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07 - 08



Forensic Services
National Institute for
Health and Clinical Excellence
(NICE)

Annual Progress Report

Foreword

In April 2001 the Nottinghamshire Healthcare NHS Trust was formed. The Forensic Division provides mental health and learning disability services including: **Community Forensic Services to Nottinghamshire, Medium Secure Services by Arnold Lodge at Leicester and Wathwood Hospital at Rotherham and High Secure Services at Rampton Hospital.**

Rampton Hospital provides a hospital based Psychiatric Service that is committed to patient care and treatment of the highest standards, in conditions of maximum security. The Hospital is divided into 5 Directorates; the National High Secure Healthcare Service for Women, the National Centre for High Secure Learning Disability Services, the Mental Health Directorate which includes the National High Secure Deaf Service, the Personality Disordered Directorate and the Peaks Directorate. Rampton is a high security hospital because of the facilities and treatment it offers, and the particular patients under its care. These are people suffering from mental disorders who need treatment in conditions of special security because of their dangerous, violent or criminal tendencies.

The Hospital's mission is to work with commissioners, users and staff to lead the development and provision of high quality, cost effective, secure forensic health care. The hospital's vision is that it will work to become the leading provider of secure forensic mental health for England and Wales.

Arnold Lodge is the East Midlands Centre for Forensic Mental Health opened in 1983 and is a vastly experienced provider of medium secure In-Patient Forensic Psychiatric Services.

Wathwood Hospital is a medium secure unit, and caters for individuals who require assessment and treatment in a secure environment.

Low Secure Services comprise:

- **Community** - these teams are responsible for supporting and supervising patients living in the community, and have access to hostel accommodation and low secure in-patient facilities.
- **Low Secure in-patient facilities** - this service is gender sensitive and provides assessment, treatment and rehabilitation.

Forensic Services have over the last year, continued to strive hard to ensure that **NICE** Guidelines are implemented across the Division. The National Institute for Health and Clinical Excellence (**NICE**) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE's role was set out in the 2004 White Paper 'Choosing health; making healthier choices easier'. In it the government set out key principles for helping people make healthier and more informed choices about their health. The government wants **NICE** to bring together knowledge and guidance on ways of promoting good health and treating ill health.

A Forensic Services **NICE** Compliance Monitoring Group exists to ensure that Forensic Services have in place effective processes for the review and implementation of guidance produced by The National Institute of Clinical Health & Excellence (**NICE**). The group has responsibility for decision making in relation to the allocation of High Secure **NICE** funds. This group is co-chaired by the Forensic Associate Director of Nursing and the Associate Medical Director.

Membership of the group consists of: Associate Director (Forensic); Associate Medical Director (Forensic); Associate Director of Nursing (Forensic); Clinical Governance Lead (Forensic); Modern Matron for Physical Healthcare (Forensic); Head of Finance (Forensic); Head of Psychology (Forensic).

Medium Secure

NICE funding for Medium Secure Services is governed by respective Directorate Management Teams. It has been agreed however, that the Forensic **NICE** Monitoring Group will be given an overview of all **NICE** projects and that all bids will be completed on the standardised template. Successful bids will be forwarded to the **NICE** Monitoring Group for information and progress reports will be provided when requested, as per supported high secure bids.

Low Secure

The Low Secure **NICE** funding is managed alongside the Local Services allocated **NICE** monies. Again, progress reports and successful bids are submitted to the Forensic **NICE** Compliance Monitoring Group and included within this report.

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Violence

Violence: The short-term management of disturbed / violent behaviour in psychiatric in-patient settings and emergency departments (Clinical Guideline 25)

Management of Violence and Aggression, Rampton Hospital

The MV&A Department is now known as the Violence Reduction Training and Advisory Department, and in order to accommodate new **NICE** Guidance and best practice, is moving towards a philosophy of Violence Reduction rather than Management. A full-time Violence Reduction Nurse Adviser and a full time (Seconded) Violence Reduction Training Facilitator have been employed to introduce the Security Management Services "Promoting Safer and Therapeutic Care" course. This is now reduced from a two day course to a one day course for Direct Care Staff: and from one day to half a day for Non Direct Care Staff, refresher courses are to be rolled out from April 2008. These courses are mandatory for all staff. The training team has been increased to assist with the smooth running of courses and to provide better cover across the year so that all courses have a safe level of instructor input.

Posters have been designed for staff information following themes around violence reduction and its management. Poster themes include the practice of seclusion; imminent warning signs of violence; rapid tranquilisation; managing the aggressive situation; health risk and the use of restraint. The aim is to familiarise staff with good practice guidelines e.g., **NICE** CG25, the Code of Practice, and local policy and procedures regarding these key areas, through the medium of a poster.

Boredom Busters, Personality Disorder Directorate

A successful **NICE** bid was achieved by the Personality Disorder Directorate to support implementation of the violence related **NICE** Guidelines. The bid was formulated to help ease and prevent boredom and melancholy within the patient group, and increase interaction between the staff and patient group.

Quality Impact: Increased and improved interaction between staff and patients is identifiable. Patients have alternative environments to access social, recreational and therapeutic activities. The Directorate is able to demonstrate a downward trend in incidents, seclusion episodes and a significant reduction in self harm and associated Level 3 prescriptions. Boredom Busters also offers ward staff secondment opportunities, which may provide respite from ward areas and return to work plans. It also facilitates alternative ways of working with nursing staff.

Project Evaluation: The project has been successful in respect of numbers of patients attending sessions, particularly those who have previously been difficult to engage. It is proving beneficial on many levels. Activities address areas such as motivation, confidence building, healthy lifestyles, equality and diversity issues and anti-bullying initiatives.

Future Vision: The service will continue to develop and become more of a focal point/resource for the wider Directorate; providing a venue for meetings, workshops and equality and diversity events. It will buy in expertise where appropriate to enhance the service provided. Research based evidence will inform future development. Boredom Busters will seek ways to continue to improve patients self esteem/confidence thus decreasing adverse behaviours and promoting engagement in treatment programmes.

Anti-Bullying Co-ordinator, Rampton Hospital

To take the work of The Anti-Bullying Action Group forward and to translate the research data into a workable strategy, a bid for one year for a full time Lead Co-ordinator has been supported. The guidance will be implemented through a programme of staff and patient awareness training, inclusion on the staff induction programme, promotion of the policy and procedures, inclusion of bullying issues on ward and clinical policy groups and senior management agendas.

The Anti-Bullying Lead Co-ordinator will lead a team of anti-bullying co-ordinators, who will be members of the clinical teams across the directorates, and who will be provided with facility time to undertake their anti-bullying roles in addition to their ward duties.

The strategy would contribute to the National Framework Priority Standard 7, 'Preventing suicide' and support Standard 4, addressing 'effective services for people with severe mental illness', as well as the NICE Guidelines for Reducing and Managing Violence and Self Harm.

Bullying has a negative impact on the ward environment and has been linked to assaults on staff as well as patients. By addressing the issue of bullying, the strategy can contribute to the notion of a 'healthy hospital' where staff and patients can feel safe. In this sense, by investing in anti-bullying interventions we can expect to impact positively on patient / staff relationships, thereby improving service user engagement and outcomes, and improve staff morale and performance.

Violence

Violence: The short-term management of disturbed / violent behaviour in psychiatric in-patient settings and emergency departments (Clinical Guideline 25)

Resuscitation Trainer Post Rampton Hospital

The post of Resuscitation Officer at Rampton Hospital was recruited to in June 2006.

The post was put into place in order to develop resuscitation training in line with the recommendations from the **NICE** clinical guideline 25 where it relates to resuscitation around the subject of rapid tranquilisation. The document states that anyone who prescribes, administers and monitors rapid tranquilisation must receive training above and beyond basic life support. The extra elements in the training include the use of automated external defibrillation, airway management skills and equipment and the use of pulse oximetry.

The person recruited to the post was involved with the development of the training package. From this a programme of training has been produced to meet the requirements from the **NICE** document and also Rampton Hospital specific needs.

This training will be incorporated into the agreed new programme of delivery of essential training at Rampton Hospital.

The person recruited to the post was instrumental in the development of e-learning packages for basic and hospital life support. These packages complement the 'hands on' sessions.

The person in the role is the Forensic Resuscitation link to the Health & Safety & Medical Devices Committee meetings. He is also trained to deliver and provide first aid training as required within the Hospital. Currently he is liaising with the Health Centre Manager and Medical Services at Rampton Hospital to undertake a medical emergency exercise within the hospital. This is, and will continue to be a valuable resource to Rampton Hospital.

Violence Reduction / MVA Training Wathwood Hospital

Additional resources have been allocated to increase the level of training & the release of the staff team to MVA training. The de-escalation component to the training has been extended and updated in line with **NICE** guidance. Episodes of violence are regularly reviewed by the management team to ensure that the standards employed to reduce violence are implemented and maintained.

VOTP Research Assistant Post - Mental Health Directorate

A Research Assistant has been supported on an 18 month non-recurrent basis to develop and evaluate the Violent Offender Treatment Programme (VOTP) for mentally disordered offenders in the Mental Health Services Directorate at Rampton Hospital.

The programme meets the needs of over 70% of the patient population who require structured group treatments for their violent and anti-social behaviours, whilst addressing their complex mental health needs, to ultimately reduce risk.

The aim of the treatment is to ultimately reduce recidivism of such patients and therefore allow them to move to a lower level of security.

Quality Impact:

Evidence Based Treatments

Developing evidence based treatments for treating this population continues to be a priority at local, national and international levels.

Improved Access to Treatments

Despite treatment with a range of atypical and typical anti-psychotic medication, violence continues to be a major health concern and represents a large cost, both at national and local levels. Evaluating a programme and publishing the findings will allow further development of this treatment and ultimately begin to attract other monies to deliver the treatment. It is currently the only treatment within the service (and indeed the Trust) that targets violence in this way.

Reduced Recidivism and Institutional Violence

Anecdotally this treatment has proven to be efficacious in reducing institutional violence and longer term recidivism but no formal studies have been carried out. This programme has been presented at National and International forums and received positive feedback; with the criticism that formal evaluation/research of this programme needs to be carried out.

Reduced Distress and Risk Behaviour and Improved Coping.

For some patients, their mental health experiences are a source of distress and may be a trigger for risk behaviour directed at themselves or others. The VOTP provides treatment and coping skills for these experiences (especially where they relate to violent behaviour).

Post Traumatic Stress Disorder (PTSD) and Self Harm

Anxiety: Management of post-traumatic stress disorder in adults in primary, secondary and community care (Clinical Guideline 26)

Post Traumatic Stress Disorder and Self Harm, Women's Services Directorate

Development, delivery and evaluation of a support and treatment programme for trauma and self injury (over two years).

Relevant NICE Guidance on Post - Traumatic Stress Disorder (PTSD) and Self Harm

The **NICE** Monitoring Group have invested a substantial amount of money in this project (£169,000.00). The Project is concerned with the delivery and evaluation of a Support and Treatment Programme for Trauma and Self Injury. The service is being developed for women who have experienced trauma, have PTSD symptoms and women who self injure in High Secure Services.

A multi-level approach is being used incorporating interventions at different levels (e.g. therapeutic milieu) and the provision of psycho-education, support and individual and group therapies for patients, which as well as support, education and training for staff, are central to the service. Planning and conducting an evaluation of the service is also a key component of the Project. Three models of therapy namely Cognitive-Behavioural Therapy, Dialectical Behaviour Therapy and Cognitive Analytic Therapy are informing and underpinning the service.

Key achievements to date include:

- Appointment to key posts
- Establishment and development of Steering Group with strong commitment from all disciplines
- Interventions at ward level through Ward Champions
- Across Directorate assessment of need from patient and staff perspectives
- Involvement of MDT's
- Across Directorate promotion of project
- Expansion of DBT
- Expansion of Distress Signatures
- Expansion of CAT
- Provision of training and access to training
- Initial development of Research Projects

The Work and Impact of the Steering Group

- Vision based on clinical experience and assessed needs of patients, staff and therapeutic milieu
- Development and implementation of project plan
- Multi-Disciplinary Steering Group with representation of core disciplines

- Regular review meetings and development time
- A clear definition of roles and responsibilities with lines of accountability incorporated into Terms of Reference
- Providing a lead across the Directorate highlighting the importance of the issues
- Maintaining up to date knowledge through training
- Inputting into planning for development of service and assessment of need through Patient and Staff Focus Groups
- Set up databases for the collection of information and the evaluation of changes over time
- Inputting into the planning and delivery of therapeutic interventions
- Promoting the training of patients and staff in specialist areas such as wound care and skin camouflage

Provision of Therapeutic Approaches

- Increased capacity of DBT Programme
- Increased access to distress signature work
- Increased access to CAT
- Small increase to CBT for trauma
- EMDR under consideration
- Limitations due to the lack of suitable applicants for psychology post
- Developing - educational and enhancing well-being

Training

- Delivering staff training which will be adapted and reviewed alongside the collection of information and the development of the project
- Developing a programme of training throughout 2008
- Attendance of Steering Group at National Conference on Harm Minimisation Approaches

Impact of Specialist Advanced Practitioner

- Supporting and supervising Ward Champions
- Co-ordinated and involved in patient and staff focus groups and surveys
- Delivering training through training courses and on the job training with Ward Champions
- Developing skills groups for patients in reflection, coping skills, relaxation and well-being
- Supporting and developing the Ward Champions in the delivery of patient groups
- Developing and delivering education groups on self injury and trauma for patients
- Developing the Ward Champions to facilitate both individual and group supervision ward based

Post Traumatic Stress Disorder (PTSD) and Self Harm

Anxiety: Management of post-traumatic stress disorder in adults in primary, secondary and community care (Clinical Guideline 26)

Development, delivery and evaluation of a support and treatment programme for trauma and self injury (over two years).

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Impact of Ward Champions

- Ward Champions across all wards and on nights
- Increased visibility and awareness of the issues with both patients and staff
- Eliciting support and involvement from ward teams and patients
- Utilising existing links to encourage patients and staff to get involved in focus groups and surveys
- Maximising return rates for staff and patient surveys
- Information gathering to develop ward based pack/information for both staff and patients
- Undertaking distress signature work with individual women on their own ward
- Modelling and supporting other named nurses to undertake distress signature work with allocated patients
- Developing and reviewing the safety care plans re self injury and trauma
- Resource for staff to consult/talk through practice
- Delivering clinical supervision
- In the early stages of creating guidance around working with women who experience trauma symptoms and women who self injure

Suicide and Self Harm Wathwood Hospital

Following the review of the suicide and self harm audit by the management team, **NICE** funds were allocated to the psychological service at Wathwood Hospital. As part of the improvement in service, new patients have dedicated formulations regarding self harm / suicide completed by the MDT. This remains a high priority for the team at Wathwood Hospital and is subject to regular audit and review to ensure ongoing improvements against the standards specified.

Clinical Researcher Post Traumatic Stress Disorder, Learning Disability Directorate

The Learning Disability Directorate have been successful in receiving **NICE** funding in order to appoint a professional to scope appropriate assessments for Post Traumatic Stress Disorder in a learning disability population, looking in particular at work currently being conducted at Bangor and Northumbria Universities. The researcher will also explore the evidence for atypical expression of Post Traumatic Stress Disorder. If appropriate, the Clinical Researcher will be involved in the design of a new assessment measure. They will conduct a review of the literature and interview experts in learning disability, in order to determine whether the treatments identified in the **NICE** guidelines are appropriate for this client group. In particular the researcher will consult with colleagues in the Netherlands (Hoeve Boschoord who have used Eye Movement Desensitisation and Reprocessing as a therapy in a learning disability forensic population). In addition, the clinical researcher will conduct assessments with all patients within the high secure service with the aim of identifying:

- Those who definitely meet criteria for Post Traumatic Stress Disorder
- Those who partially meet criteria for Post Traumatic Stress Disorder

It is envisaged that they will contribute to the research base for practice based evidence in the field of learning disability and Post Traumatic Stress Disorder assessment and intervention.

Physical Healthcare

Nutrition support in adults: Oral nutrition support, enteral tube feeding and perenteral nutrition (Clinical Guideline 32)

Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children (Clinical Guideline 43)

Type 1 Diabetes: Diagnosis and management of type 1 diabetes in children, young people and adults. (Clinical Guideline 15)

Dietetic Services, Rampton Hospital

Following the successful application for **NICE** funding for dietetic services in April 2007, it was proposed to have an additional dietician added to the current service level agreement from Doncaster & Bassetlaw NHS Foundation Trust.

The dietician is now supporting the current services of 20 hours per week provided through the service level agreement.

Currently there are many issues in relation to nutritional support for patients and there need to be clear links to care planning for the clinically obese and morbidly obese patients.

The dietician in post is assisting the healthy lifestyles team and a full collation of waiting lists is being produced to maximise the dietetic time in priority order for the patient population. This will lead to improved access for patients to the dietetic service; patients can be seen more quickly and followed up more often.

The senior dietician will carry out strategic development work and produce policies and service guidelines, ensuring that our dietetic service is an evidence based service.

Initiatives for Dietetic Service include:

Production of diabetic waiting lists.

Production of patient resources for diabetics.

Staff training initiatives include:

Malnutrition Universal Screening Tool (MUST) training on two occasions to roll out the MUST nutritional tool, which is in line with national guidance.

Healthy Lifestyle programme training.

Quality Impact

Increased number of new patients able to have individual dietary care plans produced which is improving clinical outcomes.

Health promotion activities have provided knowledge and education information for patients and staff to enable them to make informed dietary choices with improved clinical outcomes.

Improving patients' satisfaction; working with user groups to improve the range of products available for them to buy and helping them to understand the impact on health.

There is an overall nutritional awareness amongst staff on wards and in the hospital shop.

Diabetes Management, Rampton Hospital

A review of diabetic patients on medication has taken place at Rampton Hospital by the GP and will be ongoing. The GP is an expert in the field of diabetes management and the Practice Nurse has a special interest

Foot screening is undertaken by the Chiropodist following **NICE** Guidance. Digital retinopathy equipment has been purchased and will be part of the optometrist's examination. Quality control of imaging and standards will be audited via the PCT.

Attendance will be monitored at clinics within the health centre; disease registers and quality frameworks will be initiated. Patient Education Groups have been set up in small numbers to discuss health issues in relation to diabetes at Rampton Hospital.

Management of Multiple Sclerosis in Primary and Secondary Care

Multiple Sclerosis is a relatively rare condition, often leading to complex problems that require expert services. A patient at Rampton Hospital has been diagnosed with Multiple Sclerosis and the NICE Compliance Monitoring Group agreed that a specialist bed could be purchased for him out of the non-recurrent funds.

Physical Healthcare

Nutrition support in adults: Oral nutrition support, enteral tube feeding and perenteral nutrition (Clinical Guideline 32)

Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children (Clinical Guideline 43)

Type 1 Diabetes: Diagnosis and management of type 1 diabetes in children, young people and adults. (Clinical Guideline 15)

Practice Nurse Post - Health Centre, Rampton Hospital

Introduction

The post of Practice Nurse within the Health Centre at Rampton Hospital is now well established following the successful bid for **NICE** monies in 2005. The current Practice Nurse has recently joined the Team bringing a wealth of experience. She has previously worked within the prison service and has community experience as well as being a qualified midwife.

Key Issues:

Health Promotion

During 2007 the Practice Nurse assisted the Health Promotion Nurse in the delivery of Health Promotion sessions for patients on a range of topics including asthma, diabetes and coronary heart disease.

Whilst small numbers of patients attended the groups, the sessions evaluated very well. Further groups have been planned for 2008 to include a Well Woman Session to be held jointly with staff in the Diamond Resource Centre, and a Men's Health Day being facilitated by TED in the Spring.

Well Woman Clinics

The Clinics were held in 2007 and following the appointment of the Practice Nurse, will recommence in the Spring to ensure all female patients are offered a high level of service in regard to cytology screening, and in line with national recommendations.

Wound Management

The Health Centre offers wound management advice to all clinical teams. The Practice Nurse attends link nurse training days at Doncaster and Bassetlaw NHS Foundation Trust, and protocols from the Trust are followed to ensure patients at Rampton have evidence based wound management.

The Practice Nurse is also having extended training in wound camouflage in March 2008, along with key staff in the Women's Directorate to assist her knowledge base in the management of complex wounds.

A protocol has been agreed as to where identified nurses including the Practice Nurse from the Health Centre, can advise clinical teams on dressing prescriptions, in order to assist in wound management.

Clinics

Nurse led clinics are being held for patients with asthma and diabetes. Feedback is given to the General Practitioner for ongoing management.

The Practice Nurse will undertake training in the Spring for spirometry, which is a test to assist in the assessment of patients with chest conditions.

Other clinics will be planned throughout the year.

New Admissions

All patients have their personal information inputted into the Health Centre database. The Practice Nurse will review new admissions to assist clinical teams in care planning for physical conditions and alert to any weight management issues.

Primary Care Trust

We have links to the Primary Care Trust at Bassetlaw, and the Practice Nurse will attend study sessions as and when they occur, and also have group supervision.

It is key that the Practice Nurse maintains links to the Primary Care Trust for updated practice.

We also have an agreement with one of the local GP surgeries for the Practice Nurse to have any training and education that is ongoing, to ensure that we also meet national standards in our care delivery.

Evaluation

The appointment of a Primary Care Nurse post has been an important addition to the Health Centre Team. In liaising with Dr Humphries, General Practitioner, the aim is for the patient population health needs to be identified, and complement the clinical teams in the delivery of physical healthcare in line with national guidance.

One aim throughout the next year is to influence the care delivery for all patients, especially those with chronic diseases and ensure that our care delivery is to a high standard.

Physical Healthcare

Nutrition support in adults: Oral nutrition support, enteral tube feeding and perenteral nutrition (Clinical Guideline 32)

Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children (Clinical Guideline 43)

Type 1 Diabetes: Diagnosis and management of type 1 diabetes in children, young people and adults.

Obesity Lecturer Therapies and Education, Rampton Hospital

NICE Funds have supported Therapies and Education in appointing a 0.5 Lecturer in order to develop an Educational Course which will specifically target patients' obesity within Rampton Hospital by using educational strategies as a tool for altering eating habits and associated behaviours.

It has been noted that people with severe mental illness tend to have a poor diet. They are more likely to be obese and to smoke more (Department of Health, 2007). Increased levels of obesity create a doubly negative impact: with further demand on NHS services and personal suffering from the resultant illnesses to the individual. "Obesity is a health issue. It can contribute to a range of problems, including heart disease, type 2 diabetes, osteoarthritis and some cancers." (**NICE**, 2006)

The education programme will focus on the development of knowledge and skills therefore assisting in the education of patients likely to use comfort food such as confectionery, including fatty and sugary foods items.

Overweight patients at Rampton Hospital will be educated on how to successfully identify healthy food and how to use acquired knowledge in order to plan and cook healthy nutritious meals, which will assist in the overall enrichment of their lives.

Patients will be equipped with the necessary information and skills to encourage them to reduce stress and anxiety through developing an understanding of the benefits of preparing, cooking and eating healthy foods.

Patients will be formally educated to recognise that the continued and sustained use of this sort of food is likely to result in their gaining significant amounts of weight which could also result in associated physical problems.

The aim is to reduce the number of overweight and obese patients at Rampton Hospital, thereby lessening the associated risk factors linked with obesity through the medium of education and practical cookery lessons.

Therapies and Education Obesity Bid for Technical Instructors, Rampton Hospital

The NICE funds have allowed for Therapies and Education to recruit additional Technical Instructors to expand the Fitness and Leisure Team and provide a specific focus on addressing the high obesity rates of patients which are prevalent within the hospital linking with the healthy lifestyles team.

The interventions aim to:

Provide a sense of fun/enjoyment (reinforcing the positive aspect of physical activity).

Provide patients with a proactive means of controlling their own weight.

Provide patients with a means of monitoring their own behaviour and progress.

Enable patients to identify specific cognitions and emotions which could result in an imbalance in their dietary habits or reduce their motivation to engage in exercise.

To provide patients with the skills / strategies to deal with these cognitions and emotions.

Provide patients with the opportunity to set their own goals relating to weight loss and change in life style.

In summary there have been an additional 4 groups set up, 2 female and 2 male, within the hospital to address the needs of those patients who are difficult to engage in fitness programmes due to motivational factors. 3 of these groups are actively running, with the other at referral stage.

The Fitness team as a result of these appointments are working more closely with the Healthy Lifestyle Team to ensure more effective collaborative working.

Physical Healthcare

Nutrition support in adults: Oral nutrition support, enteral tube feeding and perenteral nutrition (Clinical Guideline 32)

Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children (Clinical Guideline 43)

Type 1 Diabetes: Diagnosis and management of type 1 diabetes in children, young people and adults. (Clinical Guideline 15) **Smoking Cessation (PH1001) Physical Activity (PH1002)**

Exercise and Therapy Equipment to Support Women's Obesity Group, Women's Services Directorate

A successful bid for Exercise and Therapy Equipment for the Women's Obesity Fitness Group has been supported via non-recurrent **NICE** funds. The increased physical activity will improve the health of women by:

Reducing risk of dying from heart disease or stroke.

Lowering the risk of high blood pressure, colon cancer and diabetes.

Helping keep bones, muscles and joints healthy.

Reducing anxiety and depression and improving mood.

Assisting in handling stress.

Helping control weight.

Possibly helping to protect against breast cancer
Increasing energy levels and aiding sleep.

Women being held in a secure setting are limited in their opportunities to engage in structured, safe exercise that helps to promote good health. They have a long history of being on prescribed medications which lead to weight increase. This increased weight can lead to poor posture, inflammation and swelling to joints.

Primary Healthcare Developments at Arnold Lodge

The successful **NICE** bid to develop Primary Healthcare Services within Arnold Lodge was achieved approximately 2 years ago. The bid resulted in the appointment of 3 Primary Healthcare staff, 1 of which is currently on Maternity leave.

- **Quality impact:** Patients Primary Healthcare has improved enormously, with an increase in Primary Healthcare services, such as: chronic disease management, dedicated investigations clinic, and clozapine clinics. The Primary Healthcare staff offer smoking cessation groups for both patients and staff, and have aided over 40 patients to successfully stop smoking. The department is also responsible for co-ordinating podiatry, optician and dentist clinics, which has resulted in more patients being seen. The Primary Healthcare Nurses offer a Triage service to all patients which has also helped reduce the number of patients needing to see a Doctor for physical complaints.
- **Future Developments:** The Primary Healthcare Staff have been heavily involved with the formulation of our Draft Healthy Living Strategy and will be helping to roll this out across all care streams. The Primary Healthcare Staff have also developed an Obesity strategy and will be implementing it initially by targeting the women's services. One of the Primary Healthcare staff has recently commenced a diploma in diabetes management and her aim will be to link closely with the clinical teams to further develop the care and management of Patients with Diabetes.

Primary and Secondary Care at Wathwood Hospital Links with Physical Health

The Primary Health Service at Wathwood Hospital links closely with physical health related **NICE** Guidance. Via partnership work with local GPs and Practice Nurses, standards of care to patients are maintained.

Schizophrenia

Schizophrenia: Core interventions in the treatment and management of schizophrenia in primary and secondary care (Clinical Guideline 1)

CBT Psychosis - Learning Disability Directorate

As a result of **NICE** funding Cognitive Behavioural Therapy is now offered as a treatment option for patients with Learning Disabilities who are experiencing psychosis. Educational opportunities are available to support staff working with this patient group.

Individual and group therapies in the Directorate are now provided for patients who have mental health problems. This has included responding to referrals from clinical teams for assessments of individual patients for Cognitive Behavioural Therapy to address their mental health needs and where appropriate, they have engaged patients in weekly individual/group therapy. As a part of this role they have produced assessment, progress and therapy completion reports with recommendations for further treatment from the clinical team. They have attended the patients' ward rounds, the ward MDT meetings and worked closely with Named Nurses to ensure continuity of care throughout therapy.

Education and Training

Packages of education and training for staff have been developed. These have included; awareness of mental health, mental health and people with learning disability and the theory and application of Cognitive Behavioural Therapy. In addition they have developed a pack for patients which may be delivered to individuals or groups. The contents cover recognition of mental health needs, planning individual coping strategies etc.

Clinical supervision awareness sessions have been conducted and clinical supervisor training carried out for qualified staff. The training includes aspects of supervision relating to the use of Cognitive Behavioural Therapy and people with a learning disability who have mental health problems.

'Hearing Voices' Group - Mental Health Directorate

In order to further develop CBT for Psychosis in the Mental Health Services, the development of a Hearing Voices Group has been funded.

The supported project will offer:

Improved Access to Treatments

Despite treatment with a range of atypical and typical anti-psychotic medication and modern CBT approaches, studies suggest that up to 25% of patients will continue to hear voices despite the best contemporary treatments available (Shergill, *et al*, 1998). Currently the treatments available within the Mental Health Services Directorate that target voices comprise: modern and traditional anti-psychotic medication; CBT; Mental Health Awareness and Coping Skills group work. There are no current groups or treatments that specifically target voices. The establishment of an intervention will improve access to treatment services.

Improved Engagement of Patients with Treatment Services

The proposed group has a strong service user focus to its origin within the service user movement. The Hearing Voices Network (HVN) is a forum for voice hearers (patients and non-patients), families of those who hear voices and professionals who work with voice hearers. The HVN is a national organisation based in Manchester, with affiliated groups around the country including Sheffield. The HVN philosophy asserts that there is 'no one cause or treatment for voices' and the forum aims to provide services to enable voice hearers to understand and manage their voices more effectively. Helpfully the HVN has published guidelines to help the development of groups to support voice hearers (Downs, 2001). Evaluations of such work show improved engagement of patients with these treatment services.

Reduced Distress and Risk Behaviour and improved Coping

For some patients, voices are a source of distress and a trigger for risk behaviour directed at themselves or others. Using common resources of support and guidance from the group, improved coping with voices can lead to reduced distress and risk behaviour. The target group is MHSD patients with voices/auditory hallucinations that have not resolved as a result of treatment using existing approaches (traditional and atypical anti-psychotic medication, Coping Skills work and CBT).

Schizophrenia

Schizophrenia: Core interventions in the treatment and management of schizophrenia in Primary and Secondary Care (Clinical Guideline 1)

CBT Psychosis - Women's Services Directorate

This project, supported by **NICE** funding, is a specialist treatment programme of Cognitive Behavioural Therapy which is offered to women experiencing psychosis in accordance with the **NICE** Guidelines For Schizophrenia.

Objectives

To accept all referrals to the service and consider in accordance with the psychological referrals protocol.

To build a therapeutic alliance and encourage engagement.

To identify priority intervention in accordance with need and levels of distress; CBT intervention.

To assess the experiences of the patient and the nature of psychosis.

To assess risk in relation to self and others, considering personal vulnerability along with situational and environmental risk.

To assess and monitor social functioning and quality of life.

To formulate, feedback to the MDT regularly through verbal feedback and ongoing progress reports.

To encourage personal understanding for the patient ownership and promote empowerment.

To facilitate psycho education to promote recovery and relapse prevention.

Priority will be given to those patients who are experiencing high levels of distress and those socially impaired as a result of symptoms of psychosis.

All practitioners work closely with the MDT, and a CBT Practitioner will attend the patient's individual care team meeting to feedback on assessments, formulation and progress/current intervention.

In addition to this, the practitioners meet regularly with the Named Nurse for the individual patients and have in place a CBT care plan which is held within the Single Healthcare Records.

Cognitive Behavioural Therapy for Psychosis is led by an Advanced Clinical Practitioner, supported by one Clinical Practitioner seconded from within the hospital, one day per week. There is also currently one secondment post presently in the process of being filled.

At present there have been twelve referrals, four of which have since been discharged; two of these patients are on trial leave. A further three are ongoing therapy, and five Mental Health / Education.

Senior Practitioner for Schizophrenia, Community Forensic Services

Community Forensic Services were successful in receiving **NICE** funding via the local services **NICE** allocation, to support a Senior Practitioner for Schizophrenia.

The post holder is responsible for:

Providing effective clinical leadership across the Nottinghamshire Community Forensic Directorate in relation to the implementation of **NICE** guidelines on Schizophrenia.

Under the direction of the Practice Development Group take a lead to implement, monitor and review **NICE** guidelines on Schizophrenia using the Psycho-Social Intervention (PSI) model (using CBT) adopted across the Directorate.

Developing cognitive based treatment within the Directorate. This is both individual and group intervention work.

Training and supervising other staff within the Directorate regarding cognitive based treatment approaches.

Schizophrenia

Schizophrenia: Core interventions in the treatment and management of schizophrenia in Primary and Secondary Care (Clinical Guideline 1)

Ward Based Structured Day Activities: Male Mental Illness Service, Arnold Lodge

This service development has been established to promote ward based structure by way of low intensity activities for patients whose mental state and behavioural instability may mean that they struggle to make best use of the wide range of activities that are offered away from the ward.

In recognition that the Male Mental Illness Service is one service across three wards the available resources are linked across the three clinical areas.

Services

Two members of staff co-ordinate, and directly facilitate, structured activities for patients on the admission ward and the two rehabilitation wards.

Patients are encouraged to identify preferred activities at times that might best enable them to participate.

Ward based staff are invited to facilitate activities of interest.

At this point, no less than two activities are offered every day (Monday - Friday). Activities offered currently include healthy living, a range of leisure activities, art, gardening in the court yard, self care/presentation and cookery.

Evaluation

Feedback forms have identified the positive contribution of the groups and areas for adjustment.

The weekly ward based Community Meetings provide a forum to provide feedback.

Data on take up is collated fortnightly for review.

Future Planning

Additional activities have been identified that include guitar lessons, male health awareness and film appreciation.

This significant service development has begun to have a positive impact on patients in further promoting the ward as a therapeutic setting.

The service development focuses on the potential therapeutic benefits of providing ward based supportive structure to patients who experience such difficulties concordant with the **NICE** Guidelines for Schizophrenia (2002), Depression (2004) and Bipolar Disorder (2006).

CBT for Psychosis, Mental Health Directorate, Rampton Hospital

NICE guidance (above) prompted an evaluation of service in 2003. This highlighted a deficit in the treatment of psychosis within the directorate. A resource bid in 2005 secured funding to meet this deficit and in 2006 the CBT for Psychosis Project was initiated. Led by a Consultant Clinical Psychologist, the project employed a full time manager and six seconded practitioners working one day a week.

In 2007 the Project was restructured to incorporate learning from its first 18 months and ensure its original remit was being met. Feedback from patients, practitioners and other professionals informed this restructuring.

As the service evolves it is increasingly in a position to offer effective and focussed cognitive behavioural treatments for individuals who have experienced or continue to experience psychosis. A greater appreciation of the special requirements of patients within high secure settings and the impact psychosis has had on their lives has helped tailor practitioner training and recruitment to better meet identified needs, enhancing previous care provision.

Quality Impact

Increased engagement of patients who had previously been considered difficult to engage therapeutically due to degree of psychosis; decreased associated distress; decreased associated anxiety; decreased associated depression; decreased associated trauma; a greater understanding, appreciation and acceptance of patient experiences by the patients themselves and the patient's care team; better engagement of patients with the wider therapeutic team; increased social functioning; increased ownership and control of problems and experiences by patients; increased self-esteem; increased engagement in wider hospital activities; increased problem-solving abilities; development and strengthening of patient ability to manage problem experiences; changes in patient ability to objectively appraise their experiences; improved mental state; reduced risk; better management of and reduction in relapse.

Future Vision

For all patients within the directorate to be offered effective individual CBT for Psychosis treatments; for the CBT for Psychosis Project to continue to evolve and develop towards achieving its full potential; for Individual Cognitive Behavioural Therapy for psychosis to become an established and permanent part of the Treatment Pathway for Patients within the Mental Health Services Directorate.

NICE Funding

Funding for the implementation and support of service changes and developments aimed at adopting working practices recommended by **NICE** guidance is allocated as part of the national tariff uplift which is applied to the Trust funding at the start of each financial year.

Included in the tariff for the financial year April 2007 to March 2008 was an uplift of 0.3% equivalent to £239,580 for High Secure and £26,750 for Medium Secure (there was no allocation for DSPD). In addition to this amount there was a balance of unallocated NICE funding available from prior years. Below is a summary of available funding to be allocated during 2007 - 2008.

High and Medium Secure Services NICE funding 2007-2008			
	High Secure £	Medium Secure £	Total £
Brought forward prior year	113,740	79,250	192,990
2007 - 2008 allocation @ 0.3%	239,580	26,750	266,330
Total available funding	353,320	106,000	459,320

During the year the Forensic NICE Monitoring Group allocated further funding based on Clinical Directorate proposals for the following schemes all of which will benefit patients across the Hospitals.

Approved Schemes	£
Healthy Lifestyles Rampton	90,984
Dietetic Services Rampton	50,000
Fitness Leisure Rampton	72,650
Obesity Lecturer Rampton	17,300
Arnold Lodge	53,000
Wathwood	53,000
Total	336,934

This leaves £122,386 to allocate in 2007-2008. In addition there was slippage in starting some of the schemes making available some non-recurrent flexibility. The Forensic NICE Monitoring Group continued to monitor progress and outcomes of the approved schemes in order to confirm the allocations on a recurrent basis. In addition the group invited bids for non recurrent initiatives to make best use of the in year balance and the slippage in approved schemes. The following allocations have been approved non-recurrently, most of which are phased over two financial years.

Additional Non-Recurrent Allocations	£
Boredom Busters (B)	36,500
Hearing Voices 2007 - 2008	8,850
Anti-Bullying Lead - one year	54,280
Support Services For Mgt Multiple Sclerosis	6,000
Learning Disabilities CBT Training 2008 - 2009	4,000
PTSD Clinical Researcher - one year	45,000
VOTP Research Assistant - one year	69,075
Women's Services Exercise & Therapy Equipment	8,922
Total	232,627

Ensuring We Continue To Improve

Related clinical audit activity has taken place this year particularly around the Schizophrenia Guidelines. In order to ensure we continue to improve, Forensic Services will be undertaking further audit work this year, in a wider range of areas, to further assure compliance within NICE Guidance.

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