

## News

### NAPICU activity and PICU/LSU news

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#### WELCOME

There have been a number of issues of the *Journal of Psychiatric Intensive Care* (JPI) since I have produced these pages which I hope will keep the readership informed of NAPICU activity, Psychiatric Intensive Care (PICU) / low secure unit (LSU) news and the developments within our specialty. NAPICU continues to advance the mechanisms for delivery of psychiatric intensive care and low secure services, audit the effectiveness of services, promote research into this subspecialty and provided education and development opportunities.

2008 was an extremely busy year, with a number of initiatives being progressed by the Association.

#### THE PICU/LSU HEALTH ECONOMY

Clinicians and managers in England and Wales will have experienced a dramatic change in climate of the mental health services economy over the last few years. As more NHS Trusts have progressed to 'Foundation Trust' status and Commissioners and Specialist Commissioning Groups fully embrace World Class Commissioning, the way in which mental healthcare is provided has become more soph-



isticated with particular emphasis on quality, cost effectiveness, value for money, added value and the service user experiences. Indeed, the proposed NHS Constitution and the Darzi Review expound on the promotion of patient outcomes, clinical outcomes and the patient experience. These are key areas NAPICU and its member services have championed for many years. However, all the above tenets are delivered by a business model shared across the sectors (NHS, independent and Third Sector providers). The more pronounced business culture for PICUs/LSUs may feel uncomfortable for some; although the central Government's health policy direction requires that these principles will have to be considered and understood by all concerned.

In the 'National Health Service (NHS) New World Order' NHS Foundation Trusts are competing with the independent sector for business and all providers aspire to deliver

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measurable quality services in a cost effective manner using a whole range of sophisticated processes, hopefully, putting the service user at the centre of the progression.

How is NAPICU influencing and informing these developments to ensure that service users and staff within PICUs and Low Secure Services receive and deliver innovative and cutting edge care and treatment?

In previous volumes of this journal, we have published the chronological developments of our Association over the last 10 years or so. These developments have contributed greatly to achieving central funds for new PICU/Low Secure services and the redesigning of existing ones. Many developments have led to improvements in systems and the care delivery process which have had a positive impact on staff and services users. These initiatives range from the development of the National PICU/Low Secure Governance Network through to the Psychiatric Intensive Care Advisory Service and more recently the development and delivery of an educational programme for clinicians.

## NAPICU EXECUTIVE

The Executive Committee of NAPICU is always seeking dedicated professionals to contribute to the association's wide-ranging activity. We would encourage any interested individuals to approach senior managers within their organi-

sation for support first, as a commitment to offering dedicated time is a requirement.

The Executive meets five times per year, usually in the week prior to a quarterly meeting. Minutes of all meetings are posted on the website for members' perusal. All members of the Executive are working clinicians/managers and are supported by their respective employers to attend planned Executive meetings, quarterly meetings and the occasional additional national forum to allow NAPICU to respond to consultation documents or wider policy issues.

At the 2008 AGM (held at the Annual Conference in Lancaster) a number of clinicians indicated an interest in joining the Executive and were invited to attend as observers to the November NAPICU Executive meeting. Due to the current weight of activity in which NAPICU is engaged, a decision was taken to review NAPICU's executive board structure and systems of operation. Within the new structure, outlined below, directorates have been created with defined responsibilities and personnel. This system also supports identifying where new/co-opted Executive members may best serve the current agenda. All Executives are expected to deliver upon their directorate's agenda. On occasion, we have encountered individuals wishing to join but who have been inactive due to time constraints or other reasons. Hence the importance of gaining employer's support and being able to demonstrate a track record of commitment and achievement.

### The new NAPICU Executive

Chairman	Dr Stephen Pereira
Director of Operations	Andy Johnston
Director of Finance/Treasurer	Dr Dominic Beer
Editor in Chief	Roland Dix
Director of Communications	Alan Metherall
Director of Education	Dr Paul Birkett
Director of Scientific Programmes	Dr Faisal Sethi (co-opted)
Directors of Policy and Standards	Dr Stephen Dye / Mathew Page
Director of Research and Development	vacant

### The Executive welcomes the following new co-opted members:

Dr Faisal Sethi – Consultant Psychiatrist East London NHS Foundation Trust

John Keegan – Project Manager – St Andrews Healthcare

Peter Pratt – Chief Pharmacist – Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust

Professor Mohan George – Consultant Psychiatrist – Birmingham and Solihull Mental Health NHS Foundation Trust

Mathew Page – Quality and Business Development Manager (formally Montpellier Unit LSU Manager & LSU Clinical Nurse Specialist) 2gether NHS Trust for Gloucestershire.

### Observers for the February 2009 Executive meeting

Dr Andrew Duff-Miller – Consultant Psychiatrist – West London Mental Health NHS Trust

Caroline Parker – Pharmacist – Central and North London NHS Foundation Trust

Paul Deacon – PICU Ward Manager – Cornwall Partnership NHS Trust

Keith Hall – Service User Representative

Bernard Fox – Service User Representative

### Future NAPICU Executive Meetings

26th & 27th February 2009 – Northampton

14th & 15th May 2009 – Royal Society – Edinburgh

15th July 2009 – Northampton

10th September 2009 – AGM Annual Conference – Warwick University

12th & 13th November 2009 – Northampton

### NAPICU MEMBERSHIP BENEFITS

NAPICU currently has a membership of circa 220 units from over 120 organisations and membership is steadily rising. We have seen an increase in international membership year on year and already we have raised the possibility of developing a Worldwide Association. Being a member of NAPICU offers you, your unit/service and your organisation distinct benefits. For example:

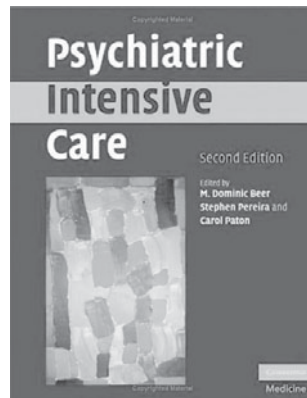
- **Access to a large UK and overseas specialist network.** Via the website and international liaison officer we can provide contacts and services to support work streams, advice or information sharing.
- **Access to the ‘PICU Team of the Year Award’.** The judges will be looking for teams that demonstrate evidence of service improvements, realistic and achievable planned developments to services or a team and evidence of team working and liaison with others. Full details can be found on the website.
- **Discounted delegate rates at the annual conference.** When more than one delegate attends the conference it is likely that the discount will actually cover the cost of membership for that year.
- **Free attendance at NAPICU Quarterly Meetings.** Non members normal fee £25.
- **Receive the *Journal of Psychiatric Intensive Care* twice a year.**
- **Advertise your vacancies on the discussion board free.** (Some conditions apply.)
- **Access to a Travel Bursary.** Members will have the opportunity to apply for a Travel Bursary of £500. Applicants will either be proposing to undertake a period of study or be wishing to present findings of work completed.
- **Free copies of the NAPICU eNewsletter.** Published 3 times a year and sent directly to your unit.
- **Join the Executive Committee.** Members will have the opportunity under the present constitution to stand for elections to the Executive Committee every three years. All nominees must have the support of their employer to enable the nominee to attend meetings and undertake work for NAPICU.

- **Access the Members Only area of the website.** Access to Executive meeting minutes and 'document store' containing policies and procedures from other PICUs/Low Secure around the country.
- **Host a Quarterly Meeting.** Thereby raising the profile of your service and organisation and the developments you have progressed.

If you are an existing member and wish to check the status of your membership or are interested in finding out more about joining, please contact Gemma Higgins (NAPICU Administrator [napicu@glasconf.demon.co.uk](mailto:napicu@glasconf.demon.co.uk)).

## PSYCHIATRIC INTENSIVE CARE HAND BOOK, SECOND EDITION 2008

Early 2008 saw the publication of the 2nd edition of the award winning *Psychiatric Intensive Care* reference textbook published by Cambridge University Press and edited by, Beer, Pereira and Paton.



The book has been significantly expanded and updated from the first edition and is essential reading for all healthcare professionals and managers involved in the care of the mentally ill patient, particularly in intensive care and low secure environments. It provides practical and evidence-based advice on the management

of disturbed and severely ill psychiatric patients in secure hospital settings. New chapters have been added covering multidisciplinary team working, and emphasising the interface of psychiatric intensive care with other mental health specialities; specifically: interface with general psychiatry, interface with learning difficulties, interface with the child and adolescent, interface with substance misuse, interface with social work, user and carer issues, legal issues and national standards and good practice in psychiatric intensive care.

The book will prove a useful tool to clinicians of all disciplines, as well as management staff responsible for establishing and running these services and many of the chapters are written by NAPICU Executives or members.

### Reviews

'The book's strengths include a very readable style, a multi-disciplinary authorship and chapters that cover the many diverse aspects of psychiatric intensive care. When reading it you get the firm impression that most of the chapters are written by people with real 'hands on' practical experience in their fields.' *Bulletin of the National Association of Psychiatric Intensive Care Units*

'I strongly recommend this book. It should have wide appeal to a multi-disciplinary audience. It is soundly researched, ably constructed and well written. I suspect that it will sit well in all mental health settings and on individual professional's bookshelves and that in time it will become a well-thumbed and much appreciated text.' *Mental Health Practice*

'The book is packed full of extremely sensible advice on how to manage difficult clinical problems in the most challenging of patients. It has something for everyone – trainees, consultants, nurses, managers and those professions allied to medicine.' *Hospital Doctor*

'It is comprehensive and multi-disciplinary. It is clinically oriented and most chapters will be of interest to clinical staff working on intensive care units.' *British Journal of Psychiatry*



**Figure 1.** Delegates at the 2008 annual conference networking in the conference stall and display area

## NAPICU 13TH ANNUAL CONFERENCE

The 2008 Annual two day conference was held at Lancaster University.

We were pleased to welcome over 200 delegates to a packed programme of presentations, debates, workshops and a question time session.

This was the first year we recorded the conference and some of the presentations will be made available on the website.

Following on from many years as conference organiser and Chair, David Ridges stood down in 2007 to move on to a new challenge. On behalf of the Executive, I would like to thank David for his sterling contribution and professionalism and wish him well in his future venture. In the tradition of NAPICU, we had an Executive member ready to step up to the mark and take on the growing responsibility of chairing the conference. For 2008 this was confidently and skilfully carried out by Dr Paul Birkett.

The programme was entitled 'PICUs The Next Generation' and NAPICU Chairman Dr Stephen Pereira opened the conference with an inspiring presentation on the activity of the Association in the context of a modern health economy. He outlined the achievements and

aspirations of the future and described some of the challenges ahead.

Some of the presentations were particularly well received including Andrew Parsons 'Implications of the new Mental Health and Capacity Acts' and Peter Pratt's presentation on 'Recent advances in medications in PICUs'. Another noteworthy presentation was delivered by Professor Len Bowers during which he announced the advance development of newly developed assessment/outcome tool for nurses to use to assess and monitor service user responses to treatment. This was welcome news for attendees and NAPICU will be inviting Professor Bowers back in 2009 to offer an update.

## NAPICU 14TH ANNUAL CONFERENCE

The 2009 14th Annual NAPICU Conference will be held on the 10th & 11th September at Warwick University. Members of the Executive and NAPICU Administration visited the site in January to view the venue and accommodation. We have secured the Ramphal Building which will allow us to host the conference in one building comprising of exhibition space, breakout rooms, registration and buffet area.

For this year's Conference Gala Dinner, negotiations are under way with Warwick Castle to host a 15th Century themed evening in the Great Hall within the castle. This is an exceptional venue approximately 20 minutes from the University.

Attendees will experience further innovations at this year's Annual Conference in the way in which sessions are delivered, including: live debate and interactive voting capabilities, Dragon's Den along with more traditional conference media.

This years theme is 'Focus on Quality' and various topics including: outcome measures, criminal justice system, medicines management, world class commissioning, HoNOS secure, and animal therapy in low secure services will be covered.

The 1st announcement of the programme should be published in early March 09 as speakers are confirmed.

## **NAPICU WEBSITE**

The NAPICU Discussion Board has been upgraded along with the rest of the website. We are using Google Applications to host the Discussion Board. All you need to do to use it is login with a username and password of your choice by setting up a Google Account (free) or by using an existing Google Account.

NAPICU members can also post messages by using their existing username and password but will still need to follow the set up instructions from Google which will be sent to youraccount@napicu.net email inbox.

The introduction of usernames and passwords will help us moderate the Board.

To access the Board just visit [www.napicu.org.uk](http://www.napicu.org.uk) and click on Discussion Board.

If you have any difficulties please e-mail: [a.metherall@napicu.org.uk](mailto:a.metherall@napicu.org.uk)

## **Online educational seminars and training**

Unfortunately the uptake for the offer of free online training sessions was minimal. We are keen to develop access to free training for members. We are keen to hear from members who would like to take part in a pilot and to find out what subjects members would like to receive training in.

To access the free training you will need to be a member of NAPICU, have telephone access and be able to view a computer. If you are interested visit [napicu.net](http://napicu.net) for more details. Non member will still be able to take part but a small fee will apply.

## **NEWS feed from NAPICU**

All members of NAPICU have access to a dedicated area at [napicu.net](http://napicu.net). Within the website

you can visit our News page. We select news from over 20 different news sources each day which would be of interest to those who work in PICU and LSU. Once logged into the news page (powered by Google Reader) you can set up a link from the page to your existing RSS Reader.

## **NAPICU QUARTERLY MEETINGS**

Since NAPICU's inception in the late 1990s it has supported well over 50 national quarterly educational meetings. These provide a platform for debate, training, practice updates and the sharing of experiences. These forums are held throughout the United Kingdom and are hosted by NAPICU member units. Over the years, they have developed into one day mini-conferences and use various forms of media to share practice/information including, presentations, workshops, discussion groups, case presentations and even theatre.

The quarterly conferences have proved to be a very popular way of sharing good practice with colleagues and attendance is ever increasing. We have seen a breadth of themes covered and some excellent practice initiatives shared. Of particular interest last year, were the many developments involving service users.

Attendance is free for NAPICU members (£25 for non members). The NAPICU Executive has now agreed a format for these meetings and our administrators (Northern Networking) provide professional administrative support to all host units. We have endeavoured to schedule Executive Meetings the week before Quarterly Meetings to ensure members of the Executive Committee can attend and offer attendees updates on NAPICU activity.

If you are interested in hosting a future meeting or to 'showcase' an area of good practice within your service, or address a particular theme, please contact me. Over the years we have developed our relationship with sponsors and are able to offer significant contribution to

### Future NAPICU Quarterly Meetings

March 6th 2009  
Doncaster  
Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust  
Deb Wildgoose

May 8th 2009  
Langley Green  
Sussex Partnership Foundation NHS Trust  
Dr Scott Cherry

July 17th 2009  
Rampton Hospital  
Nottinghamshire Mental Health NHS Trust  
Annett Thandiwe Magore

November 2009  
Haven Unit, Poole  
Dorset HealthCare Foundation NHS Trust  
Andy Osborne

February 2010  
TBC



**Figure 2.** Paul Deacon Acting Manager of Harvest Ward PICU, part of Cornwall Partnership Trust, received the NAPICU Team of the Year Award presented by Dr Stephen Pereira NAPICU Chair and Mr Roland Dix JPI editor

the overall costs of hosting a Quarterly Meeting. Each Quarterly host unit is requested to write their experience up for the NAPICU website and eNewsletter.

### NAPICU eNewsletter

A monthly 'eNewsletter' is sent out free to members containing up to date information and useful links to related PICU and LSU sites.

Members can also submit news items about their unit for inclusion in the 'eNewsletter'. Anybody can subscribe, it is free and easy. To subscribe just click on 'eNewsletter' from the NAPICU website, enter your name and email address. To avoid spam emails you will be asked to activate the subscription via an email to the given address.

### 2008 NAPICU TEAM OF THE YEAR AWARD

The Team of the Year Award was won by Harvest PICU from Cornwall Partnership NHS Trust. The 2008 submissions were all of very

high quality demonstrating innovative developmental improvements.

This was the second time Harvest PICU picked up the award having won in the inaugural year of 2005.

Teams are judged on the following criteria:

- Achievements within the past year
- Evidence of service improvements
- Service-user contribution to services
- Use of available resources
- Realistic and achievable planned developments to the service or team
- Evidence of team working and of liaison with others (both intra- and inter-agency).

All teams submit written applications (no more than 1500 words) outlining:

- *The unit:* population demography, resources, staffing, and any research
- *The team:* philosophy and policy, main members and roles, evidence of achievements
- *Improvements and innovation:* highlighting the differences these have made
- *How the National Minimum Standards have affected provision of services*
- An appendix may also include a copy of the unit operational policy.

The application and selection process for the 2009 Award will be launched at the May 2009 Quarterly Meeting.

The award is open to any PICU or Low Secure Service multi-disciplinary team which is a NAPICU member. For more information please visit the website.

## GRANTS/TRAVEL BURSARY

NAPICU continues to offer a £500 grant or travel bursary to support members who are undertaking research or travel in a manner which promotes the aims of the Association. No applications were received for this award in 2008. A set of agreed principles for application have been published and include the following:

- Applications will be judged on merit according to an agreed criterion
- UK applications must be members of NAPICU
- International applications will be considered if they can demonstrate that they would further the aims of NAPICU.

Needless to say, international non-member applicants would be encouraged to join! Further information about the Bursary can be found on the website.

## EDUCATION



2008 saw the development and delivery of the Mental Health Intensive Care/Low Secure Practitioner course. Highlighted in a previous

volume of this journal, this unique training course was designed and taught by intensive care/low secure practitioners. Initially conceived as an idea in early 2006, the course was developed in partnership between the National Association of Psychiatric Intensive Care Units (NAPICU), South West London and St George's Mental Health NHS Trust (SWLSTG) and Kingston University, London. The attendance course was the forerunner to developing an e-learning programme and the module spanned 10 days and provided 30 academic credits at either level 2 or 3. It provided an introduction to the skills and attributes required by staff working within Mental Health Intensive care/low secure environments.

Issues explored within the course included:

- Incorporating recovery approaches within intensive care
- Successful engagement
- Practical provision of talking treatments
- Person centred risk assessment and management
- Supporting users thinking about medication
- Social, environmental and ethical considerations
- Looking beyond violence and aggression
- Understanding the needs of staff.

Damien Brennan and I are working on behalf of the Executive with colleagues at Kingston University and St George's, University of London to develop the e-learning programme which we hope will be available in early 2010. This project is about to appoint a project manager and further announcements will be made via the website.

## AIMS – PICU/LSU – NATIONAL ACCREDITATION PROGRAMME

The National Association for Psychiatric Intensive Care Units is transforming and members are keen to assess themselves against national standards and to have their good practice formally recognised. In response to this, NAPICU is developing a new system of accreditation entitled the 'National Accreditation of PICUs



and LSUs'. The accreditation service will be managed by Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) and guided by the NAPICU Executive Committee.

The accreditation service will apply authoritative service standards in a cycle of self- and peer-review. Accreditation is valid for up to two years, subject to an annual self-review. Members are expected to use the results of reviews to develop action plans to achieve year on year improvement. They are also expected to share their results with key groups locally, including health and local authorities, those making referrals to their services and local user and carer groups.

### Service standards

The service standards for PICUs and Low Secure Units cover all aspects of the National Minimum Standards.

Each year, staff members from participating services will review themselves and then each other against a set of service standards. Peer-review teams will include service user representatives and will spend one full day visiting another service.

Data from the self- and peer-reviews will be compiled by the project team into a summary report of the service's strengths and areas for improvement. An Accreditation Advisory Committee (initially the NAPICU Executive Committee) will consider the data and their recommendations about the accreditation status of the service will be passed to the Royal College of Psychiatrists' Education, Training and Standards Committee (ETSC) for ratification.

The cyclical review process will review:

- Admission criteria
- Core interventions
- Multidisciplinary team (MD) working
- Physical environment
- Service structure – personnel
- User involvement
- Carer involvement

- Documentation
- Ethnicity, culture and gender
- Supervision
- Liaison with other agencies
- Policies and procedures
- Clinical audit and monitoring
- Staff training
- Support services

For further information contact: NAPICU Administration or Adrian Worrall, Programme Manager, College Centre for Quality Improvement, 4th Floor, 21 Mansell Street, London. E1 8AA. Tel: 020 7977 6665/6661; E-mail: a.worrall@cru.rcpsych.ac.uk

## POLITICAL ACTIVITY

### DH Additional Guidance for PICU/LSU

United Kingdom NAPICU members may have heard or seen a draft document entitled 'Additional Guidance' on PICU and Low Secure Environments. The Department of Health has undertaken to provide additional guidance to the existing PICU and LSU national minimum standards following a number of incidents which took place during 2008.

NAPICU Executive Members have met with Department of Health representatives on several occasions and provided them with constructive comment and feedback on the initial draft. NAPICU remain hopeful that the final document will include the suggested amendments. Publication was due early in January 2009 but given the complexity involved in issuing new guidance to enhance and support existing publications, we believe there will be a delay. More news to follow on the website and eNewsletters.

### Health Building Note 35 (HBN 35)

The drafting of the new Health Building Note (HBN) on adult acute units (HBN 03–01 to replace HBN 35) from the Department of Health is underway and this will include PICUs. This guidance is aimed primarily at project teams who are involved in the planning and design of new units, although the principles will

be applicable to units undertaking refurbishment too.

I have been asked to support this process, representing NAPICU's views, in an advisory capacity, commenting on drafts as necessary and responding to questions in relation to PICUs.

The document may be published in September 09 and it is envisaged that a number of iterations of the document will be commented on over the next few months.

## **FORTHCOMING NAPICU EVENTS**

### **International conference**

As our international membership grows, NAPICU are in the advanced stages of planning an international conference in Australia/New Zealand in 2010. We aim to present the journey of development undertaken by acute/PICU and secure services in the UK. More information will be available at the annual conference.

### **Northern and Yorkshire regional PICU/LSU group**

Since completing the National PICU/Low Secure Governance Network, colleagues in Doncaster are keen to develop a Regional Network of PICUs / low secure units. If you are a PICU / low secure service in this region and are interested in being involved please contact Deb Wildgoose via NAPICU Administration.

### **South East regional PICU/LSU group**

Consideration is still being given to developing a similar network within the London and Southeast Region. If your unit falls in this geographical area and you are interested in supporting this development, please contact me (a.johnston@napicu.org.uk).

### **Pan London/South East regional PICU special interest group**

Dr Aileen O'Brien (Consultant Psychiatrist) from the John Meyer Unit at Springfield Hospital, South West London, is interested in hear-

ing from other PICU consultants working in the South East Region in relation to commencing a regular forum for sharing practice. Please contact me directly if you would like to know more (a.johnston@napicu.org.uk).

## **GENERAL NEWS**

### **Prevention and management of violence**

Proposals for the introduction of a national system for the accreditation and regulation of training of health and social care staff in the use of physical intervention techniques for the prevention and management of violence have now been with the Department of Health for some considerable time. Malcolm Rae and Colin Dale recently met with Professor Appleby who expressed concern at the delay and undertook to raise the issue directly with the Department of Health to pursue progress.

Colin Dale met with representatives from the NHS Security Management Services (the proposed host organisation for the accreditation scheme) and representatives from the Department of Health. The SMS remain committed to host the scheme but raised issues in regard of the financial liability of the scheme (projected to be eventually self funding) and sought an opportunity to further review the financial model proposed for the schemes introduction (CD continues to liaise with them on this issue and has provided further details to them).

Jim Fowles from the Department of Health has prepared a briefing note on the scheme which has now been presented to the NHS Director of Operations (Lyn Simpson) who is raising it with the Finance, Performance and Operations Directorate. The Department of Health have stated that the proposed pump priming of the project is not an impediment to the approval of the scheme. A decision is anticipated early in 2009.

If you have suggestions about how we may use these pages in future please contact me via email at a.johnston@napicu.org.uk