



Inside this issue: -

2 The Provision of
Primary Healthcare

4 Carer Involvement
and Advocacy at Cen-
tral Mental Hospital

7 Implementation of
the Smoking Ban in
MSUs

9 HoNOS-Secure:
Tracking outcomes in
secure services

11 The Editor's Inter-
view: Michael Simp-
son, Hutton Centre

13 Update from the
Quality Network's
Service User Experts

14 Joining the Quality
Network

15 Quality Network
Events

16 Events

17 Useful Links

Quality Network For Forensic Mental Health Services

Introduction

**Dr John O'Grady, Consultant Forensic Psychiatrist,
Chair of the Quality Network Advisory Group**

We are delighted to welcome eighteen new wards to the quality network for this third annual cycle. This increase in membership, now standing at sixty-six wards, across twenty-two services, has enabled the quality network to become an increasingly active community, characterised by lively debate, information sharing and peer support. Eight services will soon be taking part in their third peer-review, while another eight services are about to embark on their second. We also look forward to meeting the staff at the units who will be involved in their first peer-review over the coming months.

The meetings of the network Advisory Group continue to be productive and the network continues to develop its relationships with the Department of Health and Mental Health Commissioners.



Charity registration no. 228636

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Examples of Good Practice in Medium Secure Units:



Northumberland, Tyne and Wear 
NHS Trust

Provision of Primary Healthcare in a Medium Secure Environment

Dave Cook
Ward Manager, Cheviot, Kenneth Day Unit



The Kenneth Day Unit, Morpeth

Introduction

“People with a learning disability or mental health problems are more likely than other citizens to have significant health risks and develop major health problems” (Disability Rights Commission, 2006).

Risks may be heightened due to poor diet or lifestyle and through limited awareness of health promotion. When discussing patients who are living in secure environments, these issues are compounded further. Such patients may have additional healthcare needs as a result of risk management issues, their own mental health or behavioural issues or a limited access to health promotion opportunities due to the confines of their environment.

A major challenge for service provision is the provision of good physical health in an environment, which by its nature restricts patient movement. Service providers therefore have to ensure that effective holistic healthcare is available to all patients irrespective of risk or behavioural management needs and that the environment itself is conducive to a healthy lifestyle.

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Example of Provision

The Kenneth Day Unit is part of the Forensic Directorate within Northumberland, Tyne & Wear NHS Trust, providing care treatment and support for up to thirty men with learning disabilities or other associated mental health disorders within a medium secure setting.

At the Kenneth Day Unit (K.D.U.), the multi-disciplinary team ensure that all the patients in their care receive a high quality primary healthcare service as detailed below.

Post Admission

Within 24 hours of admission, all patients are encouraged to have a physical examination to ensure there are no obvious physical problems at that time and to get an immediate record of any bruises, scars, physical marks etc.

Within two weeks of admission, a full physical health review is completed, detailing any past or current illnesses or symptoms, reviewing any current medication and identifying any future healthcare needs or support.

Health Action Plans

Within the first two weeks on the K.D.U. each patient is offered a personal Health Action Plan as part of his Person Centred Plan. When complete this plan includes details of all their physical history, records of health intervention and screening and a comprehensive review of their holistic healthcare needs.

Ongoing Physical Healthcare Support

Patients continue to receive support throughout their stay in the K.D.U. as detailed below:

- Regular on-ward health monitoring. (E.g. weight, blood pressure, pulse).
- Access to weekly G.P. and Triage Nurse service on unit for routine appointments. (Daily service for urgent appointments including out of hours service).
- Comprehensive dental care service, including regular reviews, routine and emergency dental work and specific or-

thodontic procedures.

- Regular dietetic review for referred patients, as part of the nutritional assessment package, monitoring weight loss/gain and promoting health and well-being.
- Regular podiatry review for referred patients, treating specific foot care issues and as part of individual diabetic reviews.
- Regular optical review from local optician, giving support on sight needs and as part of individual diabetic reviews.
- Smoking cessation advice and support.
- Physiotherapy and Occupational Therapy support for referred patients providing specialist support.
- Comprehensive diabetic and asthma reviews.
- Annual well man review for all patients, including full physical health review.

All the support can be accessed within the unit if deemed necessary for clinical reasons.

Good practice in this area is achieved through effective collaboration and communication between all providers and the adherence to a robust and workable health promotion programme.

In conjunction with existing measures, ward based staff are being given opportunities to access training, which will enable them to support the patients with any day to day physical health needs, and facilitate health promotion initiatives.



Carer Involvement and Advocacy at Central Mental Hospital



John Redican, Frances Stewart, Pauline Gill and CMH Carers Group



*Central Mental Hospital,
Dundrum, Dublin*

The National Forensic Mental Health Service is based in the Central Mental Hospital (CMH) in Dublin. The hospital is one of the oldest in Europe. Modernising a service in a building that is 150 years old presents significant challenges to all concerned. Being part of the **Quality Network for Forensic Mental Health Services** has made a very positive contribution to improving the quality of the service. We very much appreciate the opportunity to learn from our peers both through the review process itself and carrying out peer reviews with other services. Through this process a number of people have commented favourably on the Peer Advocacy services and the Carers' involvement at the hospital.

Carer Involvement

The Carers Group is a voluntary group of relatives and carers of the patients in the CMH. The group meets monthly at the CMH and has been established for four years. As the CMH is the only forensic mental health service in Ireland it is a testament to the commitment of the group members that several members travel considerable distances to participate in the group.

In 2003 a programme of positive engagement with carers was established in the CMH. Following a questionnaire survey, carers were invited to an initial meeting and the results of the survey were presented to carers, staff and the management team. The main issues highlighted, were the difficulties carers had in accessing information on mental illness, treatment, legislation and the

service delivery. The survey also drew attention to the particular difficulties carers felt in accessing the care team, attendance at case conference and the difficulties they experienced in relation to stigma, especially when they had a relative admitted to the CMH.

A six week education programme was developed and continues to run twice annually for new carers. Staff members from all disciplines participate in the delivery of the programme. The group developed links with Schizophrenia Ireland, amongst others, to provide external support and specialist advice independent of the CMH. The carer's initiative, although led by the social work team, was a collaborative project which included the carers, staff at the CMH and Schizophrenia Ireland. From its inception it has been fully and actively supported by the senior management team.

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Although initially established as a peer support group, the group have made a major contribution to the development of the service at the CMH and have also contributed to national initiatives in reducing stigma. They continue to be actively involved with service developments at the CMH, appropriately challenging issues in relation to care and treatment and policy development. They also participate in the induction program for new staff and have regular meetings with the management team. They have participated in several media discussions regarding mental health services and regularly meet with politicians and others. They have been at the forefront in challenging the proposed move of the hospital from its current site to a site adjacent to a 'super prison'. The group recently organised a media launch of their report 'Patients not Prisoners' which outlined the main concerns regarding the proposed move of the hospital.

Although the group functions independent of the service a member of the social work team provides a direct link with the group to provide an identified channel of communication and an opportunity to share information.

Advocacy

The Irish Advocacy Network has been providing peer advocacy services in residential and acute settings for the care and treatment of individuals with a diagnosis of poor mental health since 2001. In the third quarter of 2005, the Social Work Team at the CMH, supported and encouraged by the senior management team, invited the Irish Advocacy Network to consider the establishment of peer advocacy at the hospital.

Together, we undertook some basic research into the introduction of advocacy into similar services in other jurisdictions. From this, a clearer picture emerged of the issues that would need to be negotiated prior to the introduction of the service, and



the pathways we should initially consider.

The code of practice under which the advocates worked was scrutinised to identify any possible conflicts. The involvement of both staff and potential clients needed to be encouraged, and an agreed evaluation system introduced, which would necessarily have to encompass the residents' thoughts, feelings and experience.

A series of formal presentations was delivered to all staff at the facility, while a rather more laid-back approach was taken to engaging with the residents. Advocates visited the different units in the facility, introducing themselves to individual residents and answering any questions that were raised. Group meetings were the next step, and small groups of residents were invited to informal presentations and discussions. All settings in the hospital were used for this purpose, with particular emphasis on situations where the residents were likely to be more relaxed, for example, in the garden project.

"I began the process of getting to know the CMH service-user; letting them know of our independent service, providing them with individualised information, a non-judgemental listening ear and our befriending service. Coinciding with this were introductions to the various staff members and disciplines" (CMH advocate Francis Stuart).



As the wishes of individuals became clearer, we began to design a model of service delivery around a schedule that suited the residents of the facility. It became clear that any advocates who wished to work in this particular facility would have to accept a working rota that included a measure of un-social hours, and to their credit, this was accepted unhesitatingly.

The service has evolved steadily since its introduction, but always on the basic premise that everything we do and arrange is in accordance with the wishes of the individuals using the service. It is not a representational model; it is more about helping people express their own needs, opinions and choices, and supporting them in achieving the outcomes that they most desire. Throughout the process difficult issues have been raised, discussed clearly and frankly, and satisfactorily resolved through a meaningful process of respectful dialogue and negotiation with all involved. It has become a model for the introduction of an advocacy service into other settings.

In addition to providing peer advocacy a user forum has also been established. External speakers have been invited to speak to service users including the Chief Executive of the Mental Health Review Board and a senior manager from the Health Service Executive. Role plays of Mental Health Review

Boards and feedback to service users from user satisfaction research have also been provided.



Conclusion

The development of the Carers Group and the introduction of the Peer Advocacy Service at the Central Mental Hospital have been examples of the positive outcomes that can be achieved through joint ventures characterised more by evolution rather than revolution. They are examples of the benefits that can accrue from a partnership between different sets of experts, experts by profession and experts through experience, all working in a partnership that promotes recovery.

Authors

John Redican, CEO Irish Advocacy Network

Frances Stewart, CMH Peer Advocate

CMH Carers Group

Pauline Gill, Head of Social Work

The Policy Library

Visit the newly developed Policy Library on our website:

www.rcpsych.ac.uk/QNFMHS



If you would like to submit a policy to be added to the library please email:
msu@cru.rcpsych.ac.uk



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Implementation of the Smoking Ban in Medium Secure Units

Edited by Kerry Painter



Recently, there has been much debate regarding the advantages and disadvantages of implementing the smoking ban in medium secure units (MSUs) across the county. Many service users have opposed the introduction of the ban and a number of staff have been sceptical about its introduction and the negative impact it may have on service users. Below, four MSUs have provided an account of their experience of the smoking ban.



menting the ban from July 2007, as we commissioned secure smoking shelters within our internal gardens on each of our wards. Patients are able to access these directly from the wards and in all areas they are well observed.

Fromeside -

Smoking was allowed outside only from July/August 2006.

Rose Lodge -

The unit opened in January 2007 so the ban was in place from the word go. Patients can smoke in

the courtyard and when on off site during leave.

Name of Medium Secure Unit?

Hutton Centre, St Luke's Hospital, Tees, Esk and Wear Valleys NHS Trust

Bracton Centre, Oxleas NHS Foundation Trust.

Fromeside, Avon and Wiltshire Mental Health partnership NHS Trust

Rose Lodge, West Midlands, Care Principles Group.

When was the smoking ban introduced and to what extent?

Hutton Centre -

The Smoking ban was implemented on 1st January 2007 and comprised of patients only being allowed to smoke outside of the buildings in designated areas.

Bracton Centre -

We had a graduated approach to imple-

What systems/interventions were put in place prior to the ban?

Hutton Centre -

Prior to the implementation of the ban a trust wide working group was established; this group agreed to the forensic service being exempt from a total smoking ban on hospital property but allowed for patients to smoke outside in designated areas and at set times. Each ward had two – three members of staff trained in smoking cessation. All patients were kept informed via community meetings which were attended by the independent advocacy service. All wards were issued with Oxymeters and a stock for relevant smoking cessation meds and treatments. A new protocol was issued to all medical staff dealing with the titration

Throughout the whole process we worked closely with fresh Northeast.

Bracton Centre -

We trained a number of staff in being able to provide smoking cessation programmes, which were then offered to all patients with some (albeit it small) success.

Fromeside -

Smoking cessation advisors on each ward, notices displaying countdown to closure of smoke rooms, 'dry runs', i.e. closing the smoke room for a day as practice.

Rose Lodge -

It was explained at the referral stage that patients would not be able to smoke indoors.

What has been the impact of the smoking ban on the service users and the unit as a whole?

Hutton Centre -

The smoking ban has slightly reduced the number of patients who smoke but has reduced the amount that patients smoke. Following the implementation of the ban only one written complaint was received and dealt with through normal complaints procedure.

Bracton Centre -

Cleaner wards, staff not spending so much time in smoke filled rooms carrying out constant observations. Challenges include policing the ban and stopping patients smoking in their rooms or other non-designated areas.

Fromeside -

No increase in cessation of smoking. There is anecdotal evidence to suggest that opening outside spaces to facilitate smoking has increased smoking habit, as it has reinforced the body clock dependence on the cigarette break, and service users are cramming more cigarettes in as they perceive the 'long' 1 hour gap until the next fix.

We designed this unit with small smoking rooms so that service users would use them and leave, as they were not inviting. Now smoking has increased, smoke drifts from the outside space into bedrooms, and service users refuse



to come in at times in an attempt to chain smoke. Engagement with therapy has decreased as the smoking service users want to get back to the ward for a cigarette break they don't want to miss.

General opinion of staff and patients at the unit.

Hutton Centre -

The ban has been generally accepted by both staff and patients, although new admissions sometimes take a little time to adjust to the limited access to smoking.

Bracton Centre -

Generally, staff and patients feel the smoking ban has been a success.

Fromeside -

Staff are aware that it is likely to happen, but do not really support the approach by government to impose a smoking ban on something that is not illegal. Patients are very opposed to a smoking ban and want smoking rooms back!

Rose Lodge -

No one would want smoking indoors again. Patients and staff seem quite happy with popping outside for a cigarette.

Thank you to those MSUs that contributed to this article.



St Andrew's
HEALTHCARE



HoNOS-Secure: tracking outcome in secure services

Philip Sugarman and Lorraine Walker

Introduction

HoNOS-Secure (Health of the Nation Outcome Scales - Secure version) is a brief, practical outcome-focused tool which covers symptoms, problems, and the need for secure care and risk management.

HoNOS for Mentally Disordered Offenders was on the Department of Health's original list for the HoNOS-family, and developed by Philip Sugarman and Hazel Everest at the Kent Forensic Psychiatry Service, with support from the RCPsych College Research Unit. Further work at St Andrew's Healthcare, based in Northampton, produced the current version of HoNOS-Secure, with 7 security scales and a variation of working-age HoNOS adapted for secure settings (Sugarman and Walker 2007). This format allows use of the security scales with HoNOS-LD, HoNOS-CA, HoNOS-65 and HoNOS-ABI, as appropriate for the patient. The security scales support tracking of the patient's need for secure care and risk management. When integrated with the appropriate specialty-specific HoNOS scales, the patient's overall progress and outcome in the service can be tracked.

The reliability of the tool has been demonstrated (Dickens, Walker and Sugarman 2007). Together with the rest of the HoNOS-family, it has been taken up by *Connecting*

for Health and so will be part of future NHS recording and returns from secure services.

It is important to understand that HoNOS-secure is not a full clinical, risk or needs assessment tool in itself, but can supplement these tools and capture the outcome they measure.

Benefits for the patient

HoNOS-secure captures the outcome of assessment. The ratings are based on the results of a full clinical and risk assessment, and so functions as a check on progress and as a route to the multi-disciplinary care plan and risk management plan. A security scale rated at 1 or above indicates that a care or treatment intervention is needed, and for scales 1 to 12, a rating of 2 or above indicates that a care or treatment intervention is needed.

Accessing HoNOS-Secure materials

The glossary, score sheet and a "How to use HoNOS-Secure" handout can be downloaded from the Royal College of Psychiatrists' website. There is no charge for the documentation.

<http://www.rcpsych.ac.uk/researchandtrainingunit/honos/secure.aspx>

Visit us online at www.rcpsych.ac.uk/QNFMHS

Training

"Training the Trainers" training days are offered at St Andrew's Healthcare Northampton. Use the link on page nine for information on course content, training dates, cost and how to apply.

Integration into healthcare governance

At St Andrew's, HoNOS-Secure scores are used as outcome measures within a Balanced Scorecard approach (Sugarman 2007). A 90-day improvement rate is generated for each patient, based on two sets of scales scores taken at different times. This gives data on rate of change by each HoNOS subscale and total by patient, by unit and by service. Each clinical team is therefore empowered with data on its effectiveness and also challenged to understand what service changes can be made to improve effectiveness of interventions for patients.

St Andrew's plans to publish outcome data from across the charity in due course. The data presently show strengthening evidence of effectiveness over time, suggesting outcome measures can bring an improved focus on outcome for patient benefit.

Implementation challenge

It is key to engage clinical staff in a positive debate about outcomes, and that ratings undertaken are truly "owned" by the clinical team. Based on attentive ratings undertaken by well-motivated practitioners, our experience is that HoNOS-Secure will capture service effectiveness.

We have found that secure services for adolescents, mental health, learning disability, brain injury and older age do have different challenges, but that the secret is to persuade key influencers. Consultant psychiatrists, psychologists and particularly ward managers must actively embed

the HoNOS rating as an endpoint of the real activity of clinical assessment and review of patient's progress.

Many secure services in the UK have now taken up HoNOS-Secure and are on a positive learning curve toward better outcomes.

Conclusion

HoNOS-Secure is a practical tool for improving perform-

ance in secure services. It meets a key requirement of government policy and should be embraced by progressive services.

Authors

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References

Dickens G, Walker L & Sugarman P (2007). Inter-rater reliability of HoNOS-Secure. *Journal of Forensic Psychiatry and Psychology* 18, 507-514.

Sugarman P (2007). Governance and innovation in mental health. *Psychiatric Bulletin* 31, 283-285.

Sugarman P & Walker L (2007). Health of the Nation Outcome Scales. HoNOS-Secure. <http://www.rcpsych.ac.uk/researchandtrainingunit/honos/secure.aspx>



If you would like to submit an article of interest to the Quality Network for Forensic Mental Health Services newsletter please contact Kerry Painter

kpainter@cru.rcpsych.ac.uk

The Editor's Interview: Michael Simpson Hutton Centre



Michael Simpson works at the Hutton Centre; Tees, Esk and Wear Valleys NHS Trust. He has been involved in a peer-review during Cycle 2 of the Quality Network and has since completed the Lead Reviewer training day. Michael was also involved in the Medium Secure Service Health Check Reviews conducted by the Department of Health (DH). His current job title at the Hutton Centre is:

Project Lead: Implementation and Benchmarking of Medium Secure Standards and Specifications.

How long have you worked at the service?

I started working for the Hutton Centre in 1982 as a Charge Nurse and since then have moved around various services and roles both in mainstream and forensic psychiatry. Since starting work with this trust, I have commissioned and managed a Community Mental Health Centre. In the early 1990s I worked in the role of Psychiatric Services Coordinator for the Durham Cluster of prison. As part of this role I was involved in a pilot scheme, which was to become the forerunner to the introduction of psychiatric services in prisons. Following this three year pilot scheme the trust was given the contract to provide psychiatric services in the local prisons. I was involved in managing the prison psychiatric services for two years.

What was your career prior to this?

Back in 1972, at 16 years old, I became a cadet nurse. After two years I then applied for

the combined nurses training course and qualified in 1977. My first role was as a staff nurse in a psychiatric hospital in Sunderland. After two years in this role I took up the post of Staff Nurse at Broadmoor Special Hospital (1980) where I gained experience in forensic psychiatry.

What is your current role?

In my current job it is part of my role to ensure that the Hutton Centre is compliant with the Department of Health MSU standards and the quality network's MSU standards. I have been involved in peer-reviews for both the quality network and the DH MSU Health Checks. I am currently developing action plans following the quality network's review of the service and carrying out Gap Analysis.

How/why was the role created?

The role is funded the Northern Region Special Commissioning Group. It was created to carry out Gap Analysis to identify what work

needs to be done in order for the service to meet both core and aspirational standards.

Plans for development of the role?

The Trust is embarking on the major rebuild of the St Luke's hospital site. The 'Advance Project' working towards the re-provision of all psychiatric services from the old Victorian building to a brand new purpose built complex. The building work is due to be completed in 2011. Following the completion of this work the secure service is due to expand from 88 beds to 115 beds. Developments in my role therefore focus around this, ensuring that best practice is adopted, standards are met, and work with the Quality Network continues.

What are some of the key achievements/key challenges of the service?

One of the main achievements for the service is being a member of the Quality Network. The peer-review highlighted many areas of good practice within the service while also noting areas for improvement. In my opinion, it is an achievement for the service to identify improvements that need to be made and be involved in the self- and peer-review process.

The main ongoing challenge is that of ensuring continuous quality improvement year after year and eventually coming to meet aspirational standards. Some of the key challenges faced by the service at the moment are imposed by the restraints of the existing building.

How has being a member of the quality network been beneficial to your work/service?

The Hutton Centre took part in Cycle 2 of the quality network and was successfully involved in the stages of self- and peer-review and presented at the Annual Forum in April 2008. Being a member of the quality network has been a very positive and useful experience. I was previously involved in a security network that was set up some years ago and worked in a very similar way to that of the quality network, with an emphasis on lessons learnt and the sharing of good practice. The security network eventually fizzled out but the quality network has now rekindled it on a much bigger scale. The email discussion group is an excellent resource and the sharing of information via this group means that individual services no longer have to reinvent the wheel. As their name would suggest, the quality network helps medium secure units to network and support each other in the development of services. The network provides the opportunity to benchmark your service against others in the country and helps to give direction also providing the opportunity for services to meet aspirational standards. I hope the quality network will continue to grow.



Update from the Quality Network's Service User Experts: Involvement in Cycle 3

Anthony Roach and Alain Aldridge



The quality network for forensic mental health services is organised by the Royal College of Psychiatrists' Research Unit in London. The network looks at the quality of services that are provided and will help staff and service users plan improvements for the future.

We, the Service User Experts, are currently preparing to set up links with lead service user representative at the Quality Network's 'member units'. We then aim to arrange for a telephone conference to take place to provide service users with the opportunity to put across their views of their service. The telephone conference will follow the structure of the service user section of the new Cycle 3 review workbook. This section covers issues such as: (i) Governance (ii) Patient Focus (iii) Care Environment Amenities (iv) Public Health. It is hoped that by comparisons and debate a

clearer picture will arise on what we, the service users, think about the care that is being offered to us. The collection of this data will help the Quality Network to produce a detailed local report for each unit. The network also wishes to support the Service Users Experts to attend a number of the Cycle 3 peer reviews.

As I mentioned in the last newsletter, I believe the benefits of talking therapies and the positive effects they have for service users is the icing on the cake. I believe senior staff, ward managers, and team leaders should encourage each other to partake in dialogue with service users not just about their illness but about the service user as a person to aid the recovery process. Member units should shortly expect to receive further information regarding the involvement of the Service Users Experts in Cycle 3.

How can service users get involved in Cycle 3 2008-2009?

- Service user representatives can contact our Service User Experts (Anthony or Alain).
- Take part in a telephone conference where you will be asked your views about your service (We will only ask questions about the service. We will **NOT** ask for any personal information and you can withdraw your information at any time. All comments will be treated confidentially).
- Take part in a meeting with the review team when they visit your service. You will be asked for your opinion about your service (e.g. the environment, food, and service user involvement).
- Attend the Annual Forum in April 2009 where people from across the UK and Ireland get together to talk about what we found during the review visits and the work of the Quality Network in general.

Visit us online at www.rcpsych.ac.uk/QNFMHS

Interested in joining the Quality Network for Forensic Mental Health Services?

Benefits of joining The Quality Network for Forensic Mental Health Services

- ✦ Provides service standards
- ✦ Provides a detailed service evaluation and report
- ✦ Allows achievements of clinic staff to be recognised
- ✦ Provides detailed advice and support about areas in need of improvement
- ✦ Organises a visit to another Forensic Mental Health Services
- ✦ Provides annual report of aggregated findings which serves as a benchmarking tool
- ✦ Maintains a national network to improve communication between staff and units
- ✦ Email discussion group
- ✦ Newsletter
- ✦ Annual Forum



HOW TO JOIN

If you are interested in joining The Quality Network for Forensic Mental Health Services please return a joining form or contact Sarah Tucker stucker@cru.rcpsych.ac.uk or Kerry Painter kpainter@cru.rcpsych.ac.uk

Download The Quality Network for Forensic Mental Health Services Joining Form from our website
www.rcpsych.ac.uk/QNFMHS

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Quality Network Events



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

Lead-Reviewer Training

Tuesday 16 September 2008, 10.30am – 4.00pm
or Tuesday 19th May 2009 or Tuesday 15th September 2009

WHO IS IT FOR?

Forensic mental health professionals from all disciplines with an interest in leading external peer-reviews for the Quality Network for Forensic Mental Health Services

THE WORKSHOP:

AIM: to enable staff from forensic services that are members of the Quality Network to lead peer-review visits of other forensic services.

LEARNING OUTCOMES: participants will gain practical and theoretical knowledge of all aspects of leading a peer-review visit.

TEACHING METHODS: The day will involve presentations, seminar discussions and role-play scenarios.

CERTIFICATION: those who complete the workshop and then lead a peer-review visit will be awarded a certificate in peer-review leadership by college Centre for Quality Improvement

Annual Forum 2009

Tuesday 7th April 2009 10.30am - 4.30pm

A one day forum for Medium Secure Unit staff members and service users participating in the Quality Network for Forensic Mental Health Services and for others interested in the Quality Network.

About the day:

- Presentation of key findings from the third annual cycle of self- and peer- review
- Annual General Meeting of the Quality Network for Forensic Mental Health Services
- Parallel workshops to explore findings from review process, share achievements, exchange with peers and make action plans.
- Plenary session for all member medium secure units to exchange and reflect.

Who Should Attend:

- All forensic mental health professionals and service users involved in or interested in being involved in the quality network review process
- All commissioners, managers, staff members, service users interested in the Quality Network for Forensic Mental Health Services

**For more information and an application form for both of these events,
please visit our website www.rcpsych.ac.uk/QNFMHS**

Events



- **Clinical Audit and Improvement: Monitoring and Improving Clinical Practice and Outcomes** this conference provides an important update on national developments in clinical audit including a keynote address from Professor Nick Black, Chairman of the National Clinical Audit Advisory Group, on the development of a National Clinical Audit Forum. **Wednesday 10 September 2008** jayne@healthcare-events.co.uk
- **A Practical Guide to Improving the Management of Dual Diagnosis** This one day conference provides guidance on improving the management of dual diagnosis with presentation on promoting understanding, co-operation and better outcomes for people with dual diagnosis, working collaboratively and partnership working. **Wednesday 17 September 2008** matt@healthcare-events.co.uk
- **Risk and Patient Safety 2008** The ninth annual Risk and Patient Safety conference offers an important opportunity to learn from many successful patient safety initiatives implemented across the UK and internationally. A series of workshops and master classes provide the opportunity for more interactive learning for both beginners and managers. **Tuesday 25 and Wednesday 26 November 2008** jayne@healthcare-events.co.uk
- **A Practical Guide to Implementing the New Mental Health Act in Practice** This conference provides guidance for managers and clinicians working in mental health on the practical implication of the Act. You will hear about implementing the Mental Health Act in practice, using Implementation Self Assessment Tool (ISAT). **Wednesday 15 October 2008** maz@healthcare-events.co.uk
- **Measuring and Monitoring Outcomes in Mental Health** This conference provides an important update on the latest thinking in measuring and monitoring outcomes in mental health, in line with the requirements for revalidation and recertification. The conference also includes a series of practically focussed workshops. **Monday 3 November 2008** Naomi@healthcare-events.co.uk
- **Reducing Medication Errors** The conference provides an important update on the latest developments in improving patient safety and reducing medication errors including updates on the implications of the NHS Next Stage Review and the Pharmacy White Paper. **Tuesday 7th October 2008** keren@healthcare-events.co.uk
- **A Practical Guide to Delivering Effective Discharge Practice** Delayed discharges have a direct and negative impact on the quality of care of individuals. This one day case study based conference will aim to help clinicians and managers to predict length of stay in order streamline the process and improve care for patients. This conference has been Accredited by the RCN Accreditation Unit. **Wednesday 12th November 2008** keren@healthcare-events.co.uk

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Useful Links

- ⇒ **Department of Health** <http://www.doh.gov.uk/>
- ⇒ **The Forensic Directory** Provided by the St Andrews group of hospitals, this is an up to date resource detailing Forensic and other Secure Mental Health Services in the UK, provided by both the NHS and Independent Sectors. <http://www.theforensicedirectory.info/>
- ⇒ **Forensic Psychiatric Nurses' Association (FPNA)** Aims to promote the art and science of forensic psychiatric nursing, thereby improving the quality of care to patients <http://www.fnrh.freeseve.co.uk/fpna/>
- ⇒ **Health and Social Care Advisory Service** An evidence based service development organisation working in all aspects of mental health and older people's services across the health and social care continuum <http://www.hascas.org.uk/>
- ⇒ **Healthcare Commission** Promotes improvement in the quality of the NHS and independent healthcare <http://www.healthcarecommission.org.uk/homepage.cfm>
- ⇒ **Institute of Psychiatry** The largest academic community in Europe devoted to the study and prevention of mental health problems <http://www.iop.kcl.ac.uk/>
- ⇒ **National Forensic Mental Health R&D Programme** Recently completed programme of research funding to support the provision of mental health services for people with mental health disorders who are offenders/risk of offending <http://www.nfmhp.org.uk/>
- ⇒ **National Institute for Health and Clinical Excellence** An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Includes the National Collaborating Centre for Mental Health (NCCMH), a partnership between the RCP and BPS <http://www.nice.org.uk/>



Useful Links

- ⇒ **National Offender Management Service (NOMS)** Brings together the work of the correctional services
<http://www.noms.homeoffice.gov.uk/>
- ⇒ **Prison Health** A partnership between the Prison Service and the Department of Health working to improve the standard of health care in prisons <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/PrisonHealth/fs/en>
- ⇒ **Prison Health Research Network** DH funded initiative, led jointly by the Universities of Manchester, Southampton and Sheffield, and the Institute of Psychiatry <http://www.phrn.nhs.uk/>
- ⇒ **College Centre for Quality Improvement homepage**
<http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement.aspx>
- ⇒ **College Education and Training Centre** Offers courses for professional development in mental health care
<http://www.rcpsych.ac.uk/crtu/cetchomepage.aspx>
- ⇒ **Sainsbury's Centre for Mental Health** An independent charity that seeks to influence mental health policy and practice and enable the development of excellent mental health services through a programme of research, training and development.
<http://www.scmh.org.uk/>



The MSU Email Discussion Group Join the discussion

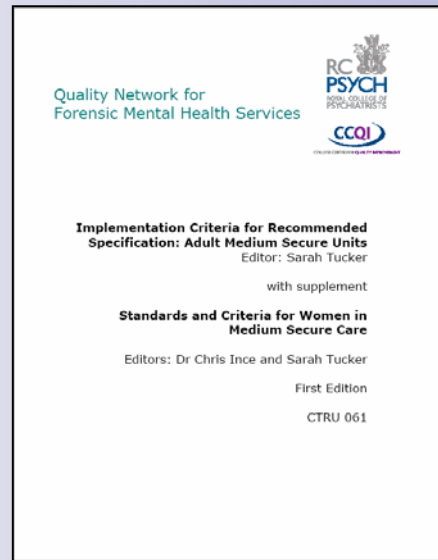
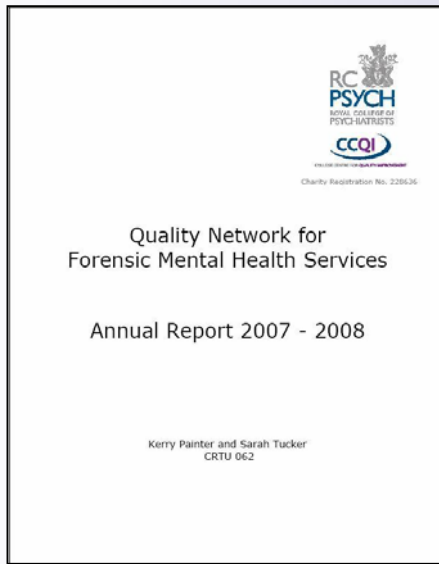
If you would like to join the network's email discussion group, please email msu@cru.rcpsych.ac.uk with 'JOIN' in the subject line, and your email address will be added to the group.

A summary of the topics raised over the first two years of the group is available at www.rcpsych.ac.uk/QNFMHS

Visit us online at www.rcpsych.ac.uk/QNFMHS

View the Annual Report and Implementation Criteria with
Standards for Women at:

www.rcpsych.ac.uk/QNFMHS



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