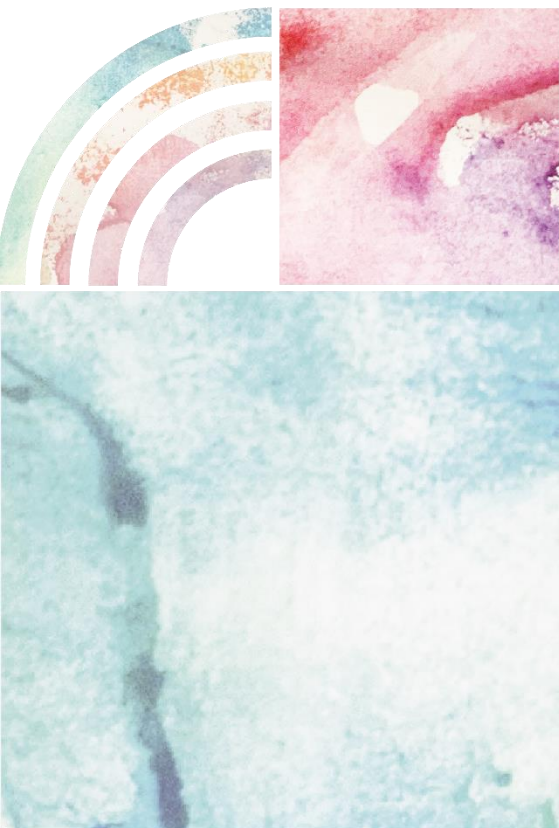




**IMPROVING MENTAL
HEALTH SAFETY**
COVID-19 Mental Health
Improvement Network



COVID-19 Change Package

Reducing Restrictive Practice





This COVID-19 Change Package has been created by the Mental Health Safety Improvement Team. We identified 'preventing the use of restrictive practices from increasing' as a key area of focus for those working in mental health services as a result of the COVID-19 pandemic.

This package is designed to provide accessible support for teams who want to make improvements in this area. It consists of:

- a shared theory for achieving your aim, developed from changes being made to practice in response to COVID-19 (driver diagram)
- examples of positive changes that have been made by mental health teams
- a list of resources developed by mental health services and affiliated organisations.

Acknowledgements and thanks

We would like to acknowledge the enormous challenge the NHS and other care providers are currently facing, and thank each person, team, Trust and provider who has contributed to the development of this change package by being generous enough to share their guidance, change ideas and learning. Wherever known, those people and organisations have been named and credited throughout the document.



Amar
Shah



Helen
Smith



Tom
Ayers



Kaycee
Meads



Kate
Lorrimer



Emily
Cannon



Saiqa
Akhtar

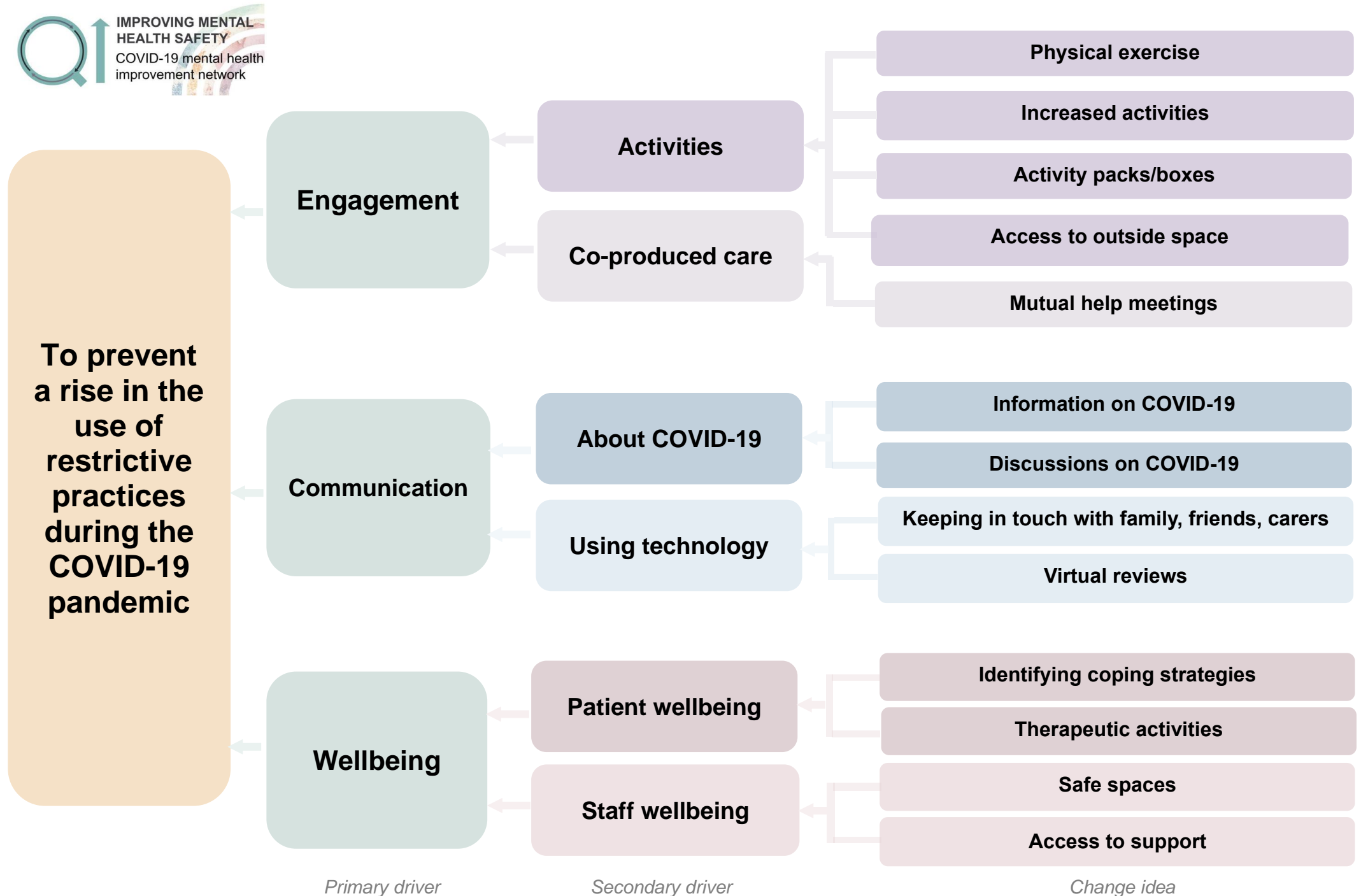


Matthew
Milarski



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Activities

Physical exercise

[Jack Phillips](#), Lead Physical Health Practitioner for [Devon Partnership NHS Trust](#) shares measures they have introduced to ensure patients remain physically active.

1. What problem were you trying to solve?

Keeping patients physically active throughout the COVID-19 outbreak, not only to promote physical wellbeing but also the positive mental health aspects of physical exercise.

2. What did you do?

We did a number of things:

- Our physical health practitioners were assigned a specific ward to prevent cross-ward working.
- We made a 'super team' involving an allied health professional rota which involved at least 3 extra staff added to the ward numbers.
- 1-1 gym sessions facilitated, with physical health practitioner in PPE and gym deep cleaned between patients.
- Appropriate facility created for hand washing and changing PPE.
- Ground walks and barn sessions timetabled.
- Socially distanced activities planned as an MDT.

3. How did it go?

Involvement in physical exercise has increased and spending more time with patients has worked really well as strong therapeutic relationships are being formed. We have found newly adapted activities not offered before have been really popular and staff confidence facilitating these has increased hugely.



4. What was the main learning from your intervention?

Not to underestimate the value of physical activity for patients. Managing 1-1 sessions in timeslots is crucial and stick to these to allow for routine. Strong communication with the ward and team members is crucial.

A number of wards have also used social media to share how they are continuing to facilitate physical exercise on the ward.

[Janvee Vadher](#) and [Ethan Parr](#), Healthcare Assistants on [Coral Ward](#), share socially distanced High Intensity Interval Training (HIIT) workouts ([Sussex Partnership NHS Foundation Trust](#)).



[Tuesday Sowerby](#), Occupational Therapist on Christopher Unit PICU, has created circuits using chalk in the garden ([Essex Partnership University NHS Foundation Trust](#)).



[Dovile](#), Activities Co-ordinator on [Lilacs Ward](#), providing exercises for patients in isolation ([South West London and St George's Mental Health NHS Trust](#)).



Increased activities

Bradley Brook Ward, a male medium secure ward in [Avon and Wiltshire Mental Health Partnership NHS Trust](#), recently held a sports day which was enjoyed by both patients and staff. Prizes, medals and cups were awarded for a number of games and activities:

Morning games

- Relay run
- Hula hoop challenge
- Water cup challenge
- Bucket Challenge

Afternoon games

- Egg and spoon race
- Sack race
- Bucket Challenge
- Target practice
- Longest plank
- Ring Toss

Tiffany Wheeler (Occupational Therapist), Steven Rickwood (Activities Co-ordinator) and [Gemma Rust](#) (Senior Practitioner and Quality Improvement Coach) on Bradley Brook Ward.



[Alison Dulson](#), Specialist Occupational Therapist at [Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](#), shares a new activity to help patients be ready for the morning or afternoon ahead.

1. What problem were you trying to solve?

Providing an activity that helps patients become regulated and also encourages self-regulation.

2. What did you do?

I implemented sensory circuits based on the 3 sensory systems that help us to be calm and alert (tactile, vestibular and proprioceptor). The circuits have to occur in a specific order: alerting, organising and calming. Activities may include jumping jacks, balancing, yoga poses such as downward dog, tracing shapes to encourage the eyes to cross the midline by tracing patterns and using bigger gross motor activity. The session ends with some grounding postures, deep breathing and guided relaxation. The sessions are very versatile and can be 5-15 minutes long, with an individual or group. There is a wealth of information on the internet.

3. How did it go?

We've had really positive results. Patients have enjoyed it and found it amusing, as have staff. When staff take part it's good for patients to see that everyone has different abilities and that others might also need to adapt a different activity to suit them. It's ideal to do the sensory circuits in the morning and after lunch.



4. What was the main learning from your intervention?

We do the same routine and mix it up after six weeks or so. You definitely need to demonstrate the activity and get involved yourself, together with the rest of the team. Most importantly, have fun!

Activity packs/boxes

[India Hold](#), a Support, Time and Recovery Worker with [Greater Manchester Mental Health NHS Foundation Trust](#), shares how she sourced items for young people on Gardener Unit who need to be in isolation.

1. What problem were you trying to solve?

Our contingency plans for any young person who contracts the virus is to isolate them on a bedroom corridor which contains isolation rooms that have been sterilised and risk assessed, with limited access to other recreational areas of the unit. If the young person is to be nursed on the corridor for 7 days, they can potentially become bored and fed up. There is a risk of increased exposure to other people/items being brought in and out of the unit.

2. What did you do?

I gathered resources so they are readily available for any young person on the ward who needs to be in isolation. The resources include essential items such as shower gel, toothpaste, a toothbrush and some deodorant. I considered what activities young people like to engage in on the ward, and sourced items that would be appropriate to alleviate boredom. Suggestions for boredom busters and preferences were also sought from the young people.

3. How did it go?

We've not had to use this yet, but ideas included; a set of playing cards, arts and craft materials, pamper packs (face masks etc.) and a work packet provided by the assistant psychologist. We have devised a 'video call' substitute that has enabled the young people to see their carers.

4. What was the main learning from your intervention?

Communication on any advancements have been key, both with young people and professionals. Reassuring young people and explaining the expectation if they were to be isolated and clarifying the importance of this.



[Paul Sams](#), Service User Project Co-ordinator, describes the Positivity Box created by Bede Ward (male acute admissions ward) in [Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust](#).

1. What problem were you trying to solve?

Finding ways to support patients to continue to engage in meaningful activities when having to spend more time in their own rooms, such as when having to self-isolate.

2. What did you do?

Created a Positivity Box ready for any patients that would need to isolate on Bede Ward. The box includes quizzes, crosswords, colouring challenges, and a writing pad and envelopes. They also have a sensory lamp, a CD player, and mindfulness and relaxation CD if a patient would like to use them.

Bede Ward have taken this idea from Talk 1st, a Facebook group created as a place to share and discuss the use and development of Talk 1st strategies within Cumbria, Northumberland, Tyne and Wear Trust.



3. How did it go?

The positivity boxes have been really well received. The boxes contain items that promote sensory regulation as well as relieving boredom and many patients have felt supported by them.

4. What was the main learning from your intervention?

Supporting patients to develop their own boxes has helped them to feel listened to and develop insight into what supports recovery for each individual.

[Sarah Remnant](#), an Occupational Therapist at [Pennine Care NHS Foundation Trust](#) shares their individualised isolation packs that have been created to prevent occupational deprivation in patients.

1. What problem were you trying to solve?

Patients on an acute mental health ward often experience occupational deprivation, which is reinforced further with the current pandemic.

2. What did you do?

I developed individual isolation packs, considering patients' individual needs, abilities and education. The aim of the packs was to try and prevent possible deterioration in occupational functioning, promote engagement in meaningful and purposeful activity, and prevent boredom. The packs contain activities around cognitive stimulation, physical activity, mindfulness, relaxation, psychoeducation (i.e. sleep hygiene, hand washing), structure/routine and self-care items to promote personal care. Including WIFI access codes also enables patients to remain socially connected with family and friends and have access to online activities.

3. How did it go?

Patients really appreciated the isolation packs and we've had very positive feedback.

4. What was the main learning from your intervention?

I would suggest that they are patient-centred and involve known patient interests, where possible. This will ensure it is purposeful to the individual, increasing motivation and engagement.



Access to outside space

With leave restricted due to COVID-19, wards are encouraging use of outside space, such as gardens and courtyards. Here are some ideas shared on social media.



[Lucy Wade Unit](#), a female inpatient ward, have been working on their courtyard, planting and painting fences ([Nottinghamshire Healthcare NHS Foundation Trust](#)).



[Aimee](#), Activities Co-ordinator on [Jade Ward](#), leading a breath and stretch class outside ([Sussex Partnership NHS Foundation Trust](#)).



[Alex Davidson](#), Ward Manager on Hazelwood Ward, shared how patients have created flower arrangements ([Greater Manchester Mental Health NHS Foundation Trust](#)).



Nile Ward, St Charles Hospital, have partnered with their local garden charity, Westway Trust, to create a beautiful garden for patients and staff to relax, exercise and enjoy ([Central and North West London NHS Foundation Trust](#))

Rowans PICU ([Coventry and Warwickshire Partnership NHS Trust](#)) have opened the ward's garden for extended periods as patients are unable to take leave due to COVID-19.

Co-produced care

Mutual Help Meetings

[Helen Smith](#), Consultant Forensic Psychiatrist from Holcombe Ward at [Devon Partnership NHS Trust](#), shares an idea on Mutual Help Meetings.

1. What problem were you trying to solve?

Our unit had lots of uncertainty and lots of change happening as a result of COVID-19. We've had a lot of changes to staff and patients. We decided that we needed some more structure into our ward routine, to help share information in a timely manner, actively support and work together to maintain safe services for patients and for staff.

2. What did you do?

To help us prepare for and manage COVID-19, we have taken the Safewards intervention of "The Mutual Help Meeting" and are in the very early stages of testing this. We run this at 10am on weekdays and are anticipating it will run for between 15-30 minutes. We have followed the 4-step structure which is a round of:

- Thanks
- News
- Suggestions
- Requests and offers

3. How did it go?

We had good patient and good staff attendance from a range of disciplines (with COVID-19 and redeployment of staff, we have a more multi-disciplinary continuous presence on the unit). Patients appreciated the opportunity of regular updates on areas that affect their care (e.g. changes to their leave, changes to group working or remote access to families). The environment is changing rapidly at the moment and it can be hard to keep up! Everyone has appreciated being thanked for their work and being able to share ideas about how we can all get safely through each day and create a meaningful and engaging structure of activity.

4. What was the main learning from your intervention?

We are just about to try serving coffee at this meeting to encourage attendance and make it a little more social. Patients said they valued coming together as a community. We are also going to start testing having a wipe board to share "thank yous" and the offers of support/activity. A top tip is to have a small team of people who feel comfortable and committed to chairing these meetings so that they happen every day until it becomes embedded and part of the routine. It's early days but improving structure in this way aids clear communication. It also helps create a sense of community, "we are all in this together" so everyone has something to contribute. Everyone appreciates a thank you particularly in these testing times!

Communication about COVID-19

Information on COVID-19

[Fiona Melding](#), Ward Manager on Beech Ward (adult male acute ward) in [Greater Manchester Mental Health NHS Foundation Trust](#) shares their COVID-19 notice board.

1. What problem were you trying to solve?

Patients experiencing heightened anxiety due to not understanding what COVID-19 is, or the reason why they might be asked to self-isolate. Staff were also worried about how to talk to patients about the pandemic and coming into work on the ward, whilst others were working from home.

2. What did you do?

Created a COVID-19 notice board to answer questions raised by staff and patients. The board included information on PPE with a picture of a nurse wearing PPE, explaining information on swabbing etc. so, patients and staff are aware of the process.

3. How did it go?

Received positive feedback from patients and staff – information provided was consistent and relevant to all staff. Every week on the ward, we also hold a reflective practice group facilitated by myself and one of our psychologists.

4. What was the main learning from your intervention?

These interventions have been positive and helped staff feel better about things. Staff report feeling more relaxed, happy, positive and thus able to go back out to do their job.



[Beth Blackburn](#), Staff Nurse on Keats Ward, [Greater Manchester Mental Health NHS Foundation Trust](#) shares how she created an information booklet to help patients understand COVID-19.

1. What problem were you trying to solve?

We have a daily meeting on the ward at 10am where a nurse will deliver the latest news on COVID-19 and reiterate the latest guidelines and importance of hand-washing, social distancing etc. The ward is a female acute and therefore, we were having difficulty getting our patients to understand the seriousness of the virus and the importance of what we are being asked to do by the government.

2. What did you do?

I made booklets as a visual aid for the ladies to read in their own time and keep flicking through.



3. How did it go?

It went well – we had a discussion with the ladies about their anxieties and questions they had. They found this helpful and appreciated a visual format rather than having someone talk to them. Having this booklet also allows people with anxiety to ask questions outside of the morning meeting.

4. What was the main learning from your intervention?

That information needs to be delivered in different formats – everyone learns differently and sometimes people are better able to understand written/visual information.

Discussions on COVID-19

[Beth Blackburn](#), Staff Nurse on Keats Ward, [Greater Manchester Mental Health NHS Foundation Trust](#) describes the 'covid-19 dice' she created to get patients discussing coronavirus information.

1. What problem were you trying to solve?

We found that we were repeating the same coronavirus information, which became uninteresting for our female patients. Therefore, I wanted to create a fun and active way for the government guidance to continue to be discussed.

2. What did you do?

I created a 'covid-19 dice' which was made up of 'show me' and 'tell me' statements. The game took place in the garden. I also created a time frame of 5 seconds for the female patients to complete the 'show me' statements, which increased the excitement and fun.

3. How did it go?

The game went really well and the patients were fully engaged throughout the game, particularly as there were a variety of different tasks in the games.



4. What was the main learning from your intervention?

Making light of serious situations can sometimes help decrease anxieties. I found that this was a good way of getting the ladies working together. We also found that the social distancing wasn't being adhered to during the first game, so we made a bigger circle of social distancing and the dice was rolled into the middle.



Dr Ravi Patel, Consultant in Child and Adolescent Psychiatry on Galaxy PICU ([East London NHS Foundation Trust](#)), has shared a recent initiative to ensure the young people on the ward are fully informed on COVID-19 and have their questions answered. Staff on the ward have been running groups for young people to raise awareness about COVID-19 and one of these sessions was held as a panel discussion with one of the patients posing questions on behalf of the young people on the ward.

Thomas McGreavy, Ward Manager on Rowans PICU ([Coventry and Warwickshire Partnership NHS Foundation Trust](#)), shares how the ward has started a daily cup of tea and a chat with members of the staff team (social distancing incorporated) to discuss government information about COVID-19. The staff have also been explaining to patients why each measure has been introduced and what effect this should have. The patients have also been offered written information about COVID-19 and government information within the meetings. We have also carried out a health promotion group and a display board about COVID-19, including how to stay well.

[Danielle Simpson](#), Staff Nurse with [Mersey Care NHS Foundation Trust](#), has emphasised the importance of communicating well with patients. For example, staff are currently in uniform and wearing masks to help with infection control and every ward had a community meeting to talk about why these measures had been put in place and to answer any questions. Patients on their learning disability wards have responded well to the recent changes and restrictions as a result.

Using technology

Keeping in touch with family, friends, carers

[Leanne Young](#), Ward Manager on Laurel Ward, [Greater Manchester Mental Health NHS Foundation Trust](#) describes their change idea that supports patients to maintain contact with carers and relatives.

1. What problem were you trying to solve?

Due to COVID-19 and visiting restrictions, patients have been limited with the communication they have had with the carers and relatives. They have found it difficult to adapt to their loved ones not being able to visit. Therefore, we tried to explore other lines of communication.

2. What did you do?

We had a mutual help meeting to discuss how we can support our patients, then we designed some cards and wrote letters to our loved ones. Staff supported patients to post the letters with stamps previously purchased. We maintained government guidelines on social distancing by ensuring we were all two seats apart whilst the activity took place, hands were washed before and after the activity.

3. How did it go?

This lifted spirits and made both staff and patients smile and I am sure when the carers received their cards they were also smiling. We incorporated the Easter theme into this activity so patients could send well wishes to loved ones for Easter.

4. What was the main learning from your intervention?

We learnt that although restrictions are in place, it is so important to maintain communication and keep connected and this was a great way to do that. We also learnt the value of sending well wishes to others in this difficult time. This is something we will continue to offer going forward.

[Chelsea Weller](#), Registered Mental Health Nurse on Greenway Ward (dementia ward) and Bollin Ward (for those with functional mental health problems) in [Greater Manchester Mental Health NHS Foundation Trust](#) shares how they set up a Skype account so patients can contact their friends and family.

1. What problem were you trying to solve?

Patients were becoming tearful and asking when their families are coming to visit. This occurred prior to COVID-19 on our dementia ward and we always reassured patients. Those with more capacity noticed their friends and family were not coming in at all due to social distancing, so we thought of ways around this.

2. What did you do?

We used the Samsung tablet that was on the ward to set up a Skype account with our own username and password. Friends and family could use this to log in and have a video call over Skype, as well as using the regular phone.



3. How did it go?

It went well for those with capacity and those asking to see family. With the tablet being portable it was easier to make this a time where patients could speak to families in their rooms privately, rather than in the office with the phone. However, due to risks of using tablets and capacity, often this was observed by staff to ensure safety.

Our main modifications were things such as letting friends and family know and encouraging this for the benefit of patients. We ensure staff are available for designated time to facilitate video calls. We prioritise calls for patients who ask for family contact. For patients who might not be orientated to time/place, we wait for a more suitable moment.

4. What was the main learning from your intervention?

This change has benefited patients during unsettling times and allowed patients to see their families and friends privately. It was simple to set up and use, and we carried out risk assessments around using the tablet, such as 1) patient confidentiality if in other areas, 2) if patients might throw the tablet and destroy it or throw at others and 3) if patients might use the glass to harm themselves, which is why calls are supervised.

Virtual reviews

[Dr Gurprit Pannu](#), Consultant Psychiatrist from [Sussex Partnership NHS Foundation Trust](#) describes how they used Attend Anywhere to run virtual ward reviews.

1. What problem were you trying to solve?

Holding ward reviews remotely so inpatient doctors who are vulnerable or self-isolating can still attend.

2. What did you do?

We used Attend Anywhere (AA) as a virtual consultation package and set up a virtual waiting room for each ward. Vulnerable or self-isolating inpatient doctors were prioritised for AA licences and online training was provided daily.

To set up

- Ward review room set up - use a desktop with a suitable screen, webcam and Jabra microphone/speaker. A Jabra picks up and transmits high-quality sound when there are multiple people in a room and it is essential to be able to hear the patient if they are not sat next to the computer/laptop.
- It is essential that patients can hear clearly what the doctor is saying.
- We ensured there was a suitable seating arrangement in the room.
- On the doctor's side – they can use their usual laptop, ideally with a Jabra microphone/speaker but it is less critical on this side of the consultation.

On the day

- One member of the ward team needs to log on to the ward-side set up.
- Doctor sets up AA on their laptop and sends a link to the ward team member by email.
- Ward team member clicks the link and enters the waiting room, the doctor can then let them in and the set up is ready for seeing patients.

Consider setting up 5 minutes early. If you use the Jabra you need to check the sound is coming out of this and not the computer's speaker. There is a settings option for Attend Anywhere in which you can change where the sound comes from.

3. How did it go?

- Some adjustments needed in settings when using Jabra speakers.
- Patient needs to be advised of set up prior to coming in.
- Usually we have at least 2 staff in the interview, but as 1 staff is now attending from home, we need to ensure enough staff are in the room for any safety/risk purposes. Most patients have been happy with set up.
- One patient sat off camera and then left early due to feelings of paranoia.
- We found that you can shrink the size of the AA window, so you can also see the electronic patient record at the same time.



4. What was the main learning from your intervention?

- You need a few people on the ward who know how to set up the Jabra and webcam.
- Need to think through what you will do if patients refuse to be seen via AA – what is the back-up plan? We managed this by turning off the video camera and just having audio.
- Prescription cards – need to think about how you will see them. Either the staff on the ward can read them out or hold them up to the camera. Neither is ideal but will be resolved when electronic prescribing and medicines administration (EPMA) is implemented.



On Rowans PICU ([Coventry and Warwickshire Partnership NHS Foundation Trust](#)) patients are having appeals and tribunals using electronic devices, and are being encouraged to use electronic devices to keep in contact with solicitors, advocates, and religious leaders. Staff have checked with the patients to see whether they have electronic devices to keep in contact with family members or important others, and patients who do not have access to devices are being encouraged to use the ward devices.

Galaxy PICU, a CAMHS ward in [East London NHS Foundation Trust](#), have been holding reviews with patients via Microsoft Teams to reduce unnecessary traffic on the ward. This approach also has the added benefit of patients being able to see staff without their Personal Protective Equipment (PPE) on, thus making it more personable.

Patient wellbeing

Identifying coping strategies

[Lauren Henden](#), Deputy Ward Manager on Keats Ward, [Greater Manchester Mental Health NHS Foundation Trust](#) describes a group they ran to help patients identify coping strategies.

1. What problem were you trying to solve?

We are currently holding a morning meeting on the ward each day to go over government guidelines to ensure everyone has the most recent and correct information, and provide them with the opportunity to ask any questions. We finish this meeting with a calm down method to help relieve anxieties. It has been found during this meeting, that patients are struggling with changes to their routines and keeping themselves occupied during the current restrictions.

2. What did you do?

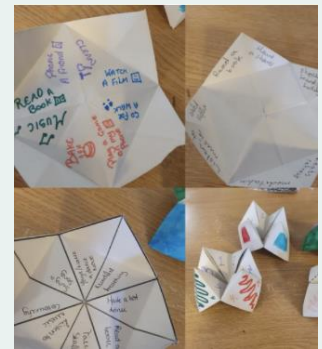
We carried out a group to make fortune tellers to help identify ways to keep busy and focus on mental wellbeing.

3. How did it go?

It was well received by patients and would be a group we would hold again for more patients to benefit from.

4. What was the main learning from your intervention?

We modified where we would normally hold a group (in the lounge instead of activities room to facilitate social distancing). We hold groups regularly on the ward and find that the social peer support is really helpful for those that engage.



[Lily Bowers](#), Acting Deputy Ward Manager on Keats Ward, [Greater Manchester Mental Health NHS Foundation Trust](#) shares an activity to help patients learn and use coping strategies.

1. What problem were you trying to solve?

In line with Government guidelines we are trying to promote social distancing and also encourage patient engagement in activities whilst adhering to these guidelines. We want to reduce anxiety and promoting positive mental wellbeing.

2. What did you do?

We shared ideas with patients as to what activities can be done during self-isolation. We made Coping Strategy Wheels which spin around to show several different positive coping skills.



3. How did it go?

We had good feedback following the activity. Some patients found it helpful to share ideas with each other and could then learn new strategies of coping with their anxiety.



4. What was the main learning from your intervention?

We are currently holding group activities in the lounge, as this is a larger space. We also usually hold groups in our activity room. The activity has appeared to alleviate some patient anxieties whilst also promoting social distancing.

Therapeutic activities

[Rachel Chin](#), Clinical Lead for Psychological Therapies in Rehabilitation and High Support Directorate, [Pennine Care NHS Foundation Trust](#) shares how they collated useful therapy resources into a wellbeing pack for their patients

1. What problem were you trying to solve?

We wanted to create a booklet of resources to support our 1:1 and group psychological therapy sessions with service users in our mental health low secure and step-down rehabilitation units.

2. What did you do?

Together with one of our service users, who was paid for his time, we curated useful therapy resources in one place to support possible new ways of working, such as telephone or video sessions. The packs were designed to be used with service users who are currently engaged in 1:1 or group psychological therapy sessions, or not currently engaged in any psychological work but would like some support now. The resources in the booklet draw on skills from evidence-based therapies, including mindfulness, dialectical behaviour therapy, cognitive behaviour therapy, acceptance and commitment therapy, and compassion focused therapy.



3. How did it go?

Several development sessions were productive in focusing on what we wanted to achieve, what to include and the language to use.

4. What was the main learning from your intervention?

The importance of co-production – enabling us to create a meaningful resource to support our service users in such challenging times.

Staff wellbeing

Safe spaces

Many wards have shared how they are looking after their staff and fellow colleagues by creating safe spaces. Wards have used existing spaces on their wards to create places for staff to take a break, relax and recharge. Examples of items wards have made available in their safe spaces include puzzles, mindfulness exercises, snacks, drinks and hand cream.

[Ruth Watson](#), Clinical Psychologist at The Woodlands, an older adult inpatient unit in [Greater Manchester Mental Health NHS Foundation Trust](#) describes how they set up their NOvid room as a supportive space for staff.

1. What problem were you trying to solve?

As the number of patients with COVID-19 started to increase, ward staff at Woodlands were dealing with a very stressful and demanding situation. We wanted to support staff, and to ensure we were offering somewhere for them to rest, recharge and feel calmer. We felt very aware of the importance of basic needs, and to have a place of safety, with something to eat and drink.

2. What did you do?

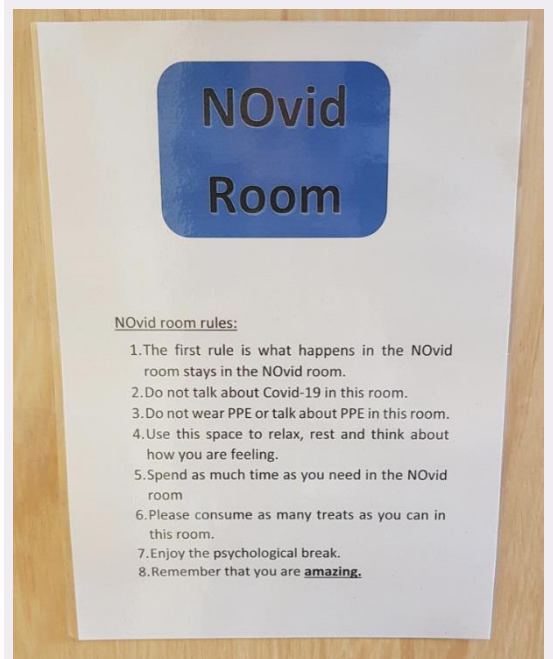
We had seen a few ideas on Twitter, in which organisations had created a specific room purely for staff wellbeing during the COVID-19 pandemic. We set about doing the same, and Woodlands staff liked the idea of calling it the 'NOvid' room. We were given the use of a clinic room by the MATS team, and just turned it into a more welcoming space, with some gentle information about managing emotions, relaxation ideas, imagery, food and drink.

3. How did it go?

We were amazed at the generosity of staff and local businesses, and the room was quickly filled with donated snacks, cushions, books, and a large celebrity cut-out! Ward staff reported finding it to be a calming place to spend their breaks, and it has provided the team with a very important space to escape to, during more emotional shifts.

4. What was the main learning from your intervention?

You don't need much to start a NOvid room – just a designated room which staff can access at all times, and a few touches to make it feel more comfortable. It is important that the room feels private enough for staff to have a cry if they need to, and is separate from the main staff room. Ours was located quite a way from the wards so not all staff could find it at first, so we needed a few signs and had to steer people in the right direction!



[Balvinder Dosanjh](#), Clinical Engagement, Access and Inclusion Co-ordinator at [Leeds and York Partnership NHS Foundation Trust](#) shares how she created a nurturing space for staff with the help of the local community.

1. What problem were you trying to solve?

I was trying to help improve team morale and spirits during these difficult times by creating a safe, therapeutic, calming environment for staff to access when they were feeling upset or struggling to deal with their emotions, or simply needed a few minutes to reflect away from the pressures of work during these difficult times.

2. What did you do?

- Researched the theory and looked into what I would need to create a warm, relaxing and nurturing space.
- Asked family and friends about local faith organisations who could also offer support with donations as my role links in with supporting local BME communities engaging and accessing mental health services.
- Shared my ideas with management, various staff members and listened to everyone's feedback.
- Approached local community champions and local organisations with a letter on how they can help.
- Created wall art using positive mindfulness quotes to put around the room for staff to read and gain comfort.
- Placed a 'feelings book' on the coffee table for staff to note down their thoughts and feelings during these difficult times, but also to have something to reflect on in the future of how they supported one another and gained inner strength from difficult situations and got through them together as a team.
- Gave thank you letters to everyone that donated items to the Wobble Room and tweeted pictures of their kindness on social media.

3. How did it go?

In relation to donations, this was amazing and very overwhelming – community spirit was at its highest with everyone going above and beyond with their generosity and kindness. I received donations of various food and drink items, soft furnishings, selection of large plants, word puzzles, magazines, hand creams, aroma sticks etc. I bought a lamp and a Bluetooth speaker for the room as staff said these items would be helpful. The response from the team has been very positive and I have received many lovely comments about how staff have benefited from having this space:

"The environment is so lovely, calming and peaceful, it was a relief to have somewhere to go and just get away from my desk for 5 minutes to gather myself. It really helps lift spirits and morale. It was really nice to leave a message in the little book as well to say thank you and let other staff know we are still thinking of each other."

"It has been a safe space for staff to have time out, take a breather in a relaxing environment, recharge for a bit, all the resources give the option to take your mind off things for a while and it is a comforting space to have supervision with colleagues supporting each other. There are so many positive messages in the room and the fact so many things were donated brings a warm message in itself."

4. What was the main learning from your intervention?

Such a simple idea has had a massive impact on improving staff health and wellbeing whilst working under extreme pressures during COVID-19. The importance of teamwork and supporting one another, being flexible and thinking out of the box all help during these difficult times. Understanding that it's okay to have a wobble now and then, we are human but it's how we support one another through this that counts.



Access to support

[Steve Andrews](#), Associate Director for Leadership and Change at [East and North Hertfordshire NHS Trust](#) shares 5 questions that are generating supportive discussions with staff in the Trust. This support is in addition to a physical space (shown below) which includes an appreciation wall of thank you cards and resources for staff, a rest area and someone from the How Are You Doing team present to support staff throughout the day. Steve is happy to be contacted with any questions on steve.andrews5@nhs.net.

1. How are you doing?

We ask this all the time – it is almost our standard greeting. Most people respond with ‘fine thanks, how are you?’ This exchange is a chance for you to share something with the people you work with, to be honest, and demonstrate who you are, what you are engaged in and that you care.

2. How are your team doing?

By asking this, you offer colleagues an opportunity to share their experiences of others, to offer a wider perspective on the great things the team is doing and the barriers they are bumping into. Somewhere in this second question, answers to the first question might emerge.

3. How are your colleagues?

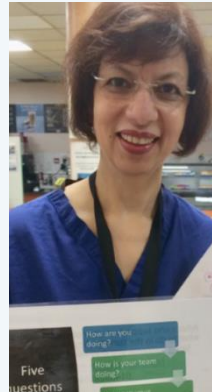
This question allows people to offer a wider perspective – the nurse might offer insight into how the doctors are coping, Ward A might share a story about Ward B. At this time, useful exchanges are taking place, with both parties showing an interest and accepting their role, in wider groups of people.

4. What can you do to help your team?

When events are urgent and fast, it is helpful if the people you work with feel they can act, be responsible for events, have some things they can control, have responsibilities and are supported in taking action. This question creates the opportunity to establish a climate where people feel empowered – empowered to support others but also to take on and own actions. Here they can become creative in looking after each other and they will grow confident in taking action.

5. What can I/we do to help you?

You care for your people and your colleagues – these questions tangibly demonstrate that. Actions may emerge but you may also get some feedback. Be honest in this moment because, just like them, some things you have control of and some things you don’t. If you leave the exchange with an action – keep your promises and communicate back. If you do, your colleagues will know that you care, have their best interest at heart, are dependable, reliable, and that they aren’t alone – you have their back.



[Fiona Melding](#), Ward Manager on Beech Ward, [Greater Manchester Mental Health NHS Foundation Trust](#) shares how they created survival kits and set time aside to support staff wellbeing.

1. What problem were you trying to solve?

The ward staff were expressing fear and anxiety coming in to work on the ward, especially when they were seeing the daily messages regarding staff from other services working from home. This is not possible when you work on the inpatient wards.

2. What did you do?

I made each staff member on the ward a 'Team Beech Survival Kit'. This was a bag containing a number of fun items with a positive message to show them how much they are appreciated. We also decided that we would dedicate 30 minutes each day to get together as a team. This would involve dedicating some time to have fun, to laugh and relax. It also gives staff the time to talk through anxieties from that day in relation to COVID-19 and to share information. This was important for staff wellbeing.

3. How did it go?

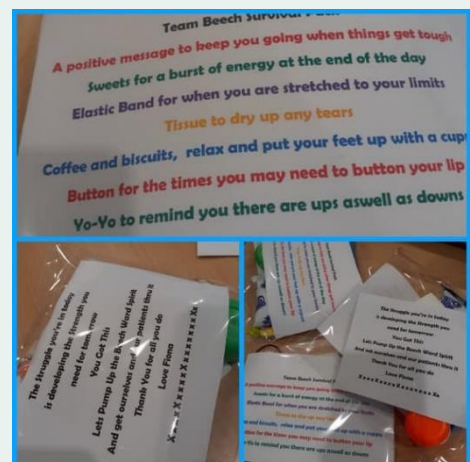
This was received positively from the staff. They advised me that they really appreciated the Team Beech Survival Kit. The YoYos were included to demonstrate that there will be ups as well as downs and this provided a great distraction whilst the staff practiced their tricks, which also generated discussions from childhood.

Sometimes it can be difficult to get together for 30 minutes per day on a busy acute ward. Therefore, we have tried on a daily basis to make some protected time together, even if it is not always for 30 minutes.



4. What was the main learning from your intervention?

The learning from this is how important it is to acknowledge fears and anxieties. Additionally, it is about promoting open and honest discussions, to share thoughts and feelings, to provide up-to-date information and to provide a safe time for distraction. It's also good to allow for times of fun and laughter and lastly, it is important to remember to look after the staff who are looking after the patients.



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Additional Resources

Many of the resources below and more can be found on our [COVID-19 Mental Health Improvement Network](#) on Knowledge Hub. To access this, email your request to join: covid19network@rcpsych.ac.uk

- [Attend Anywhere information and website](#)
- Greater Manchester Mental Health NHS Foundation Trust – [Coping wheel template](#)
- Greater Manchester Mental Health NHS Foundation Trust – [COVID-19 Information Booklet](#)
- Greater Manchester Mental Health NHS Foundation Trust – [Recommendations for restrictive practice to reduce spread of COVID-19](#)
- Greater Manchester Mental Health NHS Foundation Trust – [Restrictive Interventions Guidance: Managing acute disturbance in the context of COVID-19](#)
- Institute for Healthcare Improvement (IHI) blog: [The Keys to Effective Telemedicine for Older Adults](#)
- IHI blog: [Using QI methods to Adapt to Virtual Care Delivery](#)
- Norfolk and Suffolk NHS Foundation Trust – [Daily wellness planner](#)
- Pennine Care NHS Foundation Trust – [Supporting patients with wellbeing packs](#)
- South West Yorkshire Partnership NHS Foundation Trust – [Puzzle pack](#)
- The Workshop – [How to talk about COVID-19](#)
- University of Oxford – [A guide on video consultations in response to COVID-19](#)