Senior Occupational Therapist, Arnold Lodge (Personality Pathway Service)*

Keval Morjaria*, Occupational Therapist, Arnold Lodge (Male Mental Health Service)*

Patients from Arnold Lodge*, Cannock Ward (Personality Pathway Service)*

Patients from Arnold Lodge*, Foxton Ward (Male Mental Health Service)*

Social problem solving (SPS) is one of the many treatment groups facilitated within the male mental health (MMH) service at Arnold Lodge. Whilst the most recent patient group had a good understanding of the process, the wider value and application of its principles when dealing with day-to-day difficulties was limited. SPS however is well embedded in the treatment programme within the personality pathway (PP) service, where the patients apply the process independently, and is sustained throughout their treatment here, and beyond. We therefore thought it would be a valuable opportunity for patients on the PP service to share their experiences with patients in the MMH care stream.

Although we were unable to facilitate a face-to-face session between the two patient groups (due to current COVID situation), we utilised the technology available to us, and conducted the session via Microsoft Teams. This enabled us to offer the session to a wider range of patients on both care streams, who had varying levels of experience of the SPS process. Within both groups, there were some patients who were relatively new to the programme, in addition to those who were further along their treatment pathway.

The session began by Cannock patients sharing their individual reflections on the programme, where they highlighted their initial frustrations with the process and its repetitive nature. However, despite this, they provided an honest account of the benefits of persevering and appreciating its value as a skill to apply independently.

> *It's a confidence boost to be in a position to help someone else*
>
> *Being able to pass on the experience I have gained to someone who is less experienced, boosted my self-esteem*
>
> ***Patients from Cannock Ward***

This proved to be an extremely insightful account for the Foxton patients, who had experienced similar barriers to engage fully with the SPS process. The session was a medium for an open discussion between patients, which offered a mutually supportive forum to discuss experiences, requiring minimal support from facilitating staff. It was positive to see the patients ask relevant and thoughtful questions to further their appreciation of the SPS process.

The Cannock patients were receptive to the range of questions asked and responded in an insightful and considerate way. This also led to open discussions around the merits of other interventions, such as goal setting, and how these can be helpful to progress treatment.

> *What the guys said was very genuine, it seemed like they got a lot from the problem-solving process. They painted it in a good light and left a good impression on me*
>
> ***Patient from Foxton Ward***

In the past, staff have promoted the benefits of treatment, however this session demonstrated the value of patients sharing their own experiences with each other, and the positive impact that this can have. This has provided us with the platform to consider further aspects of treatment to utilise peer to peer learning.

> *I felt the session was relatable*
>
> ***Patient from Cannock Ward***

See, Think, Act 2021 Training Session
STA in the Context of the COVID-19 and Trauma Informed Care

Earlier this year we held a training event on the See, Think, Act tool in the context of the pandemic and trauma informed care. We aimed to share the experiences of those who provide and receive services and support staff with further developing their skills in this area.

Topics discussed included leadership issues in relation to relational security, experiences of piloting a women's blended service, trauma informed care and See, Think, Act, and patient's and carer's perspectives. We heard from excellent speakers including Liz Allen, the author of See, Think Act, a number of professionals working in secure services and Sarah Markham, patient representative from the quality network, and Sheena Foster, carer representative from the network .

To facilitate an interactive day we held open discussion sessions loosely based on key themes pertinent to See, Think, Act. These proved to be very useful sessions in which members had the opportunity to reflect on their experiences , the impact of COVID-19 on their work and relational security in particular. Thank you to the speakers, the facilitators of the workshops, and all those who attended the event.

The slides and recordings of the event are available on our Knowledge Hub. They can be accessed by following this link. To request access to Knowledge Hub, please email 'join Knowledge Hub' to forensics@rcpsych.ac.uk.

On reading See, Think, Act for the first time.

- See – words and phrases like control, not all visitors are friend, suspicious behaviour, abscond, risk, drugs, unhelpful, take action, potential damage visit may cause, act on misgivings, stay alert, spotted a change in mood, watchful.
- Think – no wonder they treat me the way they do, is that what they think of me, there's no place for us, what chance have we got, where do carers fit into all of this, judged and ignored. Visitor!
- Act – angry, very upset, spoke to Megan, wanted to change things, emailed Liz.

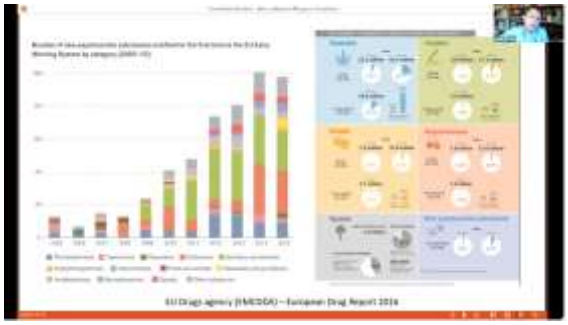
Joint Event
Quality Networks, ELFT and Traverse: Emerging Drug Trends and Their Impact on Mental Health Services

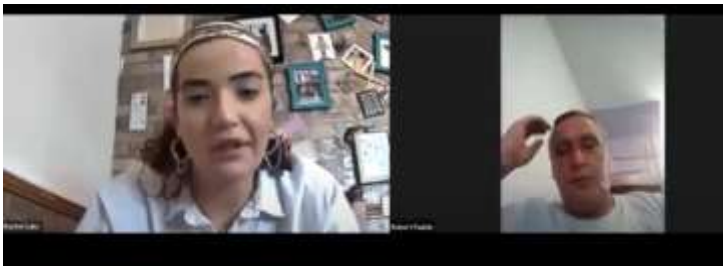
On 01 and 02 June 20201 the, in joint partnership with the Quality Networks for Prison and PICU mental health services, East London Foundation Trust (ELFT) and Traverse, we held an online event on emerging developments in drugs and their impact on mental health services.

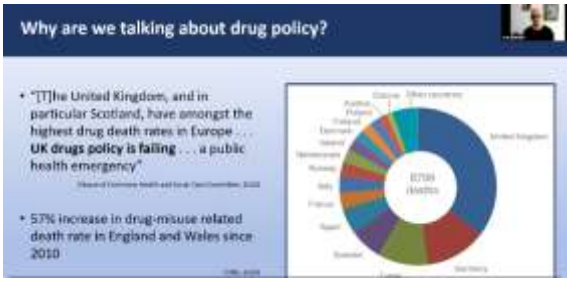
We heard from an incredible range of speakers including national and international experts in substance use and addictions, front line professionals working in the field, and experts by experience. It was an absolutely fascinating event, covering many topics from trends in novel psychoactive substances, ADHD and substance use disorder, and county lines and criminal exploitation. It was the largest event the network has ever held!

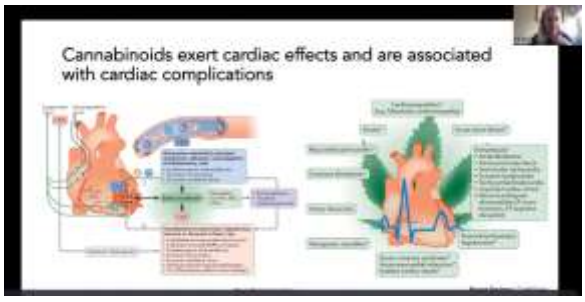
We want to say a massive thank you to all of the presenters who spoke at the event and to all of the attendees. If you were unable to attend on the day you can watch the recordings and view the slides online.

The slides and recordings of the event are available on our Knowledge Hub. The slides for day one can be accessed here. The slides for day two can be accessed here. To request access to Knowledge Hub, please email 'join Knowledge Hub' to forensics@rcpsych.ac.uk.









Upcoming events!

QNFMHS Annual Forum 2021 - Save the date!

Our QNFMHS Annual Forum will take place on 30 September 2021. More information, including the draft programme, will be available soon.

Date: Thursday 30 September 2021
Time: 10:00 - 16:30 (the final programme and timings to be confirmed)
Location: Online

Please note: QNFMHS annual forum is FREE for anyone working in a member service, patients and carers. If you are not a member but would like to attend, this will cost £55 for the full day. We will be in touch with you if you are not from a member service about taking payment.

Book your place via our online booking system.

Calling for webinar presenters!

We continue to host regular webinars/discussion groups where individuals can come together to learn and discuss certain topics. Each webinar will have a specific theme, are free to join and will be facilitated by the QN team.

If you would like to know about our upcoming webinars, please email forensics@rcpsych.ac.uk to express your interest. We will then be in touch with a video link for you to connect to the relevant session and guidance on how to participate.

If you are interested in presenting a webinar, please read our guidance on submitting a webinar proposal (PDF). Click here to access the guidance.

Potential webinar themes include:

- Equality and diversity within secure services
- Sustainable mental healthcare
- See, Think, Act / relational security
- Technological advances in secure settings

‘Looking Back’

As this is the 50th edition of the QNFMHS newsletter we are taking a look back at previous editions of our newsletter and reviewing developments in secure services.

Looking back:
A Nurse’s View Point

Senior Nurse Practitioner

25 years ago there was excitement in the scientific world that basic ‘yes: no’ choices could be picked up via an external neuro sensor. Today we can direct a whole keyboard in this way.

The last year has seen the production of COVID-19 vaccines. My first 'job' in the late eighties was researching similar viruses to HIV. The thought that in under a year we would see fully working vaccines vying for sale would have been inconceivable.

I qualified as an RMN in 2003 working for South London and Maudsley (SLAM). At that time the trust was looking at how to really get to grips with the CPA process. The CPA was introduced in 1991 to limit the risk of patients falling between the cracks in multi-service based care systems. Twelve years feels a long time for this.

Progress is greatly aided by efficient and well-designed technological support. For the last 15 years I have worked at a medium secure hospital as charge nurse, ward manager then senior nurse practitioner. In this time we have seen the complete transfer of working practices and care records into the electronic realm.

Hurray! The liberation of the nursing world from onerous administration freeing them up for greater therapeutic engagement and support for their patients, improving job satisfaction with increasing productivity, staff retention, safety and improved clinical outcomes.

Sounds about right. So why not?

Change in the NHS has been likened to turning the Titannic around. This is a somewhat unfortunate simile actually telling us we shouldn’t bother trying because it won't work

My working environment often appears to have been carefully designed to do exactly the opposite of what it should say on the tin.

Electronic systems are cheap/free, poorly designed, and increase administration complexity for clinicians. They reduce backroom support with limited clinical understanding, and restrict control of basic tasks to senior staff due to poor system functionality. They channel financial responsibility to those without real ability to control expenditure and contribute to poor management governance of clinical or administrative tasks. They focus on what is easy to measure and fail in compassionate management or the principles of a just culture.

Unfortunately the pressures that led to Mid Staffs; a target driven culture and managerial hierarchical distancing, were the common working pressures of the day. The loss of management governance over clinical practices was inevitable when there was the culture, in nursing at least, of career progression not competence being the aim of ambitious staff within a management culture that saw staff as the problem.

Those staff who managers stated could leave if they didn't like things did just that and left us with a service critically short of substantive staff with clinical experience, confidence and competence. Having successfully been promoted up and away from clinical issues we are faced with wave after wave of senior/middle management without the ability or humility to address current issues.

The last five years have seen us attempt to rebuild from the bottom up. Unfortunately the development of clinical leadership pathways is limited without whole service/trust clarity and support. The good work that we have done in stabilizing retention, recruitment and satisfaction in our nursing cohort has not been matched in developing working practices across the wider MDT. I feel we have regressed those five to six years as staff disillusioned with the hype are again choosing to go elsewhere.

Like so much, it isn't really rocket science, but to be healthy any organisation needs to be able to recognise and address its own failings. Spin is destructive in mental health services, our patients see through it, our staff see through it, and for many years our management style actively promoted it. Against this background is the last 11 years of financial cuts leaving frontline services 'untouched'. Underfunding backroom services does hurt frontline clinicians left to pick up the pieces. The role of manager within our service far from being a 50:50 operational: clinical split. It feels more like 90:10, and the 10 is only really in response to direct patient and staff emergencies and rarely adequately reflected in recorded working time. In a healthy system when wards are reasonably staffed with confident nurses it may be achievable, but in the current climate it is not.

The development of clinical lead roles to cover the gaps has been a stopgap measure papering the cracks. What is needed is meaningful conversations with all staff and stakeholders to set achievable targets, timeframes and governance structures, nurses may notice that this seems SMART.

It should not be too much to ask, increasingly it feels like it is. Nurses often feel that they are scapegoats in the professional hierarchy. Increasingly, they still are.

It's talking that's important, and listening, and the relationships that allow these....it's not hard to link this into the principles of See, Think, Act....but maybe that's a job for another day.

Looking back: Highlights from the previous 50 editions

Taking a look back through all of our previous newsletters, it is clear that there are certain themes and topics that return in a cyclical way. It has been nostalgic to look through the previous articles, and, for our 50th edition, highlight some of the best articles, and most recurring themes. We will be making the newsletters available for a limited time on Knowledge Hub in celebration for publishing 50 newsletters since 2006. (You will need to have a KHub log in to access these).

Issue 26 (MSU) - Working opportunities
This edition was looking at the work opportunities available within Medium Secure Services. This includes examples of employment schemes, building and trading skills, the First Step Trust at Merseyside, service user involvement and real work opportunities throughout our membership.

Issue 7 (LSU) - Patient Involvement
This edition includes a range of articles from members of staff and patients, exploring a multitude of excellent patient involvement projects across the Low Secure Network. Articles cover artwork entries, recovery fun days, walking and cycling groups within ELFT, therapeutic jewellery groups and more.

Issue 11 (LSU) - Food and self-catering
This issue is a themed edition on self-catering and meals within a low secure environment. Articles include involving patients in the creation of meal plans, examples of best practice in providing high quality meals , and patient perspectives on meals in low secure units.

Looking back: Highlights from the previous 50 editions

Issue 36 (combined) - Managing Obesity
This edition was looking at healthy weight and lifestyle groups within secure services and covers topics such as managing malnutrition in the midst of obesity, investigating psychological factors, weight management programmes and alternative interventions.

Issue 37 (combined) - Personality Disorder and effective treatment pathways
Included in this article are viewpoints from patients, staff and carers about the stigma of personality disorders, labels and interventions. There are lot of good practice examples and a whole system approach to helping and treating patients with this diagnosis.

Issue 38 (combined) - Managing Diversity
Issue 49 (combined) - Celebrating Diversity and Difference
I wanted to include both articles here to highlight common themes and also change in our language from 'Manage' to 'Celebrate'. Although both newsletters have excellent examples of exploring and learning different cultures, neurological differences and meeting the needs of gender diversity.

Have you joined Online Forum yet?

Knowledgehub

the QNFMHS Discussion

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

Follow us on Twitter **@ccqi_ @rcpsych** and use **#qnfmhs** for up-to-date information

Online Peer-reviewer training

Reviewer training is a 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 new virtual peer-reviews of medium and low secure forensic mental health services.

The following training sessions will be held on MS Teams on:

- 08 September 2021 (10:00 - 11:00)
- 25 October 2021 (10:00 - 11:00)
- 18 January 2022 (11:00-12:00)
- 21 March 2022 (11:00 - 12:00)
- 22 April 2022 (10:00 - 11:00)

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

QNFMHS Artwork Competition

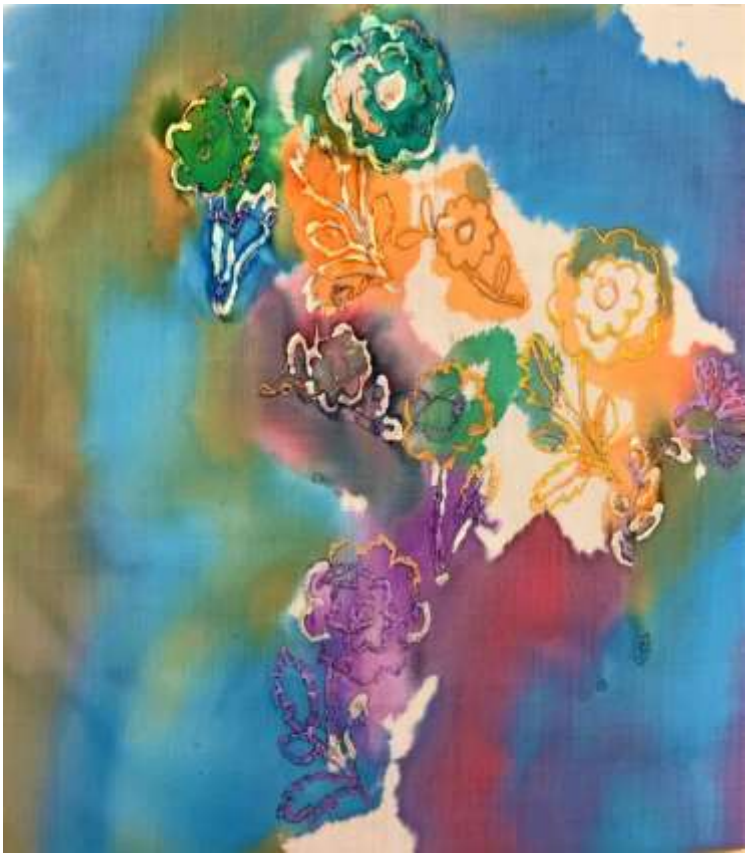
Every year we hold a QNFMHS artwork competition for patients in medium and low secure services. Each year we receive many incredible submissions from some very talented individuals, using a range of styles and mediums. We display the winning pieces in publications, such as our reports and guidance documents.

QNFMHS Artwork Competition Winners!

Untitled
Sophia Ward,
Ty Catrin

'Sailing Boat and House'
Humber Centre

QNFMHS Artwork Competition



'Dre Pearly Flowers'
Northgate Hospital

'Silk Painting Jungle'
Assessment Ward Group Project
Wathwood MSU

'Home Sweet Home'
Damian Hagan,
Trevor Gibbens Unit

QNFMHS Artwork Competition

'Seaview Through Trees'
Humber Centre

'Bits and Bobs'
David J. Hartsharn
Arnold Lodge

'Ying and Yang'
Humber Centre

QNFMHS Artwork Competition

QNFMHS Artwork Competition Runners-up!

'Native Americans'

M Kelly

Arnold Lodge

'Day in the Seas'

D. J. Carty

Northside House

'The Hands That Got Away'

T.J

Cheswold Park Hospital

QNFMHS Artwork Competition

'Mental Health Awareness Week'
Rusper Ward,
Farmfield Hospital

'Lighthouse in the Mountains'
Humber Centre

'Three People and the Sun God'
Humber Centre

QNFMHS Artwork Competition

'Abstract Garden'

Northgate Hospital

'Morning Glory'

The L.I.T. Team

'Canadian Wild Shot'

Damian Hagan

Trevor Gibbens Unit

'Heal The Ill'

Natalie Peterson

The L.I.T. Team

QNFMHS Artwork Competition

'Mountain to Mohammed'

Damian Hagan

Trevor Gibbens Unit

'Mountain to Mohammed'

Damian Hagan

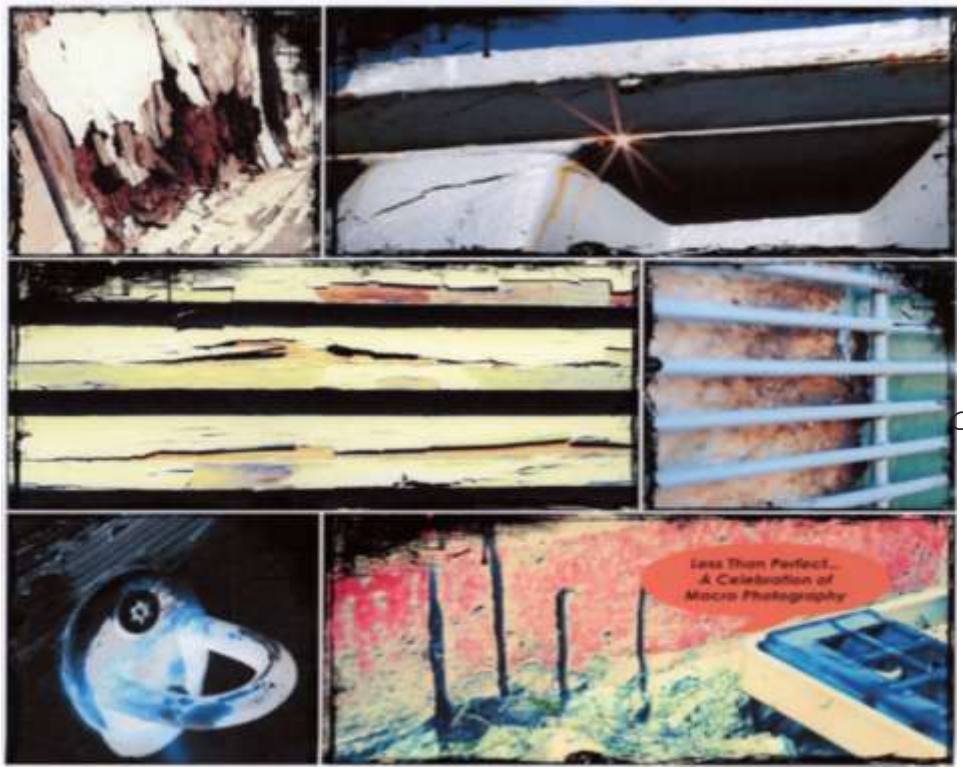
Trevor Gibbens Unit

'Silk Painted Sea'

Assessment Ward Group Project

Wathwood MSU

QNFMHS Artwork Competition



'Less than Perfect: A Celebration of Macrophotography'
R.S.
Cheswold Park Hospital

'Hope'
E. J. Carroll
Edenfield Unit, Prestwhich Hospital

QNFMHS Creative Writing Competition Winners!

The Wizened Chief

By

GB

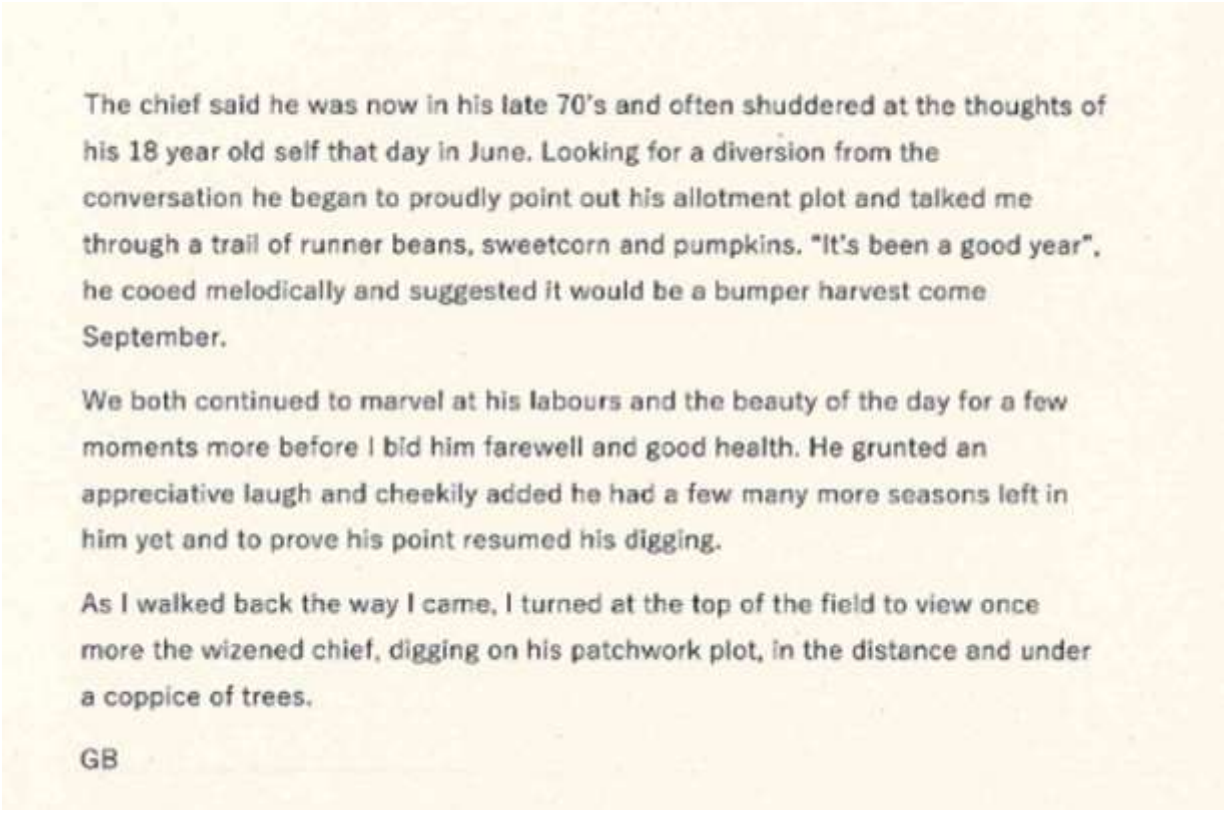
Walking along a country path that followed the length of a field, I could see a copse of trees which gave the patchwork of allotments in front of them a soft frame. In one of the allotment patches I could see a lone figure which loomed even larger as I began to approach. I could see as I got closer it was a man, stooped and resting on a spade.

"Digging gets harder every year", he gasped, and his breathing was hard. The sun was in my eyes so I moved to the edge of his plot to see him at a little closer distance. His oval face was wizened and like the bark of a maple tree his complexion was dark and weathered by the sun. His eyebrows hung over his eyes like the overhang of broom on a cliff edge and were protecting his bright grey eyes from the mid-day sun. Centred in this kind face was a perfect triangular nose and as he spoke again telling me how hard the dig had been today, his heroic broad chin that seemed too big for his thinned lips; supported them breaking into a large smile.

As he smiled my eyes were guided to his outer cheek and high cheek bones guiding me to his wide unpinned ears which were now wiggling as he chuckled. His full head of hair was grey but cut in a military crew cut style and as he talked and chatted about his day, his demeanour hinted a haunted history: like that of a stately North American chief.

His head now straight was resting on his broad muscular frame as we talked about the area, although this body was now a little sinew, you could imagine his athleticism in more youthful days. As we chatted the chief told me that Wolfville Eastern Canada was his home but part of his heart would always still be on the beaches in Normandy on D-DAY when he saw many of his fellow Canadians killed.

QNFMHS Creative Writing Competition



The chief said he was now in his late 70's and often shuddered at the thoughts of his 18 year old self that day in June. Looking for a diversion from the conversation he began to proudly point out his allotment plot and talked me through a trail of runner beans, sweetcorn and pumpkins. "It's been a good year", he cooed melodically and suggested it would be a bumper harvest come September.

We both continued to marvel at his labours and the beauty of the day for a few moments more before I bid him farewell and good health. He grunted an appreciative laugh and cheekily added he had a few many more seasons left in him yet and to prove his point resumed his digging.

As I walked back the way I came, I turned at the top of the field to view once more the wizened chief, digging on his patchwork plot, in the distance and under a coppice of trees.

GB

G. Burton, Bamburgh Clinic

The Corona Attack

The Corona came to town and people had to stay around,
The people lost the meaning of time and found ways to get by.
They learned new skills and how to say how do,
Cause of the Corona there was not a lot to do.
The people learned how to face time as they try to show all is well.
They tried not to smell,
We showed ourselves getting along.
And now the change as you all just go you can't do this or go that,
And the people try not to get
fat!
The NHS and online are the new soldiers of our time,
As the rest get the real army as you know,
Turned to public service to get by.

James Webster, Kemple View Priory

QNFMHS Creative Writing Competition

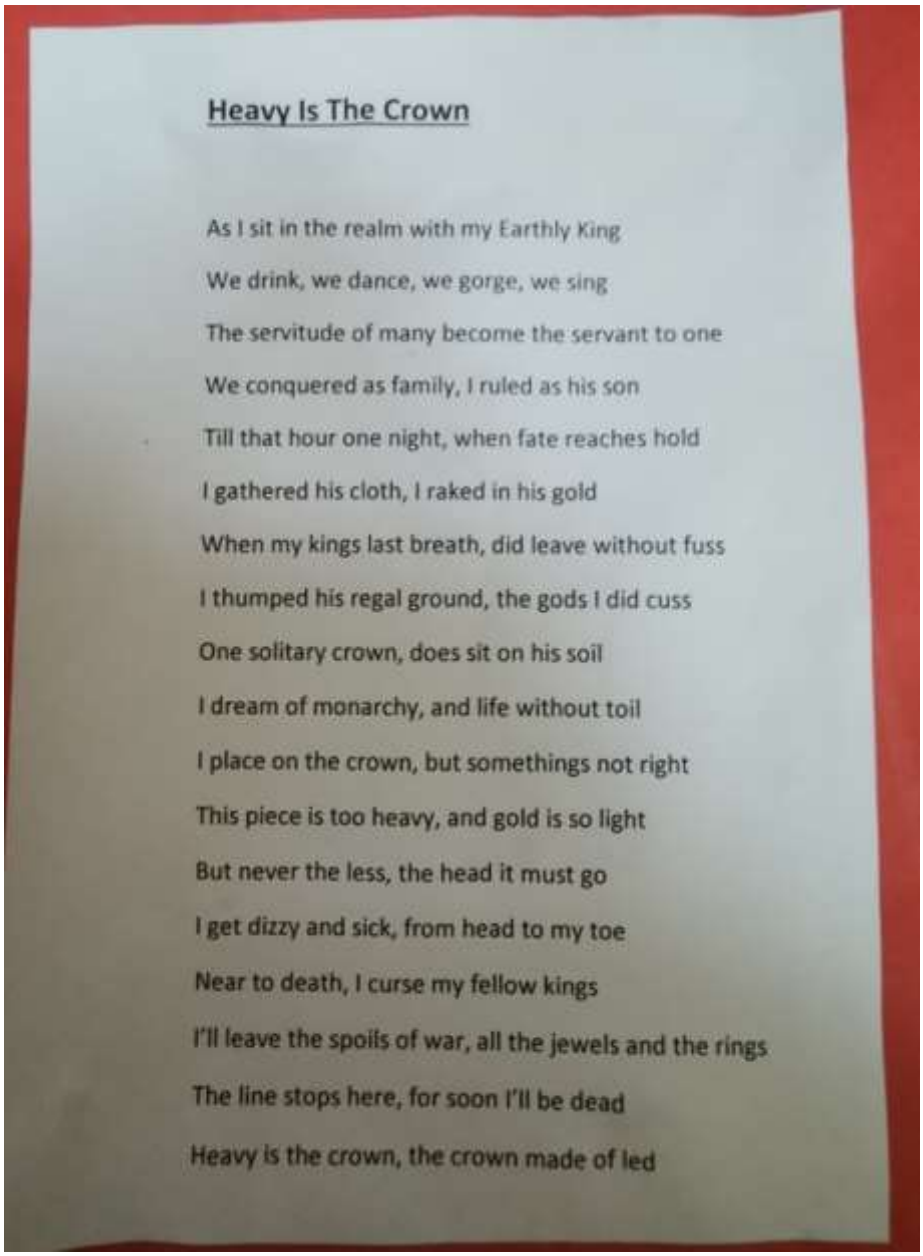
To My Mum and Dad.

I'm just a guy without so much,
Few electricals, clothes and such.
But these items I possess come nowhere near,
To two people I hold so dear.

Let's start with my mum, my wonderful kind and caring mother,
You'll look for eternity to find another.
She's my comforter in times of pain,
My second pair of hands when I feel life's strain.
She's thoughtful, generous, loving and wise,
Whose arms I rest in when I have to cry.
I'll leave it that so one day you'll discover,
The wonderful person that is my mother.

Never leaving my father out – he's my number one guy,
With a heart of gold, you can't deny.
When I have struggled with money, or just with life,
He's always been there to help me with my strife.
I made a decision to never let him go,
That is a fact that is unbreakable of which I'm sure.
He loves his music, his sport and his wife.
My mum and his kids are his entire life.
I feel honoured to call you my Dad,
Lots of love, from your little lad.

Joel Aggus,
Kemple View Priory Hospital



Heavy Is The Crown

As I sit in the realm with my Earthly King
We drink, we dance, we gorge, we sing
The servitude of many become the servant to one
We conquered as family, I ruled as his son
Till that hour one night, when fate reaches hold
I gathered his cloth, I raked in his gold
When my kings last breath, did leave without fuss
I thumped his regal ground, the gods I did cuss
One solitary crown, does sit on his soil
I dream of monarchy, and life without toil
I place on the crown, but somethings not right
This piece is too heavy, and gold is so light
But never the less, the head it must go
I get dizzy and sick, from head to my toe
Near to death, I curse my fellow kings
I'll leave the spoils of war, all the jewels and the rings
The line stops here, for soon I'll be dead
Heavy is the crown, the crown made of led

Mr R Paxford,
Ty Cwm Rhondda Hospital

QNFMHS Creative Writing Competition

Forensic Quality Network For Forensic Mental Health Services CCQI

Creative Writing Competition Submission

I come from stardust,
Early gases and early gravity
Never resist
Dying stars create elements
Like earth and rock;
I come from Stardust.

I come from a dictionary
And books that inform and entertain.
I come from calligraphy
A skill I learned.

Voices bring fog into my head
Tearing down, never building,
I come from voices.

I come from stardust
Etymology is my life dictionary
Words, words, words.
I come from stardust.

GB

G. Burton, Bamburgh Clinic

QNFMHS Creative Writing Competition

Forensic Quality Network For Forensic Mental Health Services CCQI

Creative Writing Competition Submission

I change with togetherness,
Got the rhythm, got the base
I am locked up in air.
Nowadays I don't go anywhere
Music sends me to a wonderful place.

Together we live
Together we strive
Together we can make things right.
Together is cool and together is fine
Together makes me feel alive.

I love togetherness in every way
I hope these feelings are here to stay,
Growing together old and grey
Our future will shine like; sun-light-rays.

Mr Peter Hays, Bamburgh Clinic

QNFMHS Creative Writing Competition

To see all of our creative writing entries for 2021 please click on the below image.

PREVIOUS NEWSLETTERS

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

Collaboration

Celebrating diversity and difference

Lessons learned from COVID-19

No theme

Useful Links

Care Quality Commission
www.cqc.org.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

Department of Health
www.doh.gov.uk

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

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

Knowledge Hub
www.khub.net

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

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

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

NHS England
www.england.nhs.uk

Offender Health Research Network
www.ohrn.nhs.uk

Revolving Doors
www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement
https://www.rcpsych.ac.uk/improving-care/ccqi

Royal College of Psychiatrists' Training
https://www.rcpsych.ac.uk/training

See Think Act (2nd Edition)
https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act

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Twitter
Follow us: **@rcpsych @ccqi_**
And use **#qnfmhs** for up-to-date information

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

Royal College of Psychiatrists' Centre for Quality for Improvement
21 Prescot Street, London, E1 8BB

www.qnfmhs.co.uk