

# Issue 5

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## Inside this issue:

### Introduction

1

Dr. John O'Grady

### A Framework for Improving Medium Secure Services

2

Sarah Tucker

### Recent Publications of Interest

3

### Profit or Loss? Its Quality that Decides

4

Roland Woodward

### An Introduction to the Quality Network's Advisory Group Service User Experts

6

### Events

8

### Useful Links

9

# Quality Network for Forensic Mental Health Services

## Introduction

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

Welcome to the 5<sup>th</sup> edition of the newsletter for the Quality Network for Forensic Mental Health Services. The 2<sup>nd</sup> cycle of self- and peer-review visits are now well under way. We have received some very positive comments from the completed peer-review visits alongside some constructive criticism which we plan to use to improve the quality of the service we offer our members. Since the last newsletter we have held a joint conference with the Department of Health, A Framework for Improving Medium Secure Forensic Services, which received some very encouraging feedback from those that attended (you can read further details about the day on page 2). We are also pleased to inform you that we have recently had three service users Experts join as members of our Advisory Group.



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# A Framework for Improving Medium Secure Forensic Services

*Sarah Tucker, Programme Manager.*

It was a great pleasure to jointly organise this consultation workshop held on 1 November 2007 on quality principles and standards for medium secure forensic mental health services with Karen Howell at the Department of Health. We were very pleased that the event was attended by well over a hundred delegates from across the UK and Ireland representing front-line staff and diverse multidisciplinary clinical teams, services managers and commissioners.

Dr John O'Grady (Chair of the Forensic Faculty, Royal College of Psychiatrists/Chair of the Advisory Group, Quality Network for Forensic Mental Health Services) chaired a stimulating and complimentary set of morning presentations provided by key players in quality improvement and policy development in forensic mental health services. Anthony Deery, (Head of Mental Health Strategy at the Healthcare Commission) opened with an overview of relevant policy an improvement against the background of the changing landscape of regulation including how the implementation Department of Health Recommended Specification for Medium Secure Units can help organisations meet Healthcare Commission Standards.

Mike Farrar CBE (Chief Executive NHS North West) spoke inspirationally about the need for 'world class clinical leadership' in forensic mental health services as the key to on going and sustainable quality improvement which cuts across the often increasing burden of bureaucratic procedures.

Jo Leech (Director of Secure Services Policy, Department of Health) followed with a salutary reminder of the historical lack of information about medium secure provision. She moved on to outline key challenges for the future including effective out-come based commissioning and developing an evidence base.

Karen Howell (Head of Medium Secure Policy, Health Offender Partnerships, Department of Health) provided a contextual rationale for the launch of the 'Recommended Best Practice Guidance Specification for Adult Medium Secure Services'. She paid special thanks to Daniel Jones (service user Mersey Care NHS Trust Secure Services) whose design is featured on the cover of the publication. Finally Dr Paul Lelliott (Director, Royal College of Psychiatrist's Research and Training Unit) outlined the innovative but tried and tested methods of the many quality improvement and accreditation programmes housed by the College Centre for Quality Improvement of which the Quality Network for Forensic Mental Health Services in one.

Then in the afternoon delegates split in to three smaller groups for the consultation workshops on various aspects of the Implementation Criteria developed by the Quality Network of the 'Best Practice Guidance: Specification for Adult Medium Secure Services (Health Offender Partnerships 2007).

The Quality Network for Forensic Mental Health Services uses an iterative annual self- and peer-review cycle which is well tested method for quality improvement. The Implementation Criteria have been developed with the purpose of forming the basis of the self- and peer-review questionnaires for the Quality Network for Forensic Mental Health Services. Forming the foundation of the iterative annual review cycle they provide an accessible way for services to actively engage in on-going service development towards implementing the Department of Health recommendations.

The central task for one workshop was to weight in order of importance the Implementation Criteria. The question for another workshop was whether there are areas of omission/gaps in DH specification which member units of the Quality Network would like to have audited in the annual self- and peer-review cycle. Finally the third workshop focussed on draft standards for women in medium secure care which have been newly developed by the

Quality Network for Forensic Mental Health Services led by Dr Chris Ince (SpR for the Quality Network). There lively, challenging and enlightening feedback from each of the consultation workshop discussions together with written documentation of delegate views on each of the areas of focus. We were particularly pleased with the high level of participation on this part of the consultation exercise which reflects the ethos of the Quality Network to be guided by member and other stakeholder views.

The next step is for the Quality Network for Forensic Mental Health Services to collate the views feedback at the consultation event and edit the Implementation Criteria to reflect these. The second part of the consultation process will be a postal consultation to all members and other stakeholders on the 2<sup>nd</sup> draft of the Implementation Criteria. Further, the Quality Network for Forensic Mental Health Services is looking forward to further joint and collaborative work with the Department of Health over the next months.

## Recent Publications of Interest

### **The Sainsbury Centre for Mental Health**

#### **Forensic Mental Health Services: Facts and figures on current provision**

Max Rutherford and Sean Duggan

<http://www.scmh.org.uk/80256FBD004F6342/vWeb/wpKHAL6NAEJN>



### **Psychiatric Bulletin**

#### **Patient choice in forensic settings: managing requests for changing a consultant**

Caroline Jacob, Eluned Dorkins, and Helen Smith

<http://pb.rcpsych.org/cgi/content/full/31/12/443>

## Profit or Loss?

### It's Quality that decides

Roland Woodward, Head of Personality Disorders and Forensic Services, Affinity Healthcare

The independent sector, often labelled the "for profit" organisations, provide 2,000,000 bed days a year. Many of these days are devoted to the most difficult and demanding people that all services struggle with. Within the changing landscape of Trust status, commissioning structures and strategies, financing and care policies, the independent sector strives to offer services that help solve the NHS problems and meet the stringent demands of the Health Care Commission standards. This makes for a competitive and demanding arena where profit is not a given and risk is high.

In such a landscape Quality is the necessary driver for all independent services. Managers in the private sector do no more than move around the money that the Quality of their service generates. Poor quality equals poor income, poor income leads to poorer quality and so the spiral goes on until the service can no longer be sustained. Quality of service is therefore a key to everything the responsible independent sector does.

**"Quality of service is therefore a key to everything the responsible independent sector does."**

The ability of the independent sector to provide new services of high quality is dependent on providing something innovative that more fully fulfils the need of ill people and those who commission services on their behalf. The creation of a professional network whose sole aim is to improve quality of service is to be applauded, supported and participated in.

When an independent sector provider like Affinity Healthcare decided to invest a considerable sum in designing, building and operating a new secure forensic service, it was a logical decision to join the Quality Network for Forensic Mental Health Services, not a catchy title but empirically sound. As soon as the companies new 28 bed Linden Unit at Middleton Saint George Hospital in Stockton on Tees became a reality it joined the Quality Network. Although the new facility is not due to open until the beginning of 2008 it was decided to use the network to help it check that the planning and preparations meet the standards of the network.



Quality Network for Forensic Mental Health Services

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Our first visit will be one which will enable us to be sure that our planning is as complete as possible and to establish a culture of peer review from its inception. We believe that this will drive us to a better quality service and build a cultural foundation that will persist. To fail in this would mean poor quality and therefore less effective service to the people who need it. It could also mean commercial failure.

To fail would mean that the banks and investors would lose the money invested, including the cost of borrowing it. Staff would lose their jobs, managers would make career realignments and there would be fewer services available to the most needy in our community. All of these are a reality all of them have happened in the past and continue to occur. Clearly Quality is king.

The challenge for the independent sector is to retain its flexibility and creativity in meeting standards. It has to make its case for the way it operates to achieve the standards, avoiding the broad brush approach that standards are sometimes perceived to impose. Meeting this challenge is what drives the staff and the consequence, if achieved, is improved quality.

With commissioners increasingly being given the role of assuring the quality of the services that they commission the onus is on the independent sector to meet the standards and to demonstrate innovation. With a quality improvement network operating the delivery of quality will be a focus for everyone, because purchasers and people experiencing the services will have tangible measures of quality.

As economic models of service delivery develop alongside agreed outcome measure the quality of services will become increasingly defined and will drive up the levels of service delivery. This can only be good for the people who need the services. Paradoxically it may also drive services into areas that require risk investment to take place in order to improve service delivery or radical innovation. The point where marginal utility of improvement is questionable maybe the place where the independent sector can lead the way by doing what it does best; take a risk, to improve quality and therefore compete in the market place.

To enter into the Quality Network process at this time with a new service, such as the Linden Unit, is exciting and stimulating, especially in the company of the Quality Network members. To experience the co-operative-competitive tensions of intra and inter organisational dynamics should be fun. What is clear is that the Quality achieved should make everyone winners, including the share holders.

**“To enter into the Quality Network process at this time with a new service...is exciting and stimulating...”**



Any comments?

If you would like to respond to this, or any of the articles in this newsletter, please email [msu@cru.rcpsych.ac.uk](mailto:msu@cru.rcpsych.ac.uk) and we will post your comments on our email discussion group.

# An Introduction to the Quality Network's Advisory Group Service User Experts



The Quality Network is delighted to have recently recruited three Service User Experts to our Advisory Group. They were warmly welcomed at the meeting in November 2007 by the other members of the Advisory Group and their role as part of the Quality Network was discussed. We would like to thank Mike Gatsi for his ongoing help and support in the co-ordination of the Service User Experts' involvement in the network. Please see below for the introductory articles the Service Users Experts have provided for our readers.

## Alain Aldridge

I have been at Ravenswood House for two and a half years. Ravenswood House is a Medium Secure Unit based in Hampshire.

For the last two years I have been a Voluntary Ward Representative, which means I have represented patients on the same ward that I have been on as I have progressed through the system myself. From January next year the position will become a paid post. After being interviewed I was offered the post by the occupational therapist (OT) department. This means I will get a formal NHS contract and be able to claim for the hours worked. At the beginning of 2007, I attended and passed a training course for ward reps this was run internally by the OT department and this was the first for Hampshire NHS Trust. Four ward reps took part and the course was certificated. In October 2007 together with staff from the OT department we gave a presentation about this course at a Hampshire Partnership NHS Clinical Governance Conference in Winchester.

As a ward rep I have been involved in conducting surveys for the Trust audit department as well as surveys for our own hospital newsletter 'Pathfinders'. I sit on the editorial team for the newsletter and have worked on 6 quarterly editions so far.

The first point to make is that service users are at the negotiation table we discuss existing hospital policies as well as proposed ones. To name a few these include issues such as patient rights, leave, smoking, storage and money management. We are listened to and steer the management in a particular direction and occasionally cause delays and compromises in policy implementation. One main development has been the setting up of the patients' coffee evening which takes place every Monday and Wednesday. Others include protecting the patients' job opportunities that exist such as the clothes shop and patient library. Economically they do not always seem viable but can form an important part of rehabilitation. We are currently pushing for the payment of interest on patients financial accounts.

First of all I am delighted to be appointed to the role. The Quality Network is not a forum for patients' complaints at a national level. It is an opportunity to contribute from a patient perspective through the quality development of MSUs across the UK. So hopefully over the next two years we can make a valuable contribution and achieve some results.

Ultimately, I talk to patients about the care they receive. I care for fellow patients and have my own experience to draw upon. So what I feel is that I am fighting for our rights. Many patients within the system find it difficult to express their concerns or find a willing advocate to take up their care.

Additionally, I want to see the network working as a team, this will benefit everyone concerned. I would like to see service user experts giving advice on quality standards and maybe even recommending standards that could be adopted for the future.

### **Anthony Roach**

I am a Service User at North London Forensic Service unit at the Chasefarm site and I have been there approximately three and a half years.

I am the ward representative (all wards have reps) and I am also Chairman of the User Forum (User Involvement). The forum is facilitated by all the ward reps (10 in total) as well as Secretary and a Vice Chair. The forum brings issues to the management, and there are various sub groups i.e. race and equality committee including the Service User Strategy Group. As a Service User forum we have maintained a working relationship with the management by bringing our issues to them, in particular, access to televisions on acute wards, and changes to bedtimes (for all wards).

My particular interest in Mental Health is Cognitive Behavioural Therapy (CBT), I sincerely believe that in the application and future expansion CBT type (talking) therapies is paramount to the success of recovery and permanent well-being.

Becoming a Service User Expert is proof that Service Users and our views are being taken seriously at all levels and that we can be involved in complex decision making.

The future of the Quality Network should help shape the way Psychiatrists work in the future with Service Users and the Clinical Team. I also believe the Quality Network should be involved in changing laws concerning Forensic Service Users based on the findings of self- and peer-reviews carried out by the Quality Network at the Royal Collage of Psychiatrists.

### **Joanne Leech**

I have been a Service User at St. Andrew's Hospital since 2005 and I am currently placed on an Open Rehabilitation Ward. I represent the Women Service Users for both the division and the central Service User forums. I am also a Volunteer in our local charity shop.

Some of the main issues I have been involved in and have made a difference in include smoking and the smoking ban. When the smoking ban was introduced on the 1<sup>st</sup> July Service Users had some concerns as to whether they would be able to continue smoking. As Service User rep I was able to voice service user concerns and facilities are now in place to ensure Service Users can now smoke outside in suitable shelters. Another issue I was involved in was the concerns over the quality of food. The quality of food has improved greatly over the last 8 months. The focus is on the food being healthier and in line with government guidelines.

I am keen to make a difference and look forward to receiving more guidelines and support from the Quality Network in relation to my role so that I can affect more change nationally. I am particularly interested in Women Service User needs and rights.

I would like to become more involved and knowledgeable as a Service User Expert, especially for women's services. However, my future plans in regard to the Quality Network are not clearly defined as it is too soon to say at this early stage.

## Events

- ⇒ **Measuring and Monitoring Clinical Outcomes.** This conference provides an important update on the latest thinking in measuring and monitoring clinical outcomes. It includes 2 interactive workshop sessions on the practicalities and benefits of using patient reported outcome measures and developing intelligent information support outcomes measurement. **16th January 2008.** [jayne@healthcare-events.co.uk](mailto:jayne@healthcare-events.co.uk)
- ⇒ **A Practical Guide to Improving Clinical Practice through developing and using Care Pathways.** This practical based conference brings together clinicians and managers from all over the country to share their experiences of developing, implementing and monitoring integrated care pathways in their organisations, providing you with a range of examples to take back to improve care in your own organisation. **23 January 2008.** [naomi@healthcare-events.co.uk](mailto:naomi@healthcare-events.co.uk)
- ⇒ **The 5th National Conference: Research in Medium Secure Units.** This one day conference will present oral and poster presentations on current research and programmes running in Medium Secure Units in the UK. This conference is free but advanced booking is required. **29th January 2008** [MSUConference@iop.kcl.ac.uk](mailto:MSUConference@iop.kcl.ac.uk)
- ⇒ **Service User Involvement and Empowerment in Mental Health.** The conference provides an important update on how the act of involvement can both empower service users and improve the quality of service provided overall, with focus on rebuilding skills and opportunities. **14th February 2008.** [jayne@healthcare-events.co.uk](mailto:jayne@healthcare-events.co.uk)
- ⇒ **Quality Network for Forensic Mental Health Services: Annual Forum 2008.** A one day forum for medium secure unit staff members and service users participating in the quality network and for others interested in the network. **29th April 2008.** <http://www.rcpsych.ac.uk/pdf/QNFMHS%20Annual%20Forum%20Flyer%202008.pdf>
- ⇒ **Lead Reviewer Training.** A training day for forensic mental health professionals from member services with an interest in leading external peer-reviews for the Quality Network for Forensic Mental Health Services **13th May 2008** [www.rcpsych.ac.uk/QNFMHS](http://www.rcpsych.ac.uk/QNFMHS)



## 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.theforensicdirectory.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 evidenced 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 - 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



## 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/>
- ⇒ **Social Perspectives Network—Women in Secure Settings** coalition of service users / survivors, carers, policy makers, academics, students, and practitioners interested in how social factors both contribute to people becoming distressed, and play a crucial part in promoting people's recovery. <http://www.spn.org.uk/index.php?id=833>



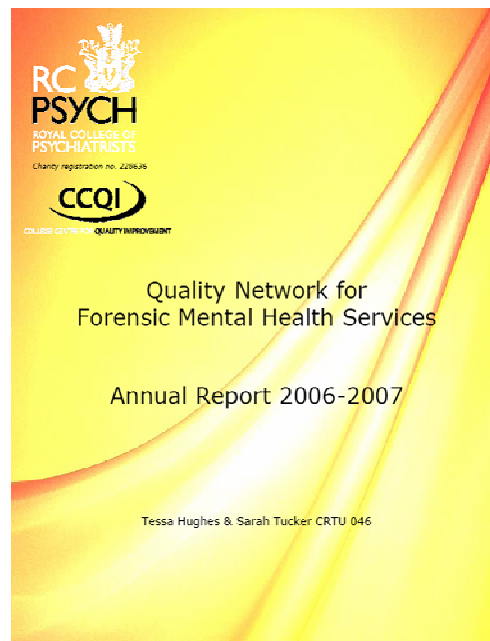
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[www.rcpsych.ac.uk/QNFMHS](http://www.rcpsych.ac.uk/QNFMHS)



**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](mailto: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 year of the group is available at

[www.rcpsych.ac.uk/QNFMHS](http://www.rcpsych.ac.uk/QNFMHS)