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Nottinghamshire Healthcare NHS
NHS Trust

Positive about integrated healthcare

NICE forensic services annual progress report

2011 / 2012

positive about forensic services

NICE annual report • forensic update

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Welcome...

On behalf of the Forensic NICE Monitoring Group, welcome to our fifth NICE Annual Report highlighting the continued significant achievements that have been made throughout the Forensic Division in the last twelve months.

Background

The Forensic Services Division of Nottinghamshire Healthcare NHS Trust represents the largest NHS Forensic portfolio in the country. The Division spans four different catchment areas and offers services which range from the High Secure Service provided by Rampton Hospital through to Forensic Mental Health services for Offenders in the community and Primary Care, Mental Health and Substance Misuse services to Offenders within 11 prison establishments. In effect, we provide services from high security to the high street.

NICE Monitoring Group

The NICE Monitoring Group continues to meet regularly to discuss and review NICE bids. The group has been chaired by Dean Howells, Associate Director of Nursing for Forensic Services. Dean has now moved to his new role as Executive Director of Nursing, Quality and Patient Experience and his successor Alyson Lang will take on the role of chairing this group. **The NICE Monitoring Group would like to express their thanks to Dean for his leadership and continued commitment to the group.**

Other members are: Joanne Gleaden, Clinical Governance Manager (Forensic Services), Ian Tennant, Associate Director Forensic Services, Sarah Connery, Head of Finance (Forensic), Barbara Pryse, Matron Physical Healthcare, John White, Head of Pharmacy and Ilona Kruppa in her role as Acting Associate Director of Psychology.

Presenting Progress

The progress in terms of implementing NICE Guidance is discussed in many Forensic Forums including the Forensic Clinical Governance Operational Group, the Drug and Therapeutics Committee and Physical Healthcare Steering Group. Topic Expert Group Leaders and successful NICE Project Leads are also asked to present to these groups in order to promote their work and share good practice. Examples of this are that Chris Milburn, Nurse Consultant in the Women's Service promoted the successful Trauma And Self Injury (TASI) Team project to the NICE Monitoring Group. Dr Birgit Völlm also presented the findings of the NICE Anti-Social Personality Disorder / Borderline Personality Disorder Topic Expert Group to the Forensic Clinical Governance Operational Group, the Medical Staffing Committee and also to colleagues in our Medium Secure Services.

Published Technology Appraisals and Public Health Guidance

In addition to ensuring that the Forensic Division has robust systems in place for monitoring NICE Guidelines, there has also been an increased emphasis on ensuring that a screening process is undertaken to ascertain the relevance of both published technology appraisals and public health guidance for the Division.

The process is in line with the system for reviewing the clinical guidelines. Where applicable, the technology appraisals or public health guidance will be sent to an individual with a specialism in the area and they will be asked to complete a clinical impact analysis (CIA) tool. The results of the CIA are then widely distributed throughout the Forensic Division.

Links to Strategic Objectives

The Trust Strategic Objective number 4 includes a statement stating that the Trust will have "full compliance with all relevant NICE Guidelines". This Annual Report provides assurances that relevant NICE guidelines are being implemented where applicable in the Forensic Division and the report acts as a control against identified possible risks of not meeting this objective.

Integrated Business Plan Monitoring

Quarterly monitoring is undertaken against the IBP objectives which includes a section on monitoring compliance against implementing NICE Guidance. For the four quarters recorded for the period of this report, the Division highlighted that they were on course and scored on the Trust Performance RAG rating a positive amber score which relates to between 75% - 99.9% compliant.

welcome

Patient Experience in Adult Mental Health Services Topic Expert Group:

The NICE quality standard and NICE Clinical Guidelines for service user experience in adult mental health have been published.

The recommendations in the current guidance have been informed by research evidence, recommendations in previously published NICE Clinical Guidelines, national survey data and consensus processes that have identified the key elements that are important to service users and how these can be improved to ensure a good experience of care.

The standards were discussed at the Forensic Clinical Governance Operational Group on 13 February 2012, and it was agreed that rather than individual involvement leads reviewing the guidance in isolation, a Forensic NICE Topic Expert Group to review the impact of the standards on the Forensic Division would be set up.

This Group was therefore formed to discuss the implications of the recommended standards and included representatives from across the Forensic Division.

The Group was chaired by Dave Jones, Nurse Consultant and had excellent attendance from key staff across the Division including a patients' advocate and the Trust Head of Involvement.

NICE Topic Expert Groups

The Forensic Division has set up a number of Topic Expert Groups (TEGs) to review published relevant NICE Guidelines.

The groups report on the current provision across the Division in relation to these guidelines, identify any gaps in this provision and any training requirements or financial implications of the implementation of the guidelines. The groups have representatives from all Directorates at Rampton Hospital, Arnold Lodge, Wathwood Hospital, Low Secure and Community Forensic Directorate and also now Offender Health.

The latest group to be formed is the Patient Experience in Adult Mental Health Services Topic Expert Group.

NICE Guidance Review

There has been a recent review of all of the NICE Guidelines for the Forensic Division.

This exercise was designed to assess all existing NICE Clinical Guidelines, Technology Appraisals and Public Health Guidance to see if it could be relevant to the Forensic Division and was completed with the assistance of the Forensic Modern Matron for Physical Healthcare.

This review will occur on an annual basis to ensure that Guidelines are constantly assessed for any change in relevance to the Forensic Division. This review has led to many NICE Guidelines being re-assessed, requiring an up to date clinical impact analysis to ensure that there are no unidentified gaps in NICE compliance.

The main positive outcome from the review is the design and implementation of a new NICE Guidance tracking spreadsheet which links all of the NICE Guidelines to the relevant NICE internet pages.

The spreadsheet also incorporates the dates of last assessment for guidance and links to relevant documents associated with the Forensic Division's assessment of the relevant guidelines.

It is also planned to have a version of this on the intranet in 2012/13 to allow greater accessibility to staff within the Forensic Division to NICE Guidelines and completed assessments.

Forensic Monitoring Systems

The Forensic Division has robust monitoring systems in place and ensures that compliance is regularly monitored against key NICE Guidelines.

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.

This funding is applied annually to the Forensic Services Division at the start of each financial year. Directorate and Service Managers are invited to bid for the allocated monies on either a recurrent or non-recurrent basis.

The financial aspects of the process are managed and monitored by the Head of Finance for Forensic Services who is a member of the NICE Monitoring Group. All bids must be completed on a standardised template and must include information relating to measurable activity, impact/changes in patterns of activity that may arise from the introduction of the guidance; quality impact; where it will be used and how it will be managed, monitored and evaluated; whether there will be any impact on other service delivery, and a description must be given in terms of risks and implications for patients if the guidance is not adopted. The NICE Monitoring Group robustly reviews the bids.

If a completed clinical impact analysis has highlighted that there is a gap in provision, then any associated bid will be encouraged and looked upon favourably, subject to a robust application being submitted.

All approved bids are acknowledged with the proviso that progress reports are submitted on an annual basis. The NICE Monitoring Group needs to be satisfied that the Project Leads are meeting their set objectives and have clearly highlighted significant improvements to patient care as a result of receiving NICE funding. This annual report demonstrates that all NICE funded projects are robustly monitored and includes all progress reports from Low, Medium and High Secure Services. This report also gives an overview of current supported bids and includes financial support awarded to our Offender Health Colleagues.

welcome

NICE Newsletter

Forensic NICE Newsletters are now routinely published on a quarterly basis. The Newsletters highlight the main issues with NICE at the current time. Any updates from Topic Expert Groups or from current NICE projects are shown through the Newsletters. All NICE related audit activity occurring in the Division and new / updated guidelines are highlighted.

The main aim of the NICE Newsletters is to promote the awareness of NICE Guidelines within the Forensic Division. The NICE Newsletters are distributed widely throughout the Forensic Division to ensure that as many people as possible can see the progress against the NICE Guidelines and become involved if they wish to do so.

Dissemination Strategy

In addition to the Newsletters and regular reporting mechanisms in place, in order to ensure staff in the Forensic Division are receiving regular updates and NICE alerts, a system has been set up whereby Emails are sent from a "NICE Monitoring Group" address.

Staff are therefore automatically prompted to know that the Email refers to "NICE".

Schizophrenia

Core interventions in the treatment and management of schizophrenia in primary and secondary care (CG1) & (CG82)

Haematological Monitoring Progress Report Summary, Rampton Hospital

The Haematological Monitoring Project has ensured that all patients who are prescribed medication that can adversely influence haematological and physical parameters have a centralised electronic record of their individual testing schedule, which records which tests have been done and when forthcoming tests are due.

The project has allowed Pharmacists to develop a database which identifies individual patient requirements as per NICE and Maudsley guidelines. The increase in phlebotomy time has been used to liaise with Pharmacists regarding individual patient test requirements, preparation of request forms, developing schedules, collection of samples and inputting required information onto the database. Additional ECG's have also been undertaken in line with guidelines. Over the last 12 months the programme has expanded to include all wards in Rampton Hospital. A Pharmacist with a special interest in physical healthcare is now in post and the Phlebotomist liaises with her on a regular basis to ensure that haematological and ECG testing is arranged for individual patients as required.

Marie Harrison – Health Centre Manager
John White – Chief Pharmacist

Cognitive Behavioural Therapy for Psychosis in Women's Service, Rampton Hospital

The aim of this project is to offer Cognitive Behavioural Therapy (CBT) to women experiencing psychosis in accordance with the NICE Guidelines 2002, working within the National Service Framework.

It is intended that the priority 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 Multi Disciplinary Team and a CBT Practitioner attends 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.

The bedrock of the CBT for psychosis programme is that of collaborative working within a wider Multi – Disciplinary Team

In the early part of the year, the CBT for psychosis practitioner has delivered Individual Cognitive Behavioural Therapy for patients experiencing the distressing symptoms of psychosis. Acknowledging the complex needs of Women in high secure care the programme encompasses the key themes of promoting a greater personal understanding through focus on recovery. Within this, improvement has been identified not only in predictable cases, but the CBT approach has been instrumental in effectively working with patients who through extreme and traumatic experiences have in the past caused real concern in relation to both risk and recovery.

Following the appointment of a lead, work has taken place with the MDT and colleagues in the mental health male service to create and plan a tailor made Mental Health Awareness Group. This will commence in May 2012. With MDT colleagues, formulations for all the 12 women on Ruby Ward are underway. Work on the overall pathway which includes a Coping Skills Group and individualised CBT for psychosis is also underway. This will include scope for Individual psycho education & Wellness Recovery Action Planning.

It is accepted that there remains a proportion of patients who, through personal vulnerability, are unable to access group work. Therefore a sensitive and more individualistic approach to Mental Health Education is offered providing all with the opportunity for inclusion without prejudice and acknowledging both capacity and potential risk. These individual sessions have been designed specifically with respect to those persons with whom information processing remains problematic and with their limitations acknowledged. The overall programme is delivered in bite sized and diluted sessions within a potential extended time frame. It is envisaged that new opportunities can be developed and that greater service user involvement in the planning and implementation of this therapeutic support can be achieved. Further training and development is planned both for the seconded staff in accredited CBT training and more specifically in training on enhancing recovery approaches to hearing voices.

There is a greater need to further develop through the promotion of a shared and integrated approach in which the inclusion of the women patients into the developments is essential. Therefore through evaluation and subsequent planning with the patients who use the service we can achieve an inclusive recovery focused therapeutic medium in which the emphasis is upon the service users experience and involvement. A key aim remains to both enhance and promote the CBT for psychosis both locally and nationally.

Christine Milburn – Nurse Consultant

Schizophrenia

Cognitive Behavioural Therapy (CBT) for Psychosis in People with Intellectual Disabilities, Rampton Hospital

The psychosis-specific needs of individuals admitted to the National Centre for High Secure Learning Disability Service at Rampton Hospital are considered by a review of department files in the first instance. Thereafter, clinical teams are consulted regarding the suitability of referrals to the Learning Disabilities Psychological Therapies Team in circumstances where it is considered that there may be an unmet psychosis-specific need.

Engagement, assessment, formulation, goal planning and cognitive behavioural formulation driven intervention can be offered to individuals where there is evidence of mental health distress associated with psychosis or where mental health experiences are considered to be associated with risk of harm to self or harm to others.

Where it is considered appropriate, psychosis-specific experiences and associated distress are assessed in people with intellectual disabilities using;

- assessments which have been designed for use in people with standard intellectual functioning that are then selected for use with people with intellectual disabilities based upon their individual needs/experiences and their own abilities.
- alternative assessment methods suggested in intellectual disability specific literature.

The availability of a recovery-oriented psychological approach, in addition to hospitalisation and antipsychotic therapy in the high secure placement to address mental health distress and/or risk associated with psychosis in people with intellectual disabilities is regarded as an essential component of a comprehensive package of care (NICE, 2002) and is indicative of good practice.

The quality of the service currently provided is anticipated to continue to improve.

Irene Brackenridge –
Advanced Healthcare Practitioner

CBT for Psychosis Practitioner, Low Secure & Community Forensic Services

Cognitive Behavioural Therapy - Group Programmes

The Novaco (1994) Anger Treatment Programme still continues to flourish within the Directorate. This 16 session programme led by the post holder is comprised of 32 hours group treatment and 16 hours individual treatment. Patients from all three wards attend and usually have difficulties with anger regulation, including problems with the frequency, intensity and duration of feelings of anger, which may present as violence, aggression and/or self-harm. Methods of delivery are engaging including discussion, watching video footage, role-play and modelling.

The post holder trained in the STOP & THINK (McMurran, 2005) Social Problem Solving approach at the end of last year. Following the delivery of an initial pilot group a programme has been tailored and developed to suit the needs of our patients suffering from Psychosis. This highly structured approach aims to help our patient group manage social problems employing cognitive–behavioural techniques and elements of social skills training. The aim is to use engaging approaches to help patients identify goals and explore how existing patterns of thinking and behaviour affect the chances of achieving these. Patients are encouraged to develop different approaches to solving problems, to test them out both within and outside of sessions, and to use techniques to develop solutions they choose to help them achieve their goals. The Programme is 12 group sessions with an equal amount of individual sessions. This group is also offered to Patients from all three wards within the Directorate.

The post holder has also assisted in the delivery of the Mental Health education group delivered earlier this year.

Individual Cognitive Behavioural Therapy

The post holder currently carries an individual caseload of five to eight patients with treatment resistive Psychosis in order to conduct individual assessment, formulation and CBT interventions for Psychosis (16-20 sessions). An identified manualised approach is being utilised as recommended by the NICE guideline. With patient consent many sessions are filmed and taken to external supervision and as such the quality of the interventions is continually monitored. The Supervisor is an accredited British Association for Behavioural and Cognitive Psychotherapies (BABCP) Therapist.

Clinical Governance Forums

Clinical Governance continues to play a key role in the success and quality of the development so far. Audit and research forums are utilised to constantly evaluate this project and clinical supervision ensures support and education for staff delivering this approach. The research group is currently supporting the post holder to conduct research in the area of Psychosis and Trauma. This proposal has been accepted and will recruit members of all disciplines as participants.

The delivery of Clinical Supervision by the post holder and the Psychology team is ongoing and frequent (delivered in a group format bi-weekly). Problems, crises or incidents are seen as important opportunities for learning within the group sessions and applied immediately to practice. Sessions are systematic in the sense they encourage a formulative and problem solving approach.

The Directorate is currently developing and will progress from its present provision of 50 inpatient beds to 90 over the next two years.

The post holder is currently providing teaching and development for the pre-discharge service staff group. The aim is to ensure consistency in approaches in treatment as the patient leaves inpatient services.

Future Developments

To meet the growth of the Directorate and especially the needs of the Women's Service the post holder, along with the Psychology Lead, has been tasked with developing dialectical behaviour therapy (DBT) as a treatment approach. DBT is a comprehensive cognitive-behavioural treatment for complex, difficult-to treat mental disorders (Linehan, 1993). This will involve receiving two five day blocks of training and, in partnership with colleagues, developing a new DBT Group.

Cognitive Behavioural Therapy interventions within the Directorate continue to increase annually as does the awareness of the staff and patients of its efficacy and value. With support of the management team providing protected time for clinical supervision, freeing staff for training and backfilling shifts to facilitate treatment this can continue.

Les McClelland, Senior Practitioner for CBT

Structured Day, Arnold Lodge

Structured Day staff continue to provide direct support for patients many of whom may be experiencing difficulties that limit the safe use of activities available away from the ward environment. In addition to this structured day, staff make a significant contribution in terms of their coordination and planning of staffing that enables others, especially nursing colleagues, to provide sessions for patients.

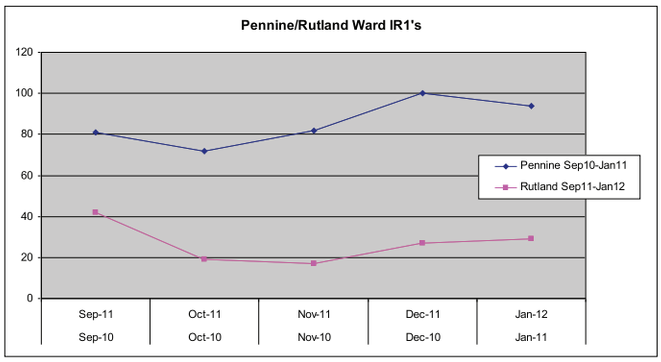
Over the last 12 months the previously reported on supportive low-intensity activities, outlined under Leisure Based Activities and Health and Educative Activities, continued to be offered across the two care streams that provide services for 68 patients in the Women's and Male Mental Illness Services. The activities are regularly reviewed at community meetings on each of the 5 wards involved. In addition to continuing to offer these core activities the last 12 months has seen developments in the following areas:-

Rutland Ward

Probably the most significant development this year has seen Structured Day staff working on the development of a therapeutic programme with colleagues from other disciplines in readiness for the move from Pennine Ward to this new purpose built ward for newly admitted patients to the Male Mental Illness Service. This took place in October 2011.

Since October 2011 Structured Day staff have continued to work with colleagues from other disciplines to ensure that a range of activities are offered. Central to this has been an increase in working with staff from Psychology and Therapy Services to provide interventions that focus on the development and maintenance of skills for everyday living, social problem solving and extending to more self-reflective activities such as working with anger.

In the next column is a graph detailing the notable reduction in significant incidents on Rutland Ward compared with those that took place previously on Pennine Ward. Clinicians from a range of disciplines see this as being greatly influenced by the work of structured day nursing staff.



Ward Transfer

Patients and staff have noted that having had greater opportunity to engage in more structured activities on Rutland Ward has enabled patients to make the transition to one of the two dedicated rehabilitation wards (Snowdon Ward and Helvellyn Ward) to take place with greater ease.

Health & Well-Being

A notable development has been the joint working undertaken with colleagues from primary healthcare, nursing and psychology in the Health & Well Being programme. The drive to promote health and well-being has been a prominent feature across all care streams this year.

Dr Patrick Sims - Consultant Clinical Psychologist

Offender Health Clozapine Care Pathway, Offender Health, Nottingham

Owing to a late start, this project is not complete and full evaluation will occur when it is completed in three months' time.

The project has been successful in establishing a culture of treatment with clozapine and psychosocial treatments for schizophrenia at HMP Nottingham. Lots of important 'groundwork' has been done in terms of setting up systems for monitoring and developing relationships with key individuals from the prison estate. This project has enhanced the capabilities and experience of the wider MDT and not just the specialist nurse at the prison.

It was difficult to estimate the demand for clozapine treatment in advance. From within the prison the team have reached out and given choice to a good number of patients. The efforts have been hampered by the non-availability of ECG monitoring for several months which has delayed titration in several cases. In addition to those we have started on clozapine, there are several more patients with whom the option has been discussed and declined by them. Therefore, this project has offered a gold standard choice of treatment for more than just those who have been treated.

The project team have been disappointed that no transfers from other establishments have occurred, despite having publicised the care pathway in writing and having offered to assess referrals. It is not currently clear why this has occurred. It does not seem to be because clozapine treatment (especially titration) is being offered in these other establishments as it is known from other discussions that in most cases it is not.

Dr A Bickle, Consultant Forensic Psychiatrist

Violence

The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments (CG25)

Management of Violence and Aggression

This project continues to achieve local KPI targets with 100% attendance at Promoting Safe and Therapeutic Services training. A main development this year has been the move to new purpose designed premises.

See photo below of the opening of the premises:

The department is working towards recognition as a national centre of excellence. We hope that our recent move to new premises will help further develop the already recognised professionalism of our courses and how they are facilitated. Our links to the University of Glamorgan (already seen as the International centre for Violence Reduction studies) and the Open College Network will continue to be developed and will ensure that external monitoring organisations are auditing the quality of local provision and facilitation as well as developing the skills of Trust instructors.

Our developing position as a National Centre of Excellence will continue to be encouraged and promoted. The Trust group developing the Violence Reduction Strategy including the Training Strategy is thought to be unique and will provide the Trust with added credibility when addressing matters related to Violence Reduction.

Alan Maughan – Trust Professional Lead for Violence Reduction

Prevention and Management of Violence and Aggression (PMVA), Arnold Lodge

The project seeks to improve the holistic delivery of Prevention and Management of Violence and Aggression Training (PMVA) by adhering to guidelines set out by the NICE Clinical Guidelines 25, at Arnold Lodge.

The PMVA Department continues to benefit from the NICE funding, ensuring that back fill costs for both the PMVA Link and Support Trainers continue.

The impact of additional PMVA trainers from the clinical setting has reinforced and further enhanced safe practices within the clinical setting, improving on the quality and care patients receive.

Training statistics remain extremely high at Arnold Lodge which has enabled staff to utilise de-escalatory tactics as a primary intervention with individuals who may display levels of aggression.

This has been rewarded with extremely low levels of physical assaults with injuries to both patients and staff being minimal.

Mahesh Manilal Chauhan – PMVA Manager, Arnold Lodge

Left to Right: Mike Harris; Executive Director Forensic Services, Alan Maughan; Trust Professional Lead for Violence Reduction and Dean Fathers (Chair)

violence

Junior Modern Matron, Low Secure and Community Forensic Services

The role of the Junior Modern Matron (JMM) in Low Secure Inpatient services continues to enhance and develop nursing practice in the following ways:

- To provide leadership and advice to ward managers and clinical teams on all aspects of evidence based practice and professional standards whilst ensuring key performance targets are met. This is achieved through regular attendance at business, staff and community meetings.
- Ensures all complaints are investigated in accordance with the Trust's complaints policy. These are then monitored and actioned through the monthly incident monitoring group.
- A fortnightly 'drop in' session with Advocacy ensures patients are encouraged to raise concerns and resolve locally where possible.
- Involvement in a number of audits including quality of keyworker sessions, section 17 leave and observation ensuring where necessary appropriate action plans are developed to improve practice and consistency across the unit.
- Implementation of CQUIN targets in particular 25hrs meaningful activity. Instrumental in development of 6 band 3 Activity Nurses who work closely with the OT department to ensure there is meaningful activity both on and off the unit.

With regard to Violence and Aggression

- Monitoring risk assessment tools such as TRIMS, HCR-20 and secure HoNos.
- Ensuring patients have individualised risk care plans which are audited and monitored on a regular basis.
- Annual completion of Health & Safety Risk Assessments.
- Chairing the monthly incident monitoring group which reviews all IR1's, seclusions, complaints and safeguarding concerns thus identifying any operational themes, which require action planning to ensure best practice is maintained.

Education

- Taking a lead in induction, training and development of all inpatient staff ensuring mandatory training requirements are achieved.
- Ensuring all staff receive a yearly PAD identifying all other training and role development needs.
- Development of a student mentors register/sign off mentors register. Attending development meetings. Inputting into the development of the new "Hub & Spoke" model of nurse training for 2012.

Violence – Security and Project Manager

The Low Secure Inpatient Service has now taken over the Wells Road Centre site making it a 'Forensic Hub' in line with national standards. The JMM has been responsible for leading on a number of procedural and physical security issues.

- Security of the building and perimeter fence including staff, patient and visitor airlocks.
- Introduction of consistent response and personal alarm systems.
- Upgrade of anti-ligature works.
- Improved lighting, CCTV and policy.
- Ongoing capital planning for the design and development of 2 new wards for Women and Learning Disability (due to open late 2012) which has involved nursing input.
- Development of a Pre-discharge provision in the Community for 7 male patients.
- Review of all procedures relevant for the changes in service.

All of these measures have allowed for greater freedom for patients within the hospital.

Physical Healthcare

The JMM promotes the physical health agenda for all low secure inpatients. This role involves leading in a number of areas such as the monthly Physical Healthcare and Essence of Care groups.

- The JMM leads on health promotion and runs a weekly Healthy Living Group on the wards encouraging patients to look at diet, exercise and healthy choices.
- The JMM has been pivotal in securing dietetic services for inpatients.
- Leading on Infection Control ranging from auditing areas yearly, ensuring action plans are completed and monitored. Staff training in all aspects of infection control i.e. sharps, PPE, hand hygiene.
- Involvement in PEAT audits.
- Involvement in improvements of healthier menu choices and improved patients dining experience.

Nikki Webb, Junior Modern Matron

Resuscitation Officer (Violence)

The Resuscitation Officers based at Rampton Hospital deliver a combination of full day and half day refresher Hospital Life Support courses throughout the year. These are planned for each year and the vast majority of staff receive an automatic refresher each year. As a result of this the Clinical Directorates at Rampton Hospital are able to achieve and maintain a high level of compliance in relation to Resuscitation training. Over 1500 staff received resuscitation training either Basic Life Support or Hospital Life Support at Rampton Hospital in 2011.

CPR drills are planned throughout the year at Rampton aimed at assessing the response to a cardiac arrest.

Within Offender Health new resuscitation equipment has been procured and standardised where possible. Training in Hospital Life Support commenced in June 2011 and has now achieved a high level of compliance.

Delivery of forceps training to staff within the Women's Service remains available.

Development and delivery of Ligature Knife training at Rampton has been incorporated into the Essential Training block delivery system.

There is representation for Rampton Hospital at the Trust Resuscitation Advisory Group held quarterly as well as attendance at relevant meetings i.e. Medical Devices Committee.

Martin Jones, Training Manager, Forensic Services

Violence

Success for Anti-Bullying Workshop at Rampton

The photo below was taken at the successful anti-bullying workshop which was held for patients with learning disabilities at Rampton Hospital.

The design of the logo on the T-shirts was done by the patients. Mike Cooke closed the event with words of encouragement and presented a T shirt to all patients who participated.

Successful implementation of a comprehensive anti-bullying policy has aided service provision by:

- Increasing the awareness of bullying behaviours and the impact they can have.
- Providing a safer environment for both patients and staff.
- Providing clear consistent reporting procedures leading to a reduction in opportunities and need for litigation and formal complaints with respect to bullying.
- Promoting trusting, open and safe therapeutic relationships.
- Contributing towards security by improving relational security.
- Improving patient and staff relations.
- Providing a template for the effective management of any incidents of bullying.
- Promoting positive attitudes towards the effective management of bullying.
- Actively discouraging attitudes of indifference/supportive attitudes towards bullying.
- Ensuring a consistent approach to anti-bullying across the Hospital.

Left to Right: Ilona Kruppa, Clinical Director MH/NHLDD (and NICE Monitoring Group member), Michael Harris, N/A Southwell, Mike Cooke, Chief Executive, Alex Morrison, Anti-Bullying Co-ordinator and Samantha Toyn, Therapy Co-ordinator Southwell.

Anti-bullying Lead Co-ordinator, Rampton Hospital

All patients will have had the opportunity to attend an anti-bullying workshop in the last year.

All Learning Disability service patients have had the opportunity to attend a centralised workshop with multi-disciplinary input, held in the Southwell centre. Sessions have also been facilitated on the individual wards when requested, they have been presented over several evenings, typically over a week giving short bursts of information and reinforcing lessons learnt on each occasion.

Personality Disorder wards have used a mix of approaches, a centralised model with all workshops taking place in the Osburton Suite has been the main approach with other workshops taking place on the individual wards.

Woman's Service has preferred, as in the past, to have all the patient workshops individual to the ward, all patients able to attend will have done so at least once in the past year.

Mental Health service patients have had the opportunity to attend ward based workshops or workshops based in the Ashby day centre in the last year, attendance has been variable with some workshops having all patients in attendance, others have not run due to no patient take up.

Peaks ward based workshops have been the most successful in the past so have been offered to wards, patient take up over the past year has been low. Outside theatre groups have performed within the directorate in the last year, the anti-bullying message has therefore not been lost or diminished.

All direct care staff have had the opportunity to attend induction or initial training since the start of the project. To date over 970 staff members at Rampton have been trained in Anti-Bullying awareness and the hospital strategy.

Approximately 790 staff have so far completed the first refresher training course and refresher training is continuing towards the end of its third year with 50% of direct care staff completing training again this year and 50% will complete this training by the end of next year.

On-going Clinical Support in Accessing and Analysing the Incident Data for the Purposes of Researching Both Violence and Self Harm

The use of incident data will supplement other work carried out by clinical staff in the reduction of incidents. This is measurable by the reduced number and severity of incidents of self harm and violence that is anticipated. It is also anticipated that the use of seclusion will also be reduced over time.

Reduction in violence and self harming episodes will positively impact on Releasing Time To Care.

- NICE guidelines for violence and aggression and self harm both require that suitable assessment of risk is carried out of the patients to inform any care plan.
- Any assessment of risk is based upon known facts. These facts are often gained from the history of events leading to the current time.
- A fast and simple way of looking at the history is via the Incident Reporting process.
- The current incident reporting process has been developed over years and is being improved all the time.
- To ensure that the system continually improves it is vital that the clinicians who use the system are able to feed back into the development and improvement process.
- The new Safeguard Incident system allows instant feedback and it is important that clinicians are able to access this information on demand and hence the requirement for this post.
- Having this post in the Risk Department also enables the clinicians to use their time with the patients more appropriately whilst being supported in the vital collection of suitable data.

Costs associated with incident reporting:

Every reported incident has a cost which varies with the severity of the incident. Even an episode of verbal abuse results in staff time to record an entry in the clinical notes, time spent writing up an incident report and possibly time spent counselling the patient. Assaults lead to far greater cost – not only to this organisation but also to the wider NHS and community.

Self harming episodes have a cost to patient safety, increased length of stay, reputational impact on service etc.

Improved and safer environment leads to a better environment for the provision of therapeutic services.

Staff can use the information from trends alongside other interventions to reduce the number of violent and self harming incidents thereby improving service delivery.

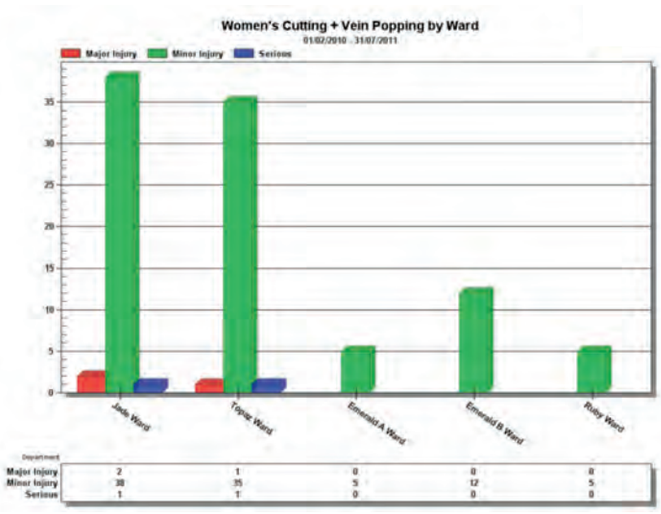
The availability of this Project Lead makes it possible for staff to carry out very detailed analysis on data that is patient-specific and is generally not produced from incident reports.

Customising the collection of data through the use of questionnaires (incorporated into the incident recording) is time-consuming but invaluable to the clinical teams. This post makes this type of information-gathering possible.

Geoff Clements, Risk Systems Manager

Rob Davey, Project Lead

An anonymised example of some work done on a regular basis by the Project Lead:



Physical Healthcare

Obesity (CG43), Type 1 Diabetes (CG15), Nutrition Support in Adults (CG32), Epilepsy (CG20), Dental Recall (CG19), Medicines Adherence (CG76), Stroke (CG68)

Primary Healthcare, Arnold Lodge

The Primary Healthcare (PHC) team have continued to provide a nurse led comprehensive provision of healthcare tailored to the needs of the patients at Arnold Lodge. The Band 3 Health Care Support Worker has been successful in being appointed as the 12 month pilot of the PHC Assistant Practitioner Band 4 post. The PHC Assistant Practitioner has been successful in achieving her qualification in Dental Nursing and this has improved the health promotion of oral hygiene and increased attendance for routine screening within Arnold Lodge.

The Female General Practitioner continues to provide a cervical screening service to all eligible women and along with the Primary Healthcare Manager provides a chronic disease/long term conditions screening and review service. The Dental Team provide a one day a week clinic throughout the year and this is coordinated by the Band 4 PHC Assistant Practitioner.

There has been the introduction of planned Health Promotion Events which included a Diabetes week and an Oral Hygiene day. Since the opening of Rutland ward in October 2011 the PHC team have provided various groups as part of the Rutland Structured day programme. These included Health Promotion, Health and Wellbeing and Smoking Cessation. Women Services are to be provided with a Minor Illness clinic one session a week and a Health Promotion Group one session a week.

The Health Promotion group will have a 12 week rolling programme with Women specific health issues and also generic health promotion topics. A unit wide smoking cessation clinic and group sessions is to be re-introduced. In addition, a 12 month health promotion calendar is being developed so each month will have an awareness campaign.

Nichola Mistry – Primary Healthcare Nurse Manager, Arnold Lodge

Therapies and Education Department- OBESITY- 2 Technical Instructors and 0.5 Administration Post, Rampton Hospital

This funding has allowed for the recruitment of Band 5 and Band 4 Technical Instructors to expand the Fitness and Leisure Team which has provided a specific focus on addressing the high obesity rates of patients. 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.

This project is specifically geared towards addressing the needs of those patients who require more intense interventions to address motivation and engagement issues. In collaboration with the Healthy Lifestyles Team, a treatment pathway has been produced which will capture all patients who come in to the hospital and follow them through the two teams. The project has directly impacted upon the Forensic Division by increasing the number of sessions provided by the Fitness and Leisure Team.

Throughout the next 12 months it is planned to:

- Increase the patient access to Active Leisure pursuits in the Recreation Hall.
- To provide Olympic inspired activities across the hospital.
- To actively engage those patients who do not usually take part in fitness activities.
- To add a variety of externally sourced taster sessions, to try to encourage wider patient participation.

Kay Carley – OT Professional Manager
Liz Peplow – Fitness and Leisure OT Manager

Health and Wellbeing, Arnold Lodge

The Health and Wellbeing programme is a multidisciplinary approach to enabling patients to take control and make lifelong healthy choices to reduce and prevent obesity and promote positive wellbeing. The project included a 14 week programme using an established group intervention which now has additional facilitators to support the programme.

Throughout 2011-12 there have been 25 patients participating in 3 weekly sessions – an increase from the original pilot of one session per week. Patients have reduced their BMIs, body fat percentage, and seen reductions in waist circumference.

Patients have remained motivated to attend all group sessions and have requested to repeat the programme or have continued engagement with other group activities. The Health and Wellbeing programme has been successful in aiding patients to reduce their weight. Educational sessions to all nursing and catering staff regarding obesity awareness have been provided by the Dietician. Support has been given to the hospital shop to introduce a RAG traffic light system to food and drink items sold in the shop.

Over the next six months, working with the Catering team will continue, to ensure nutritionally sound foods are served. Patients who are malnourished due to eating disorders or those who refuse to eat or drink will be focussed upon, whilst the Obesity clinics will also continue.

Nichola Mistry – Primary Healthcare Nurse Manager, Arnold Lodge

Dietetic Services, Rampton Hospital

Following 3 years of considerable change to the role of the Dietician employed using NICE monies, this 4th year has centred on consolidating the role as one of specialist and trainer. Ward staff have embraced the education offered and have taken MUST and the weight management modules back to their wards and are empowered to use first line interventions with patients.

The complexity of communicating with our D/deaf patients had been underestimated but the post holder is now enjoying working alongside a Healthy Lifestyles colleague with the patients and team who support them to deliver healthy eating education in an interactive way. Staff were invited to a D/deaf education day run by Diabetes NHS UK following discussions with Dr Rowan Hillson the National Clinical Director for Diabetes (who was also guest speaker,) this proved most enlightening and helpful in designing the intervention.

The post holder's role frees colleagues to concentrate on strategic issues, most recently CQUIN targets and Diabetes annual reviews and will support these roles further as Wathwood Hospital needs input. Taking the role into the next year, work on helping staff to provide a balanced diet for patients in seclusion by collaboration with catering, will reduce risk of malnutrition. Restructuring of reporting systems to ensure they are outcomes based will produce sound evidence to support this role.

Barbara Pryse – Senior Manager, Physical Healthcare

Health Centre Administration Support, Rampton Hospital

The addition of a Band 2 Administrative staff member has allowed for the greater coverage of all general administrative duties in the Health Centre. This has allowed for more time to be spent on data collection, analysis and reporting on performance in respect of physical healthcare interventions to the patient population. Administrative systems have been developed to assist clinicians in completion of physical health assessments and assistance in the preparation and co-ordination of annual physical health reports for CPA Meetings. By NICE funding being secured for this post, more time is now available to be spent in developing physical health initiatives which will benefit patient care through NICE Guidelines.

Marie Harrison – Health Centre Manager

Dental Examinations and Dental Health Promotion, Rampton Hospital

Since the commencement of the project, performance in providing dental examination has improved. Waiting lists for treatment have also reduced considerably. Oral health promotion "road shows" have commenced and patients who attend are given appropriate dental health care products. Numbers of patients offered dental examination within 3 months of dates determined/indicated by dentist have shown a 26% increase in a 15 month period. Numbers of patients accepting dental examination within 3 months of dates determined/indicated by dentist have seen a 13% increase over the 15 months period.

4 additional Dentist/Dental Nurse sessions per month have been provided and a Health Promotion Nurse attends for delivery of Health Promotion to patients, preparing health promotional information for patients and assisting nursing teams on providing dental care for patients on an individual basis.

Overall, the project team agree that the project has been very successful and the Dental Service performance is now in line with national figures. Throughout the next 12 months, the team plans to develop oral health promotion folders for all wards, to provide ward based staff with all the necessary resources to assist patients in developing and maintaining good oral health.

Marie Harrison – Health Centre Manager

Heidi Nuttall – Dental Service Provider

Physical Healthcare

Management of Epilepsy Project, Rampton Hospital

Over the past 12 months an up to date Epilepsy register has been developed and Epilepsy Care Plans for every patient on the register completed for patients who have a suspected epilepsy diagnosis along with Non-Epileptic Attack Disorders. The Epilepsy Service has been involved in developing the care plans, and review and management plans for specific patients who were difficult to assess and manage within Rampton. The number of outside Hospital admissions due to 'seizures' has reduced due to robust care plans being in place and medical staff utilising them as well as being involved in developing them.

Bassetlaw Hospital Staff have developed more awareness of Epilepsy by being involved in the care plans and being part of the appointment sessions along with the patient and Dr Dennis. Patients with Epilepsy are reviewed on a regular basis, in line with NICE guidance and more regularly if required or requested. The Epilepsy Project team are looking to develop a more robust referral system than at present. Responsible Clinicians are aware of the service provided, and we have a central referral point within the health centre. Links with the PCT have allowed for the Epilepsy Specialist Nurse based at Retford, to attend Rampton to assist with the review of patients and care plans, and when required to deliver training and appropriate information, both for staff and patients. Service Level Agreement meetings are held on a regular basis to discuss performance and quality standards required of the service.

This service is being continually updated and developed. With systems we have in place already, and the quick access to Epilepsy specialist services will benefit patient care and develop staff awareness. We are and can develop a proactive service, meeting the needs of staff and patients sooner to prevent any deterioration and answer any queries rather than a reactive one, where involvement is normally after an event.

Marie Harrison – Health Centre Manager

David McQueen – Practice Nurse

Increased Physical Healthcare Provision, Rampton Hospital

Continued additional GP sessions have taken place during 2011/12. The provider has continued to provide 1 session per week female GP working closely with the female physical healthcare Nurse and Advanced Nurse Practitioner delivering care to the National High Secure Women's Service. An additional 2 sessions per week have continued provided by a GP working in a local practice.

This has increased on site GP cover which has improved access times to GP services. Annual Physical Health Checks (APHC) and reports for CPAs are now being completed by the Physical Healthcare team (from mid October 2011). All non-urgent referrals for secondary care continue to be co-ordinated by the Health Centre and wherever appropriate these are referred via telemedicine. This project is monitored and will be evaluated at the end of June 2012. Chronic disease registers have now been completed and the review process is managed by the Physical Healthcare team as per QOF national standards.

Current service is being tendered out to ensure a cost effective 5 day week service. From January 2012 the second phase of the telemedicine project commenced which provides access to Accident & Emergency Consultant over the 24 hour period.

Barbara Pryse – Senior Manager, Physical Healthcare

Healthy Lifestyles, Rampton Hospital

Relevant NICE Guidance: Obesity (CG43), CHD, Diabetes, Stroke, Asthma, Epilepsy.

The Healthy Lifestyle programme is a service which aims to improve the physical health of patients at Rampton Hospital. They provide services to all directorates (exception DSPD). The team and programme was placed under a new management structure on the 1st August 2011 and now sits within the Therapies and Education Department, and remains as the Healthy Lifestyle programme, but is part of the fitness and leisure department.

Each programme cohort consists of 16 weeks of activity which includes health education, physical activity and nutritional support. The Healthy Lifestyle programme operational procedure identifies clear referral pathways, which prioritises patient attendance according to individual needs / risk factors:

- High Risk: Patients with a BMI over 28 with co-morbidities, Patients with a BMI of 30+ with no co-morbidities.

> Medium Risk: Patients with a BMI of 26 – 30, with or without co-morbidities.

Health risks include: Diabetes, Hypertension, Coronary Heart Disease, Respiratory Disease, Peripheral Vascular Disease, Mobility problems. Individual risk assessment is carried out prior to any patient commencing the programme.

Philosophy of Care:

> Each patient has a comprehensive assessment of his/her needs.

> Every patient will have the opportunity to engage in an annual fitness assessment and an up-to-date individualised exercise prescription formulated.

> Each patient successfully accepted onto the programme, will be offered two fitness sessions and one weight management session a week.

Three cohorts run each year with a capacity of 40 patients per cohort (10 patients per directorate). The programme is always over subscribed so the patients are placed according to risk status and motivation level. Each patient is screened and assessed, has a fitness assessment and an exercise prescription. Each patient is offered two hourly exercise sessions each week directed by instructors who follow the patient's exercise prescription ensuring safe and effective practice.

Marie Harrison, Health Centre Manager

Advanced Nurse Practitioners (ANPs), Physical Healthcare, Rampton Hospital (Physical Healthcare):

Although only in post since September 2011 the 2 ANPS have, with the support of their colleagues in Rampton, been able to provide expert physical health care input across the site to the benefit of patients, ward Nurses and Doctors.

Within December alone 68 minor illness/injury referrals were made to the ANPs. This work prior to December 2010 was undertaken by the Duty Doctor.

To date the ANPs have performed 63 Annual Physicals, again this is work that before would have been within the remit of the ward Doctors.

By undertaking minor illness/injury management and Annual Physicals the ANPs have freed the ward Doctors to concentrate on providing expert Psychiatric care for the patients.

The vision for the future of the ANP service includes;

> Assisting with the provision of the minor illness/injury assessment/ treatment service across the whole of Rampton Hospital in collaboration with GP services and medical staff.

> Continue to follow up all cases where a patient has been sent out of Rampton for treatment in secondary care to ensure effective patient management and staff training are in place for management of new conditions.

> To explore the ANPs utilising their Non Medical Prescribing skills within minor illness/injury management,

> The provision of a nurse led wound closure service for ANPs

> Helping to reduce expenditure on the inappropriate transfer of patients to secondary care when they could be better cared for/treated within Rampton.

To summarise, the 2 Advanced Nurse Practitioners have, as part of the Health Centre and wider hospital team, been able to promote physical health care within Rampton Hospital.

Although these are early days, just 4 months into the role, it is hoped that benefits of the service include; patients receiving speedier treatment, the wider MDT receiving increased support on physical health issues and the Trust reducing costs and risk by a reduction in referrals to secondary care.

Barbara Pryse – Senior Manager, Physical Healthcare

Specialist Pharmacist for Physical Healthcare and Medicines Adherence, Rampton Hospital:

This post of Specialist Pharmacist for Physical Healthcare at Rampton has been established since June 2010 and the postholder has continued to work collaboratively with Health Centre staff to improve patient physical healthcare in line with CQUIN targets and NICE Guidelines, undertaking reviews of NICE Technology Appraisals and contributing to and writing local guidelines. Guidelines for the management of anticoagulation are close to completion.

The post holder has also responded to National Patient Safety Association Rapid Response Reports in physical health fields and co-authored an audit in this area. Medicines adherence provisions are continually being expanded with a medication review service being recently introduced for targeted physical health medications e.g. insulins and cardiovascular medications.

Communication with units receiving our patients on discharge has also been improved with the development of a Pharmacy Discharge Summary, (with involvement from the other Rampton Pharmacists), to aid medicines reconciliation processes and ensure accuracy, continuity and appropriateness of all drug treatments.

John White, Chief Pharmacist

Antisocial Personality Disorder (ASPD) & Borderline Personality Disorder (BPD)

ASPD: Treatment, Management and Prevention (CG77), BPD: Treatment and Management (CG78)

Evaluating Treatment for Personality Disorder and Learning Disabilities, Rampton Hospital

The project aims to increase the evidence base for interventions with offenders with Personality Disorder and Learning Disabilities in a high secure setting. This evidence was considered lacking by the APD / BPD NICE Expert Topic Group.

The funding has allowed both psychology support to, and systematic evaluation of the Therapeutic Community intervention of Personality Disordered patients on Cheltenham Ward. This intervention increases responsibility and involvement of patients, and is consistent with National LD and patient involvement agendas. The intervention at the 12 – 18 months stage has been positively received by both staff and patients.

Empirical data suggests reduction in seclusion hours and reduction in internalising problems over time, in relation to a comparison group. The project to date has enabled a 70% reduction in the seclusion of patients with Personality Disorder and Learning Disabilities, over the time period. There has also been a reduction in staff involvement and a decrease in patient self-rated internalising behaviour problems. The project is a two year evaluation, which will produce a final report by October 2012.

Dr Catrin Morrissey – Acting Lead Psychologist, Learning Disabilities Directorate

Dialetical Behaviour Therapy (DBT) Service HMP Ranby

The first NICE Guidance for Borderline Personality Disorder was published in 2009 (Clinical Guidance No. 78). This guidance emphasised the primacy of psychological interventions in the treatment of this condition. Dialectical Behaviour Therapy is a modality developed by Marsha Linehan (1993) for the treatment and management of borderline personality disorder. It is an eclectic intervention which combines basic behavioural procedures of skills training, exposure-based procedures, cognitive modification, contingency management and problem-solving with validation, mindfulness practices, reciprocity and attention to the patient-therapist relationship. It is used in several settings within the Trust.

This bid was to fund a therapist from Rampton Hospital to be seconded to HMP Ranby to develop a DBT Service in the prison. Stages on the pathway were envisaged to include:

- Initial mental health assessment by Secondary Mental Health Practitioner and Psychiatrist.
- Personality/personality disorder assessment by psychologist /therapist.
- DBT intervention for borderline personality disorder (initially individual-based but looking to develop a group-based intervention in the medium term).
- Individual intervention where group intervention cannot be tolerated.
- Booster sessions for course-completers.
- Input/report into case management including CPA, offender management/release planning and parole.

We believed such a service would have been of tremendous benefit both in meeting the primary treatment needs of this poorly-served patient group and secondary gains in the functioning of participants within the prison system (including disciplinary incidents and participation in the NOMS-accredited Offending Behaviour Programme).

Dr A Bickle, Consultant Forensic Psychiatrist

Recruitment of Therapy Assistant (Pre-Therapy and Psycho-educational): (Anti-social and Personality Disorder)

A Therapy Assistant was recruited at the end of 2009. Prior to the programme starting an assessment protocol was developed. Patients were seen to improve in their understanding of their diagnosis, their ability to participate in groupwork (fewer walk outs). Along with the new manual, further assessments were added to look at the ability to develop a therapeutic alliance and readiness for change

Since recruitment the postholder has:

- co-facilitated two of the three existing programmes
- reviewed patient needs, the aims and objectives of the existing programmes and outlined gaps and potential developments
- drafted a single pre-therapy programme manual, piloted it twice and developed the manual further

A second pilot is due to commence with the adapted single programme with a further 8 patients. The project will allow for the further development of practice based treatments for this population, and to evaluate their impact. The development of evidence based treatments for this population continues to be a priority at local, national and international levels.

Sue Evershed, Lead Psychologist, Personality Disorder Service, Rampton Hospital

DBT/ Schema Therapist: (Anti-social and Personality Disorder)

The recruitment allowed the team to increase the number of therapy places available to patients in need of treatment for their personality disorder. Prior to the recruitment the Service was able to resource one DBT group and one Schema therapy group (12 – 14 places). With the recruitment of an additional therapist we have been able to run additional groups and provide additional individual sessions as required.

DBT has proven to be effective in helping patients manage their institutional violence and self harm. Schema therapy also seems to be helpful in reducing incidents and especially in improving interpersonal communications between patients and staff.

With an increased number of therapy places, patients' personality disorder treatment needs will be addressed more quickly allowing them to access other therapies to reduce risk.

The number of DBT and Schema therapy places taken up by patients is audited year on year. We have increased this number from 15 in 2009 (average 12 – 14) to 27 (target 21 – 24).

Both programmes use standardised core assessment measures with patients and we monitor behavioural targets also. This will allow us to continue to review the impact of the treatments on patients' wellbeing. In addition the Schema programme is being evaluated as part of a multi-site international study.

DBT and Schema therapy are becoming treatments of choice for forensic personality disordered patients. They will continue to be an established and permanent part of the Personality Disorder Service's core treatment pathway.

Evaluations of the impact of the programmes as described above will allow us to determine whether they continue to influence patient wellbeing and behaviour.

Sue Evershed, Lead Psychologist,
Personality Disorder Service, Rampton Hospital

Anxiety & Depression

Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care (CG133)
Depression in adults: The treatment and management of depression in adults (CG90)

Advanced Healthcare Practitioner Anxiety, Depression and Trauma / PTSD (Learning Disabilities)

The project is the development of a service to provide evidence based interventions in respect of Anxiety, Depression, Trauma & PTSD, for a population of male patients diagnosed with a Learning Disability. The service is based within The National Centre for High Secure Learning Disabilities at Rampton Hospital.

The post holder has been supported to complete a range of professional development opportunities:

- Completed full 3 part accredited training in respect of Eye Movement, Desensitisation & Reprocessing EMDR therapy with EMDR Extra which is accredited by EMDR Europe.
- Attended further specialist supervision day in respect of EMDR and developing practice.
- The post holder has facilitated a workshop on 'an introduction to EMDR therapy and its utility with individuals with a learning disability' for staff within the Learning Disabilities Directorate.
- The post holder has developed an awareness workshop in respect of Trauma & PTSD which is facilitated on a rolling programme for all disciplines of staff within the Learning Disabilities Services Directorate.
- The workshop has also been facilitated with student nurses at Hull University.

The workshop comprises tropics such as:

- Trauma & PTSD, Diagnostic Criteria, Controversies regarding PTSD, Trauma processing, Perceptions of people with PTSD, Challenges of caring for people with PTSD, Learning Disabilities & PTSD, Responding therapeutically to people with PTSD, Case studies & discussion.

All patients within the Learning Disabilities Services Directorate are now screened for trauma experiences and the Post Traumatic Stress Disorder Scale (Foa, et al 1997) completed where appropriate.

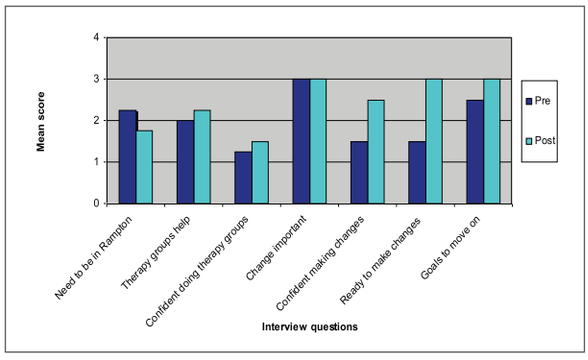
All patients suffering from PTSD or significant trauma experiences are now offered a course of Trauma-Focussed Cognitive Behavioural Therapy or EMDR Therapy.

All patients are screened on admission using the Emotions Problems Scale (Prout & Stromer 1991), and the Chart of Interpersonal Rating in Secure Environments (Circle: Blackburn & Renwick 1996) to identify/ monitor levels of anxiety & depression.

All patients admitted to the Learning Disabilities Services Directorate are offered individual sessions to validate their experiences in respect of their admission to high secure care. Sessions utilise empathic understanding & compassion focussed-therapy to respond to initial negative experiences of being compulsory detained in high secure care.

Evidence from the Motivation & Engagement Module indicates significant increase in motivation to engage in the Forensic Treatment Pathway and validation of experiences.

Richard Dilly, Advanced Healthcare Practitioner



post-traumatic stress

Post-Traumatic Stress Disorder (PTSD) & Self Harm

PTSD: Management of post-traumatic stress disorder in adults in primary, secondary and community care (CG26)
Self Harm: The short term physical and psychological management and secondary prevention of self harm (CG16)

Wound Care Information Pack, Rampton Hospital

This project was funded by a stand alone payment using NICE monies to design, produce and provide the wound care information pack to all wards within Rampton Hospital. The pack is used as a point of reference for wound care as well as self injury related physical healthcare. The pack provides information to nurses and patients on assessment, treatment and evaluation of wound care.

The pack also provides information related to self injury physical healthcare. The project has ensured that Practice Nurses and Infection Control Nurses across the hospital are familiar with the pack and can provide support to the ward staff for its use.

Discussions are currently underway to establish how to best support the use of this pack, following the project's completion. The wound care pack needs to be kept up to date with changes in policy and practice. A means to achieve this will be identified.

Jane Jones – Advanced Practitioner/Project Coordinator in Self Harm and Trauma

Barbara Pryse – Senior Manager, Physical Healthcare

Trauma and Self Injury Programme (TASI) - National High Secure Healthcare Service for Women, Rampton Hospital

The Trauma and Self Injury (TASI) Programme develops, delivers and evaluates services 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 3 different levels.

Level 1

Focuses on proactive interventions to promote understanding through training, on ward support and supervision of staff, and through the provision of psycho-education and well being groups for women patients.

Level 2

Encompasses the impact on direct practice and the enhancement of the therapeutic milieu in delivering a safe collaborative environment which promotes the development of women's capacity to deal differently with their distress.

The use of individual distress signatures, MDT formulation and a framework for responses along with the increased expertise in dealing with physical need (suturing and wound care) are central.

Level 3

Concentrates the provision of individual and group therapies. Four models of therapy namely Cognitive-Behavioural Therapy, Dialectical Behaviour Therapy, Cognitive Analytic Therapy and Eye Movement Desensitisation Reprocessing Therapy are informing and underpinning the service.

The planning and conducting an evaluation of the Programme is integral to its development and review of its impact and effectiveness.

Key successes over the past year include:

- The development and delivery of a one day National Conference on Trauma and distress.
- Eye Movement Desensitisation Reprocessing Therapy is now integral to the service.
- Establishing a robust evaluation framework.
- The wound care pack has now been disseminated across forensic services.
- The integration of the revised distress signature booklet.
- Continued provision of TASI 2 day training for the named nurses, nursing leaders and Occupation Therapists within the service.
- Training and support offered to services across the women's pathway within the Trust as well as other NHS, offender health and private.
- Completion of a train the trainer program for The Orchard Unit which included service users from that service. The site is also involved in the evaluation of the tool.
- Mid way through a service evaluation to measure the impact of the DS tool on Patient recovery, and named nurse relationships, care planning for distress and team recovery focused practice across 3 sites.

- Working with Arnold Lodge Women's services to integrate the Distress signatures into their everyday practice and access the TASI 2 day training for their staff. They are also involved in the evaluation.
- Local city services have also undertaken training in using the Distress Signatures and the 2 day TASI training.
- Educational and training provided to several multi professional post grad courses.
- Presentation of the TASI program at internal, wider forensic, trust wide forums and national conferences.

The National High Secure Healthcare Service for Women (NHSHSW) Trauma and Self Injury (TASI) team held one day conference at the end of last year which focused on working effectively with Trauma and Distress with women who use forensic services.
(see photograph below).

Practices and Impacts within the Directorate:

Some examples which build on previous years successes include:

- The Patient Reference Group which includes 10 patients has developed its own material and continues to influence the development of the TASI Programme. They have also been instrumental in developing the content for a DVD to aid training within the directorate.
- An established pattern of the roll out of Well Being Groups has been consolidated.
- The ward champions and TASI leads have established a skill set to ensure the groups are achieving good patient engagement and outcomes. The groups reinforce the importance of self support as well as utilising support from nursing staff. The evaluation has demonstrated the effectiveness of the groups in terms of women's knowledge and use of skills in reflection, relaxation and coping.
- Following staff training on the use and application of the adapted distress signatures all women have been offered ongoing work with their named nurse. The uptake is above 85%.It is recognised that we have been using the this tool for some time but that the revised version has been offered to all patients as it includes additional and adapted sections.

Access to individual and group therapies (CBT, DBT, CAT) including specialist trauma work continues.

DBT:

- Two groups are running continuously as a result of staffing resources being increased. 8 women are engaged in DBT with 2 women in assessment.
- A further five women are benefiting from specific DBT work to women requiring longer engagement work.
- Women on the DBT Programme are offered a weekly therapy group (two hours) and a weekly individual session.

CAT and CBT for trauma:

- CAT continues to be offered to women who require it
- 3 patients have engaged in specialist CBT focussed Trauma work.

Christine Milburn – Nurse Consultant

All Relevant NICE Guidelines

High Secure Integrated Care Pathway Project: Workstream 5 of Moving Forwards Benefits Realisation (MFBR) Project

In June 2009, NICE Funding enabled the substantive appointment of a Care Pathways Facilitator at Rampton Hospital to work across the high secure services to facilitate the development and implementation of an Integrated Care Pathway (ICP).

Further NICE funding enabled the appointment of a Research Assistant for 12 months (October 2009 – 2010) to undertake a comprehensive patient needs analysis with the aims of providing recommendations for future service planning and resource allocation. Following the completion of this project, a further bid for a substantive ICP Research Associate post was supported by the Forensic NICE Monitoring Group, and successfully appointed to in January 2011.

The ICP Project focuses on clinical modernisation and its core objective is the development and implementation of an electronic ICP across the high secure services. This work also includes incorporating into the ICP all relevant NICE guidance, clinical guidelines and national / local procedures that are accessible and up to date, therefore providing the relevant evidence base, increasing safety and access to the most effective treatments and identifying unmet need. The outcome of this work will be to ensure that available resources are focused towards managing an individualised, evidence based and efficient ICP for each patient, which has been organised in such a way as to have the best impact upon outcomes.

It is anticipated that in addition to supporting the implementation of NICE clinical guidance and providing the evidence base for the treatment and therapies that we provide, the implementation of the ICP will reduce waiting times across services, improve access to therapies, allow the efficient distribution of resources, identify unmet need and gaps in services, support first class commissioning and service line management and potentially reduce length of stay. The high secure ICP specification is nearing completion and has been written using all of the care pathways developed for each clinical service and professional group.

A Business Analyst was employed for four months in 2011 to produce a Functional Specification, setting out the requirements of the e-ICP from the perspective of both staff and patients. This document also provides the blueprint for a technical specification to be developed, which will provide the detailed design and baseline from which the electronic system will be built. The development of the ICP software is a CQUIN target for 2012-2013 and a proposal is currently being developed for an ICP Software Development Team to be recruited for a year to write the technical specification and build, pilot and implement the system as part of the CQUIN work.

Following on from the completion of the Patient Needs Analysis, comprehensive reports were written for each clinical service along with a combined report detailing the findings from across the hospital. The combined report provided the focus for the ICP workstream members to develop a series of action plans targeting the common themes arising from the analysis. The most prevalent area of need identified across all services related to the provision of the meaningful day for patients. In response to this, the ICP Research Associate has worked closely with Therapies and Education (TED) colleagues to hold a series of focus groups for patients within each clinical service to explore their perspective of the meaningful day, and to identify the types of activity that would make up their ideal timetable. Patients were encouraged to choose activities and interventions that addressed their needs in five different areas: active engagement (activities that led to a sense of achievement); activities that were related to looking after themselves and others; activities relating to personal time; psychological interventions and social / recreational activities. Reports for five of the clinical services have been completed and an action plan is currently being developed to address the findings. Feedback sessions for participants are ongoing. Additional focus groups / interviews are in the process of being held for patients in the Deaf Service and on Adwick and Emerald B wards to ensure the consultation is as inclusive as possible.

A further recommendation to arise from the Patient Needs Analysis was around how we work with patients to prepare them for leaving Rampton, and a multi-professional working group is currently being set up to develop a modular programme to address this. Along side this, ICP workstream members are also currently engaged in developing the final draft of the discharge pathway and to support both pieces of work, a series of patient consultations is being planned to ensure their experiences are included.

One of the original objectives from the Patient Needs Analysis was for the Research Assistant to work, where required, with programme leads to collate the evidence base for the core treatment programmes offered. This remains an objective for the ICP Research Associate, and this information will be incorporated into the electronic ICP to provide instant access to the evidence underpinning the interventions offered.

As part of the ICP evaluation strategy, a qualitative review of the patients' experience of the pre and post admission process has been completed by the Research Associate and the recommendations from this work approved by the Moving Forward Benefits Realisation Project Board.

These recommendations include further work with both staff and patient groups to develop good practice guidelines and information to improve the admission experience for patients. This work will shape future consultations with patients regarding their experiences of all of the stages of the ICP and will be used to inform the ongoing review and redesign of the ICP.

Ilona Kruppa, ICP Project Lead

Sue Jones, Care Pathway Facilitator (High Secure Services)

Cheryl George, ICP Research Associate

Care Pathways Facilitator (Personality Disorder Services)

The project was initially established to develop and implement a Care Pathway for Personality Disorder Services across the Forensic Division. All of the individual services across the Forensic Division have been working on their own Integrated Care Pathways. These are at different stages of development but have been developed using a similar framework of that developed in high secure services and look at demonstrating key activity and function within the specific services. An overarching Personality Disorder Pathway has been developed and agreed by relevant stakeholders in Personality Disorder Services which is designed to splinter into the individual services pathways so as to reflect the subtle differences within individual services particularly relating to treatment interventions.

The Personality Disorder Forum has been established to support the Personality Disorder Pathway. Membership and commitment from individual services to attend the forum has been agreed. The key functions of this forum are:-

- To enable risk sharing across Personality Disorder Services
- Provide dispute resolution within the Personality Disorder Pathway
- Opportunity for information sharing between services
- Increase understanding of the individual services within Personality Disorder Service

A set of core assessments to be used within the Personality Disorder Pathway have been agreed by relevant stakeholders. There is ongoing work in relation to treatment interventions in respect of how treatment continues for service users as they move through Personality Disorder Services, and ensuring that access to treatment is appropriate to the environment the service user is in and risks they present.

The development of a personal portfolio for service users will enable them to share their personal recovery journey with professionals and is currently being developed within the project.

A workbook which will provide guidance and supporting documentation for the Personality Disorder Pathway is in the process of being produced. This workbook will be available to clinicians in May 2012.

A launch event is scheduled for the 28th May 2012 at the Mike Harris Learning and Development Centre which will provide practical support, guidance and documentation for clinicians relating to the implementation of the Personality Disorder Pathway. There will be workshops demonstrating individual service pathways as well as other work completed to date.

Emma Sly – Project Lead, Care Pathway Facilitator

NICE/Audit Co-ordinator Post

The Nice/Audit Co-ordinator supports the Forensic Clinical Governance Manager in implementing systems and processes to monitor, collate and report progress against the implementation of appropriate NICE Guidelines and Technology Appraisals in the Forensic Division.

The Forensic NICE Newsletter is now well established and is issued quarterly to the Forensic Division serving as an update to staff on all new guidance and work completed within the Forensic Division around NICE Guidance. The newsletter is used to disseminate clinical impact analysis completed for NICE Guidance and to highlight any changes in practice recommended and associated actions taken. All new NICE Guidance which has been assessed for relevance is included in the newsletter which allows staff to see all NICE Guidelines deemed as relevant to the Forensic Division.

A NICE spreadsheet continues to be developed which will track progress of each Guideline within the Forensic Division. It records which Guidelines have been assessed and their relevance and impact on the Division. The spreadsheet will act as the main information point for queries regarding NICE Guidelines and the stages they are at within the Forensic Division. All new and updated NICE Guidelines are recorded as and when they are available with new Guidelines being assessed monthly to ascertain if they are relevant and, where appropriate, sent for an expert opinion using a clinical impact analysis form.

The postholder also works closely with the Clinical Audit Lead to ensure audits of relevant NICE Guidelines are undertaken in order to provide evidence of compliance for both internal and external assurance including NHSLA requirements. Audit results are written up into full reports to allow an analysis of the NICE Guideline and the Forensic Division's compliance to it, and to identify any gaps and actions required. The postholder also provides administration support to the NICE Monitoring Group and the NICE Topic Expert Groups.

Completed Audits & Planned Audit Activity

Completed Audits:

- NICE ASPD/PD Audit
- NICE Proton Pump Audit
- NICE Rapid Tranquilisation Audit
- NICE Substance Misuse Audit
- NICE Epilepsy Audit
- NICE Clinical Guidelines for Diabetes Audit

Planned NICE Audit Priorities:

- Nice Clinical Guidelines for Schizophrenia
- NICE Clinical Guidelines for Violence and Aggression Audit
- NICE Clinical Guidelines for Anxiety and Depression Audit

NICE Funding

Funding for the implementation and support of service changes and developments aimed at adopting working practices recommended by NICE guidance has previously been identified within the national tariff uplift which is applied to the Trust at the start of each financial year.

REMAINING FUNDS AVAILABLE 2011/12	**£55,509**
OPENING FUNDS AVAILABLE 2012/13 (after deducting 11/12 slippage)	£188,059
Balance given to CIP 12/13	**£100,000**
FUNDS AVAILABLE FROM 2012/13 (after deducting CIP)	**£88,059**
OPENING FUNDS AVAILABLE FROM 2013/14 (11/12 slippage returned)	£174,824
Balance given to CIP 14/15	**£74,824**
FUNDS AVAILABLE FROM 2013/14	**£100,000**

During the year the Forensic NICE Monitoring Groups has allocated further funding based on Clinical Directorate proposals for various schemes, both recurrent and non recurrent, as can be seen in the table below.

All of the agreed bids help to meet NICE Guidelines and have real benefit for patients across the services. £81,302 was allocated against recurrent schemes and £166,274 was allocated against non recurrent schemes. Most of the remaining balance was used to fund slippage of some 2010/11 schemes into the 2011/12 financial year.

Breakdown of Allocated Funds	
Approved bids - Recurrent	£16,648
Approved bids - Non Recurrent	£302,907
Slippage in 2010/11 schemes requiring funds in 2011/12	£69,051
Total funds allocated	£388,606

The national tariff from 2011/12 is -1.5% - and the Trust has been asked to assume either negative tariff or zero % in the next 2 years at least in its financial plans. Therefore it is likely that any new NICE Guidelines will have to be implemented from within existing resources.

Our Trust is:

SMOKEFREE

POSITIVE ABOUT DISABLED PEOPLE

INVESTORS IN PEOPLE

HSJ NT 100 HEALTHCARE EMPLOYER

For copies of full progress reports please contact the Project Lead direct or Joanne Gleaden, Clinical Governance Manager: (Forensic)

Email: Joanne.Gleaden@nottshc.nhs.uk

forensic services NICE annual progress report

Designed and Produced by the Forensic Clinical Governance Team 21 Fleming Drive, Rampton Hospital, Retford, Nottinghamshire, DN22 0PD