



PROGRESS TO DATE:

Laying down clear aims and objectives for the project.

Securing funding from National Institute of Health Research (NIHR), Collaboration for Leadership in Health and Research Care East of England (CLAHRC EOE).

Establishing the PROMISE steering group, appointment of Research Associate Ceri Wilson and Research Assistant Lorna Rouse.

Authoring Navigating Rocky Waters, a recovery story to capture the imagination of the workforce and presenting it at 5 stakeholder events.

Launch of project STAFF and in the process of creating a budget for workforce investment.

DATIX trawl by Haseena Hussain to capture a flavour of PI incidents.

Supporting ward leaders to attend the Liverpool conference and capturing innovations in Mapping Frontline Initiatives Project.

Draft protocol for quantitative study almost ready.

Feedback from PROMISE Workshop Sarah Rae, Manaan Kar Ray

An experiential steer was sought for the PROMISE project at the Acute Quarterly Leadership meeting on 28/01/2014. The other aim was to capture staff views on restraint, as it was important to learn about the experiences of staff who had been involved in restraint and to understand the feelings this had evoked. The purpose of the document is to summarise the feedback and update you on the progress we have made so far.

Feedback on what acute care leaders considered to be proactive care?

On tables an individual described an episode of restraint, and the group identified what might have been done differently. Feedback included:

Recovery environment e.g. low stimulus areas, open/non-threatening spaces, Female only PICU

Improved staffing e.g. gender mix of staff, peripartetic staff, good leaders for activities, having 24-7 senior consultants available, 1:1 time every shift

Pre-emptive e.g. earlier treatment before hospital, daily supervision/support, determine status earlier rather than later, rights and responsibilities discussion at admission

Stress reduction e.g. fewer transfers, fewer patients on wards, structured ward programmes

People also had the opportunity to explore what proactive care means and what a proactive service would look like. They were asked to list the top 3 proactive steps that they felt would have the most impact on reducing restraint. These were some of the suggestions that staff made:

Good communication e.g. CRHTT handover with patient, ward staff being aware of past history, clear expectations, shared responsibility (collaborative risk management and Shared Decision Making) community meetings, contact with community teams during admission, carer involvement, accessible staff

Planning e.g. 7 Ps **Prior Planning, Preparation and Practice Prevents Poor Performance**, advance directives, admission and discharge plans, individualised care plans, managed transfers

Patients e.g. meeting basic needs, balance between rapid tranq and PI, Routine 1:1 time for every patient, active treatment

04/11/2014
Woodgreen
Animal Shelter



Approximately two thirds of the group had been involved in some aspect of or had had direct experience of restraint but roughly same number also felt that the incident they had witnessed or been a part of, could have been avoided by doing things differently. Slightly over two thirds felt there were times when restraint is the only option and is in the patients' best interest. People said that the incidents made them feel: scared, frustrated, upset, contained, safe, helpless, sorry, distressed, relief, responsible, angry, exhausted and guilty

Staff e.g. increased support/supervision, staff training (de-escalation techniques & more opportunities), understanding of staff dynamics, back-up support available, work to reduce 'us' and 'them', motivated experienced staff (not tired)

Environment e.g. graded to patients needs, being able to rapidly adapt environment of building

The feedback from this workshop has been useful in identifying areas that might need further exploration, such as the importance of working proactively, changing culture and working in partnership with service users. One of the next steps will be to recruit a service user advisory group to ensure the project remains grounded and that views of those who have experienced restraint are taken into account.

The groundswell of initiatives that have come bottom up has been the most heartening part of the project.

www.ThinkPromise.com hopes to collate and celebrate the kind compassionate care and the innovation that our frontline have displayed. Onwards and upwards.