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# WELCOME

Welcome to the 60<sup>th</sup> and final newsletter of 2023! This edition of the newsletter is on *Relational Security*.

As always, it is incredible to read through so many articles and good practice examples from our member services. I recommend sharing the newsletter as widely as possible with staff, carers, patients and visitors.

Included in this newsletter is also the fantastic Festive Card Competition Entries and the winner. We would like to thank all participants for their submissions and all our members for their support with this competition. It has truly been amazing to see so many submissions!

As many of you will know, the Third edition of See, Think, Act was published earlier this year. This was followed by a webinar on 26 September 2023. The webinar provided a summary of the key advancements in relational security within the newly published edition; an opportunity to share learning on how to train and develop staff in the subject of relational security; and an opportunity for members to discuss what further support and resources they may need to ensure staff are competent and confident in how to apply relational security skills.

Lastly, the team and I would like to thank all our members for their hard work over the past year and for their continuous engagement with the Network. Reviews have now been taking place for a few months and it has been absolutely fantastic to see so much engagement and networking amongst services.

I hope everyone has a wonderful Christmas, and we look forward to speaking to you in the New Year. 2024 here we come!

Kelly Rodriguez, Programme Manager

# Session outline Outline of See Think Act 3rd edition Experiences of other services Learning about relational security learning and development What next?



# **Embedding Relational Security Across Herts Forensic Services**

By Laura Parsons, Project Officer, Hertfordshire Forensic Services

At Hertfordshire Forensic Services we provide treatment and support for people with mental disorders who have committed or are at risk of committing a serious offence, who require specialist mental health treatment, and who cannot be safely treated in a nonforensic setting. Our services include inpatient units with differing levels of security, and community-based services. Many of our services are specifically tailored for people who also have a learning disability and/or autism.

Over the last 15 months, we have been working particularly hard with our inpatient forensic staff to raise awareness about relational security. Good relational security is about safe and effective relationships between staff and patients. It is essential these relationships are professional, therapeutic and purposeful, with understood limits that enable staff to say 'no' at the appropriate times when boundaries are tested.

In September 2022, we kick-started this relational security drive with a one-day course led by *See Think Act* author, Liz Allen. Since then, and with the help of Liz's excellent resources and workbook, we have continued to build on these foundations to embed good relational security in everything we do.

Among other things, we created posters encouraging staff to consider relational security during clinical discussions, handovers and supervision sessions, and when reflecting on incidents. The posters prompt staff to regularly consider questions ranging from 'Do we feel in control?' to 'Do we know what the triggers are for all our patients?' and 'Do patients understand the consequence of absconding while on leave?'.

We also produced a summary for our trust intranet page of the key messages from See Think Act, along with useful checklists relating to each of the eight areas of focus for good relational security: Boundaries, Therapy, Patient Mix, Patient Dynamic, Personal World, Physical Environment, Visitors and Outward Connections. The aim of this was to provide an overview for new forensic staff, and to assess existing staff members' understanding of relational security in practice. The checklists include questions like:

- Have you clearly explained the boundaries to patients and helped them understand the reasons for them?
- Are you aware of how your own behaviour may impact on others and make others feel?
- Do you know your patients' histories and the effect they can have on one another?
- Do you appreciate that patients have good days and bad days just like everyone else?
- Have you made sure visitors know, and understand the rationale for, the rules and boundaries that are in place?

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In June, we also launched a new two-day role We gave them related reflective exercises to -based training course for all forensic staff. One of the four elements covered is relational security, led by our Security Lead Nurse and Principal Psychologist, focusing particularly on encouraging discussion around current relational security practices and on identifying grey areas.

The role-based training course is run monthly, and feedback on the relational security element from those who attended the first four courses was unanimously positive - particularly in relation to identifying, understanding, applying and explaining boundaries.

In October, we decided to revisit this important issue of boundaries, launching Boundaries Month to improve understanding and encourage discussion about the personal and professional rules that underpin safe and therapeutic relationships.

During the first three weeks of Boundaries Month, we challenged staff to identify which rules are negotiable, reflect on the importance of clearly explaining rules and decision-making to service-users, and consider how boundaries might be compromised as a result of over-familiarity or use of social media.

work through, as well as scenarios to think about, such as what they would do if a service -user asked them to post a birthday card on their way home from work, or a service-user asked them when a particular member of staff would next be on shift.

In the final week of Boundaries Month, we reflected on the lessons from a Panorama programme about the care at a secure hospital elsewhere in the country.

In the programme, a direct link is made between a disregard for boundaries and a rise in both patient humiliation and behaviour escalation. We asked staff to reflect on the types of behaviours displayed by staff in the programme.

A Consultant Psychiatrist explains in the programme, "[The member of staff] breaks boundaries with the patient, and then the patient feels able to break boundaries with [the member of staff]."

Go to www.frontfoot.net/relational-security for more information about Relational Security and to download See Think Act. .







Follow us on X/Twitter @ccqi\_ @rcpsych and use #qnfmhs for up-to-date information



# Relational Security on an Acute Mental Health Ward

By Dr Rachel Daly, Consultant Psychiatrist, Kent and Medway NHS and Social Care Partnership Trust and PC Christopher Bishop, Kent Police

The world of forensic psychiatry expands beyond secure units and prisons and the populations will overlap. In Kent, where this acute ward is based, there are currently nine prisons and some of these prisoners will return unwell to home general adult mental health services and also many patients who have been in secure units will return to the general mental health population. In some cases the forensic history will be easily found in notes but for many complex cases this is not the case. Examples patients telling me "I have a probation officer or I have a case at court."

There are challenges for the police when assaults and minor crimes are committed during mental health act assessments or on the journey to the 136 suite place of safety. In Kent over the last seven years we have had a mental health policing team. The aim of the team was originally to look at hospital based crime with challenge of understanding the complexity of it and to develop long term strategy to give a better police experience and outcome to patients and staff within mental health service. It was agreed by NHS and police it is better to work in partnership so care plans for patients, possible prosecutions and other criminal justice matters are joined up as all stakeholders get better outcome.

My colleague and fellow author felt the model we are using locally is built on model of Relationship Security. Described as Relational Security is the knowledge and understanding staff have of a patient and of the environment, and the translation of that information into appropriate responses and care.

Relationship Security is not simply about having a good relationship with a patient. In Kent our mental health hospital has a named officer who works with us and is present on site once a week but available virtually at all times and is seen as extension of our team on site another good supportive colleague.

The local police liaison service we are currently using on ward clarifies points where the mental health team can make informed decisions in care plans without misinformation. This helps with leave decisions and safeguarding. If there are queries re domestic abuse or exploitation by drug dealers, to name but a few, the police can help clarify this information particularly in cases where a patient fails to return from leave.

The police liaison team have found it is helpful for mental health team to provide information on patients capacity, ability to attend court, fitness for interview and other police related matters. It also is important for police to be aware when high risk individuals are discharged and their future pathway of care. As an example, we currently have worked therapeutically and with police team on a 40 year old male isolated from family, long history of illicit drugs and crime. His life for last ten years has been prison and mental health units. He becomes floridly unwell in prison but crime is never serious enough for formal forensic services and he always end up in general mental health setting via Psychiatric Intensive Care Unit (PICU). He

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cannot survive in community as does not have recovery skills. He likes the institution, prison or hospital. This time, he is going to a locked rehabilitation unit from an acute ward after liaison police officer and mental health team have worked extensively with this patient in an informed psychological way to progress his quality of life.

What we have managed to create is a relational security model of care where the basis of care is based on information sharing with a single joined up approach to our more complex cases to try and give them a successful outcome.

Patients are complex and not all information is always known. But if we can reduce risk to patient or reduce risk to others it is a beneficial relational security model for all and then the therapeutic journey of recovery starts the goal of all mental health services.





#### **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 reviews of medium and low secure forensic mental health services. This training is online and will take place on MS Teams.

Next training dates:

- Tuesday 23 January 2024 (13:00-15:00)
- Thursday 21 March 2024 (13:00-15:00)



If you are interested in attending, please complete this booking form.

# 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!



# Introducing a Carers' Forum in an Intellectual Disability Secure Service

By Dr Gareth Hickman, Interim Consultant Clinical Psychologist, Gavin Kooner, Assistant Psychologist, Jannine Redwood, Principle Forensic Psychologist– *Brooklands Hospital,* Coventry and Warwickshire

It is well established that family members are the main carers for users of forensic mental health services. However, it is recognised that more needs to be done to support carers.

Many forensic carers report not feeling valued, not receiving information, and not being involved or listened to. Numerous guidelines recommend involving carers in the care process as much as possible in this *Triangle of Care* with service users and providers.

At Brooklands Secure Service, Birmingham, between 2017-2019 several trials of launching a Carer Forum occurred with limited success. Evaluation indicated primary reasons for low uptake were a) needing to travel to the service to attend (being a Regional Secure Service often meant large travel distances, time and cost), b) inaccessible times of Forums (office hours), c) conflicting responsibilities of carers, d) low numbers of involved carers, and e) significant administrative demands on clinicians without admin support. In recent years a significant shift towards electronic solutions has been integrated into service systems and provided new impetuous to reestablishing an accessible Carer Forum in September 2022 using the NHS Attend Anywhere platform.

The Carer Forum set up in the Service was conceptualised as an ongoing, open forum

with the aim to be a safe space to engage with carers. Carers can connect directly with clinicians and managers, build relationships, receive information and improve service responsivity, inclusively and collaboratively. The guiding principle being that it would be a space for carers to discuss topics relevant to them; no patient specific information would be shared. The Carer Forum was established by the psychology team; however, the initial parameters and governance were agreed at the Multi-Disciplinary Secure Steering Group (SSG) which is comprised of a full MDT. A feedback loop to Senior Management was set up to directly represent carer views to SMT. The carer group collaboratively identified the following aims and functions of the Forum:

- Meet one evening monthly 6pm-7pm.
- Online meetings.
- Aim being the sharing of information about the service.
- Sharing experiences of carers, no information disclosed about service users.
- Opportunity for general Questions and answers.
- Discuss general issues relating to the service and developments.
- Opportunity to complete any carer experience feedback assessments.
- For professionals to provide information on a range of issues e.g. role of the family in supporting people in hospital; expectations and implications of support; influences positive and negative (e.g. how they can help their relative reduce risk); learning about care; giving information e.g. "What is..." (e.g. LD/Autism/acronyms); For Senior Management to meet with carers.



The Carer Forum had an average attendance of place within the context of a wider carer five participants per session from an inpatient maximum population of 41 service users. After 12 months, all carers who had attended the Forum were sent a feedback survey. Overwhelmingly, carers have indicated that this implementing these Forums even on a limited was a beneficial group, the content was relevant and useful and delivered effectively. Significantly, the Forum has led directly to improvements including the introduction of a designated Carer Room and improvements to estates.

A number of learning points have become apparent. It is critical that Carer Forums take strategy. Dedicated staff roles (such as a Social Worker) are likely to increase uptake and engagement. There are administrative and time demands on clinicians leading and once monthly basis. Ultimately however, such spaces have a significant benefit for Carers feeling valued, heard and respected, they improve relationships and improve the care and support of service users. It is intended that formalised research will be undertaken to evidence benefits of such spaces for both carers and service users.

Table 1: The agenda developed with attendees

Topic	Approx. Timings
<ul> <li>Re-introduction for previous attendees</li> <li>Introductions to new members</li> <li>Summary of confidentiality agreements</li> </ul>	5mins
<ul> <li>Agenda setting for session</li> <li>Offer proposed outline</li> <li>Identify if there anything anyone wants to add specifically</li> </ul>	5mins
<ul> <li>Recap</li> <li>Quick recap material from the last forum for those not present</li> </ul>	5mins
Feedback from SMT  Feedback loop from SMT (you asked – we did)	5mins
<ul> <li>New Content</li> <li>New topic of the current forum</li> <li>Inclusive of anything members wish to add</li> <li>Q&amp;A</li> </ul>	25mins
Any other Business	10mins
<ul> <li>Ending and date of next Forum</li> <li>Confirm any action points / points to feedback to SMT</li> <li>Identify date of next Forum</li> </ul>	5mins



### Meet the QNFMHS Team!

**Chido Musoni**Project Officer



#### When did you join the college?

December 2022.

#### What were you doing before joining the team?

Worked as a Medical Information Specialist for a pharmaceutical company.

What is an interesting fact about you?

My name means 'wish' in Shona.

What is your favourite animal?

Elephant.

**Rianna Herbert**Project Officer



#### When did you join the college?

I joined the college in July 2019.

#### What you were doing before joining the team?

Before I joined the college I was working as a support officer in supported housing for residents with mental health for a housing association which was really enjoyable and I learned so much regarding frontline work.

#### What is an interesting fact about you?

Interesting fact is I have a one year old son who is the apple of my eye (still feels weird that I am a Mum I feel like a teenager).

#### What is your favourite animal?

My favourite animal is an elephant.



# **Isabel Fenton**Project Officer



#### When did you join the college?

January 2023.

#### What were you doing before joining the team?

Supporting people through immigration processes in the United States.

#### What is an interesting fact about you?

I am currently on the hunt for the best bagel in London (so far the best has been in Stamford Hill).

#### What is your favourite animal?

Snow leopards.

**Ollie Fenton** Honorary Assistant



#### When did you join the college?

January 2023.

#### What were you doing before joining the team?

Frolicking in the park.

#### What is an interesting fact about you?

I'm mostly Husky and German Shepard, but I actually have some Pug in me.

#### What is your favourite animal?

Squirrels.



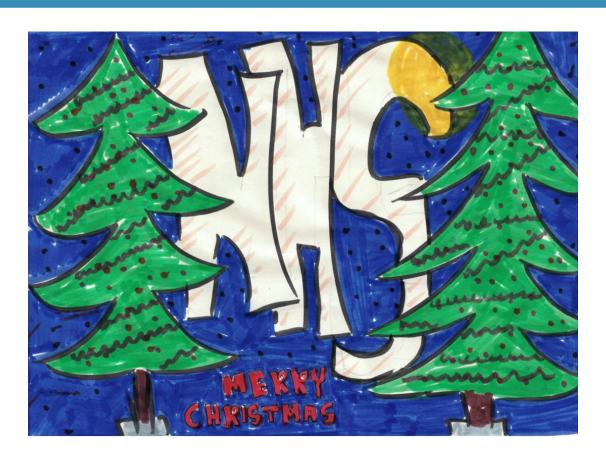
## **QNMFHS Festive Card Competition Winner**

This year, we welcomed all patients in forensic mental health services to submit their festive artwork for a chance to be featured on our electronic festive card which goes out to all of our members. We received so many fantastic entries and we are very grateful. Thank you to everyone who sent in their artwork. Below you will see this years winner, 'A Gingerbread World'. On the next ten pages you can see all of the amazing entries!



The winning artwork was created by patients from Amber Lodge.







































































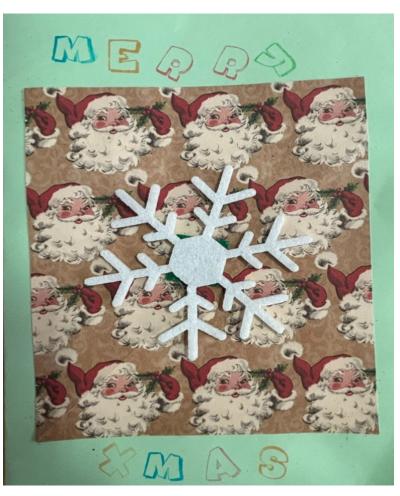












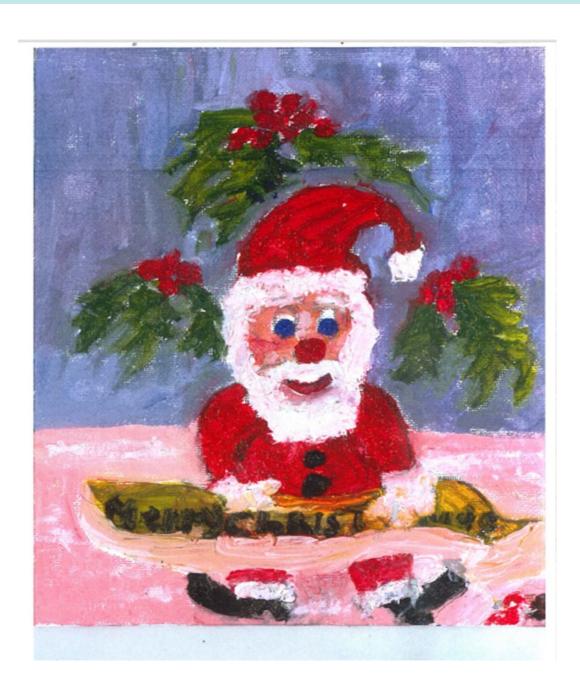








### **Last Year's Festive Card Winner**



The winning artwork was created by B Edicott patient at the Lee Mill Hospital.



#### **Previous Newsletters**



#### WELCOME

Welcome to the 59th edition of the Newsletter on the theme of *Transfers and Remission*.

It has been incredible to read through so many articles and good practice examples from our member services. I recommend sharing the newsletter as widely as possible with staff, carers, patients and visitors.

A success for the Quality Network was holding our first in-person event since the COVID-19 pandemic started. The Annual Forum took place in June, which included presentations on the Third Edition of See Think Act, the empowerment of co-production, speech and language therapy in learning disability and forensic services, and the National HOPE(S) NHSE Collaborative.

The event also included various workshop presentations on the topics of: sustainability in mental health, working with family and friends and, lastly, forensic specialisms - which saw

presentations on women's blended secure services, deafness in a forensic context and old age forensic psychiatry.

Lastly, the Quality Network team, along with services, are getting ready to begin the new cycle, cycle 15-9 (2023-2024). In the new cycle, we will continue to hold developmental reviews virtually and full reviews in person. We look forward to visiting services again and working together with our peer-review colleagues.



Kelly Rodriguez, Programme Manager



#### WELCOME

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Welcome to the Sist edition of the Neveletter on the
thermof. Restroother Justice. As always, it is
thermof. Restroother Justice. As always, it is
morderful to recall all the initiatives seepen have
introduced, as well as reflections on experiences.
This neweletter contrain articles from various
services, as well as the entries for our Summer
Artwork and Creative Writing competition. As every
year, it was difficult to choose the winners with so
many talender artists. These will be utilised for
various Network documents, including guidance
documents and the various service reports so keep
an eye out for our new report covers!
The Quality Network peer-reviews have now come to

an eye out for our new report covers!

The Quality Network peer-reviews have now come to an end. Thank you to all the teams for all the hard work organising your peer reviews, be it online or in with colleagues. The Network standards revision has now taken place and a new edition will be published soon. We look forward to the discussions this new edition will bring during review days.

At the cycle ends, the Quality Network team prepares for the start of a new cycle, cycle 15-9. During the course of the summer, the team will be updating the various data collection tools utilised during the course of the summer, the team will be updating the various data collection tools utilised during the course of the peer-reviews, including the workbooks and reports.

Kelly Rodriguez, Programme Manager



#### WELCOME

Welcome to the 57th edition of the Newsletter on the theme of workforce solutions, the way forward 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 range of articles including the introduction of new roles to address recruitment programme for new staff and the baunch of an international recruitment programme, amongst others. These articles provide great examples on how services can address the current staffing challenges in line with the national shortage.

challenges in line with the national shortrage. The Quality Network team have been carrying out peer-reviews for a number of months and the cycle is now nearly at an end. The team, and reviewers, have been enjoying the return to face-to-face reviews for full reviews and these have received positive feedback. It is always exciting to network with other colleagues!

with other colleagues!

The revision of ONFNH5 standards is well underway. This began with an e-consultation where services were asked to complete an online survey to highlight any proposed changes to the current set of standards. This feedback was shared with the QNFMH5 Advisory Group to create the first draft of the standards. The Advisory Group comprises of professionals who represent key interests and areas of expertise in the field of forence metal health.

This includes patient and carer representatives who have experience of using these services. The second, and final, stage is to present the proposed changes to the standards to our members via an online meeting. More information can be found within the newsletter.

newsietter.

Lastly, registration to attend the 2023 QNFMHS
Annual Forum is now open. This year, this is planed
to take place in person at the RCDsych in London.
This will be the first face-to-face event the Network
we are very excited to facilitate a day of networking
and learning! More information can be found within
this newsletter.



Kelly Rodriguez, Programme Manager



#### WELCOME

Welcome to the 56th and final newsletter of 2022 It has been another tough year for our forensic mental health colleagues, all our thoughts and good wishes are with everyone working so hard to continue to keep people safe and well.

and weii. This edition of the newsletter is on Quality Improvement and Research. We know services are involved in a vast range of research and quality improvement projects. It has been truly fantastic to see so many articles with updates on what services have been working on.

Included in this newsletter is also the fantastic Festive Card Competition Entries and the winner. We would like to thank all participants for their submissions and all our members for their submissions and all our members for their support with this competition, it has truly been amazing to see so many submissions!

The first meeting of the Accreditation Steering Group took place in November 2022. I would like to thank all of those involved for their time and input. Interesting discussions were held and some good ideas were created. Members will soon be able to complete an online survey to share their feedback on the introduction of an accreditation membership.

There are a couple of pieces of information about the Network and what is planned for 2025 within this newsletter. This includes the plans within this newsletter. This includes the plans for the revision of the current standards and a new section on meeting the QNFMHS team.

Lastly, the team and I would like to thank all our members for their hard work over the past year and for their continuous engagement with the continuous engagement with the continuous engagement with the for a few months and it has been absolutely fantastic to see so much engagement and networking amongst services. We are all looking forward to continuing our visits to services in 2023.

I hope everyone has a wonderful Christmas, and we look forward to speaking to you in the New Year. 2023 here we come!































#### **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

<u>ministry-or-justice</u>

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/ccgi

**Royal College of Psychiatrists' Training** 

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

See Think Act (3rd Edition)

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

#### **Contact the Network**

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Ciara.Mcaree@rcpsych.ac.uk 0208 618 4021 X (formerly Twitter)

Follow us: **@rcpsych @ccqi\_**And use **#qnfmhs** for up-to-date information

**QNFMHS Knowledge Hub Group** 

www.khub.net/group/quality-networkfor-forensic-mental-health-servicesdiscussion-forum

Royal College of Psychiatrists' Centre for Quality for Improvement

21 Prescot Street, London, El 8BB

www.qnfmhs.co.uk