

News

The 19th Annual NAPICU Conference *PICUs/LSUs: Leading the pursuit of clinical quality*: 4th–5th September 2014, University of Birmingham, UK

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The National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU) is amazingly busy throughout the year, with numerous activities including: local quarterly meetings, academic seminars, training initiatives, the website and various sub committees tasked with an array of further development through research, audit, training and education. These all culminate in the highlight that is the Annual Conference.

The 19th Annual NAPICU Conference was held at the University of Birmingham, England's first university to allow all religions and socio-economic backgrounds to study under one roof, which made it the perfect setting for such a multidisciplinary event.

'Leading the Pursuit of Clinical Quality' was this year's theme. The programme involved sessions by professionals from a wide range of backgrounds to help us consider quality from a variety of different perspectives. With a plethora of diversity from clinical opinion sessions and presentations of new research, to practice-based projects and investigational studies: we were embraced by an expansive yet thorough schedule.

DAY ONE

Over 230 delegates were warmly welcomed in the opening addresses by Dr Stephen Pereira,

Consultant Psychiatrist at the North East London NHS Foundation Trust (NHS FT) and Chairman of NAPICU; and Dr Faisal Sethi, PICU Lead Consultant Psychiatrist & Associate Clinical Director, Maudsley Hospital in the South London and Maudsley NHS FT and NAPICU Vice Chairman.

Our first keynote speaker was Mrs Hazel Watson, Head of Mental Health & Learning Disability in NHS England, who spoke on the national strategic direction of PICU and Low Secure care. She began with the direction the whole NHS was progressing under Simon Stevens, CEO of NHS England as of April 2014, and how his push for local commissioning devolution was creating ever-changing revenue streams. Mrs Watson successfully painted a picture of the liquid landscape we operate in, and the challenges that we face: the management of the Parity of Esteem, to name but one.

This was then followed by our second keynote speaker of the day – Dr Peter Carter OBE, Chief Executive and General Secretary of the Royal College of Nursing. A perceptive and eloquently given speech that focused on the nuanced problems in nursing, using the headline cases of Boorman, Francis and Winterbourne as examples. He convinced us that the focus should be on selection and training, as opposed to current firefighting methods.

Dr Dan Hulme, Consultant Psychiatrist in Sussex Partnership NHS FT and NAPICU Executive Member, continued by exhibiting the

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interconnectivity conference delegates and NAPICU members can achieve with the use of online resources. NAPICU's ongoing assistance in the development of Iceland's first PICU reveals how IT can not only improve networking nationally, but also on an international level.

Mr Guy Cross, Mental Health Act Approvals Manager at the Department of Health (DoH), was our next speaker and gave an insightful talk on the top-down measures his department was implementing. In the wake of increasing media interest and a DoH review this year, particular emphasis was given to reducing the need for restrictive interventions – promoting a safe and therapeutic use of restraint when warranted.

During a lovely lunch, there were plenty of opportunities to network. I had the distinct pleasure of meeting our delegates from Belgium and The Netherlands, who were in the process of setting up their own PICUs. They were quick to herald the hospitality but it was the PICU Team of the Year nominations and awards that gave them the most excitement, as much could be learnt from these excellent examples of teamwork.

After the break, a choice of various breakout sessions was offered, ranging from: Ms Sara Johnson, Modern Matron in Northamptonshire NHS FT, speaking on protecting PICU thresholds; to Dr Deborah Wildgoose, Deputy Director of Nursing and Standards in Rotherham, Doncaster & South Humber NHS FT, speaking on her qualitative study of patient experiences. Orientation around the campus was problematic at times due to the lack of mapping around the university, which was most evident when navigating to these breakout sessions. This was raised with the organising body, who have promised more orientation support at the next conference for those – like me – who have little sense of direction! I did manage to fumble my way and I was pleased to have been able to attend the interactive workshop on The Boundary Seesaw Model. Here, we learned that 'good fences make good neighbours'; how dynamic relationship models between service users and healthcare professionals can be implemented in psychiatric intensive care.

The afternoon continued with a talk by Dr Faisal Sethi on PICU standards. All conference delegates

were given an exclusive first-look at the newly updated National Minimum Standards for PICU in general adult services. These were formed after advances since the standards of 2002, and work NAPICU completed with the DoH on the Good Practice Commissioning Guide in 2012. Mr Guy Cross was then welcomed back to discuss the DoH's current position regarding the change in landscape of PICU commissioning. The future derivatives of these standards were further discussed by Mr Mathew Page, Child and Adolescent Mental Health Service (CAMHS) Director at ²gether NHS FT and NAPICU Director of Policy. He allowed us a glimpse at the current developments in producing national minimum standards for CAMHS PICU, particularly safeguarding issues and communication with local areas.

The next speaker was Professor Len Bowers, Professor of Psychiatric Nursing at the Institute of Psychiatry, who explored the implications for quality of the Safewards Model for PICU and Low Secure Units. This model's implementation is in its second year on four wards in East London. Fresh figures obtained for the conference yielded 15% conflict reduction (an effective saving of £63,915), and 24% containment reduction (£24,470) over the course of 12 months. It has now been translated for use in Germany and the Netherlands; and the state of Victoria, Australia, has allocated \$1 million Australian dollars to implement Safewards in seven of their hospitals.

The afternoon ended with another interesting series of breakout sessions varying from: Dr John Gration, Occupational Physician at King's College Hospital NHS FT, speaking on the prevention of occupational morbidity for PICU staff; to Dr Rumina Taylor, Senior Clinical Psychologist at South London and Maudsley NHS FT, speaking on carer involvement and support. Personally, I attended a talk by Mr Steve Watkins, Director of NHS Benchmarking, who spoke on quantifying quality performance between PICUs using the latest numbers from 335 NHS organisations. This was another first look for conference delegates, who were shown some raw statistics given before their final publication in November 2014, of particular note were: mean bed occupancy for PICUs was 83% (up from 81% last year), mean stay

was 44 days (down from 49 days), 5% of bed days were due to delayed discharge (down from 6%), the average cost of a PICU episode was £42,000, PICU staff were almost half as likely to take a sick day than other mental health professionals, and only 80% of patients in PICUs were detained under the MHA.

The evening was garnished with the wonderful Gala Dinner. This was included in the registration fee, along with: two nights ensuite accommodation, lunches, tea and coffee, delegate materials and a certificate of attendance. The venue was the magnificent University of Birmingham's Great Hall, built at the turn of the 19th Century and a fine example of pre-war Britain's opulent architecture. Informal speeches were given by Dr Peter Carter OBE and Professor Dame Sue Bailey, President of The Royal College of Psychiatry, as the night was filled with fine food, drink and music.

DAY TWO

The following day was introduced by Dr Aileen O'Brien, Senior Lecturer in Psychiatry at St George's University of London and NAPICU Director of Educational Programmes. We were then given an informative talk on Psychopharmacology by Dr Mike Isaacs, Consultant Psychiatrist at South London & Maudsley NHS FT. He spoke on the lack of Class A evidence behind PICU medications and how that was the very reason the MDT approach is so vital. Dr Isaacs also highlighted that the second best medicine is better than the first - if the patient prefers it!

Next, Mr Paul Jones, Hospital Director at Cambrian Group PLC, spoke on locked rehabilitation and nuances of patient pathways. Mr Jones also discussed the current needs, the gap within existing networks and the future of locked rehabilitation in the UK.

We then welcomed Dr Julie Hankin, Clinical Director in Avon & Wiltshire Partnership Trust and CQC Hospital Inspector, who informed us on the inspections for PICUs and Low Secure Units, and their expected standards of quality: in particular, the key characteristics of the new assessment framework.

The afternoon then continued with a panel discussion on what quality means to the Multi Disciplinary Team (MDT). This was chaired by Mr Roland Dix, PICU Consultant Nurse at the 2gether NHS FT and NAPICU Editor in Chief. There were representatives from the different roles of the typical PICU team: The Nurse, represented by Dr Angus Forsyth, Consultant Nurse at Cumbria Partnership NHS FT; The Psychologist, represented by Dr Douglas Maisey, Consultant Clinical Psychologist also at Cumbria Partnership NHS FT; The Psychiatrist, represented by Dr Stephen Dye, PICU Consultant Psychiatrist at Norfolk & Suffolk Mental Health NHS FT and NAPICU Director of Research; The Pharmacist, represented by Mrs Caroline Parker, Consultant Pharmacist at Central & North West London NHS FT and NAPICU Director of Operations; and The Occupational Therapist, represented by Ms Francesca Pompili, Specialist Occupational Therapist at South London & Maudsley NHS FT.

Dr Dye began with quality from the perspective of negotiated and agreed goals, how clear roles and well-defined measures can improve quality outcomes. Dr Forsyth continued with how quality can be measured by how a team handles different escalation trajectories and the importance of therapeutic relationships. Ms Pompili told us how adaptive approaches could lead to striking a balance between groups; and Dr Parker spoke on the need for quality to permeate from wards through to operational strategic decisions. Dr Maisey also spoke on the different stages of development MDT's face. All agreed that quality meant a dynamic yet tangible improvement that included patients.

The conference was then rounded off by: the Team of The Year Award, given to Shannon & Nile Wards, Central and North West London NHS FT; and the Poster Prize, given to Dr Rumina Taylor, Dr Koravangattu Valsraj and Dr Susanna Martin for 'Promoting the Inclusion of Families within the Acute Inpatient Care Pathway'.

Before the closing speech, I began to reflect upon the last two days. As a Foundation Year 2 Doctor at Norfolk & Suffolk Mental Health NHS FT, I have been to many conferences in

different specialties; and the standout feeling here was the awe-inspiring implementation of the MDT, which exceeded my expectations. I was also pleasantly surprised with the interactive nature of the breakout sessions and the diversity of the talks.

We were then bid farewell by Mr Malcolm Rae OBE, NAPICU Fellow, who reminded us of the successfully inclusive, expansive and yet thorough programme that allowed us to take lessons learnt back to our wards – improving quality in PICUs and LSUs up and down the country.