Department of Health

Positive and Safe Champions' Network

July / August 2015 Newsletter (Issue 6)

Content

Introduction

Guy Cross

Thank you to everyone who attended the Champions' Network events in June. I mentioned there that seeing some of the examples of the work you are doing both in response to Positive and Proactive Care and more broadly to improve the quality of patient care has made me change my thinking. The link to reducing the use of restrictive interventions may be harder to prove but the examples of small service changes which improve the quality of care and motivate staff are part and parcel of the work being done by many of you to reduce the use of restrictive interventions.

More work needs to be done on the scalability, cause and effect and endurance of the changes but some evidence of the potential for financial savings is also starting to emerge. We are aiming to bring you more detail in the autumn.

It is also pleasing to see Trusts collaborating to discuss common problems and share solutions. Some of the Trusts in the North of England are meeting in September to discuss their policies on seclusion. Some of the acute trust nurse leads are meeting to share their experiences in developing Restrictive Intervention Reduction Plans. On that note George Smith, Assistant Director of Nursing at South West Yorkshire Partnership NHS FT is looking to set up a local network for Yorkshire and the Humber. Please email him on: George.Smith@swyt.nhs.uk if you would like to part of this network.

Additionally several of the examples of improvements featured in the next section of this newsletter are born out of visits to other organisations or attendance at conferences; Merseycare's No Force First work in particular has had a positive effect on many delegates.

If there is anything the Department can do to help with your work, whether it's finding speakers, or helping with the cost of refreshments, please get in touch.

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Small changes – big effect

Sarah Rae and Manaan Kar-Ray, co-founders of the Promise Global initiative, explained the impetus for their work at Cambridge and Peterborough NHS Foundation Trust. Sarah, a non-executive director of the East of England Collaboration for Leadership and Applied Research in Health and Care (CLAHRC) and service user, first approached Manaan, the Clinical Director of the Trust's Adult Directorate, after seeing Mind's publication of the results of their FOI request about the use of restraint. From that initial contact they have co led the development of a bottom up approach to improve services in the Trust with a view to reducing the need for any form of restrictive intervention.

As Sarah says 'Improving nurses' de-escalation skills is obviously a good thing to do, but really it's too late to be taking action at that point. By empowering the multi-disciplinary team to challenge their ways of working, we believe that services can become more patient focused and in doing so reduce the need for de-escalation or any form of restrictive intervention'.

Cambridge and Peterborough NHS Foundation Trust recorded over 200 initiatives being used on their wards in 2014. They are themed around the concept of space.

Healing Space: This theme encompasses the many initiatives that aim to improve the ward experience by enhancing the physical environment, ranging from large scale structural changes to smaller scale low cost changes. For example many wards have replaced the traditional staff mug shots with 'know me profiles' displaying less formal photos with short personal bios and on Mulberry 2 staff got together to repaint the dining room walls to provide a bistro like atmosphere.

Dignified Space: Adapting the physical environment can also create a more dignified space by reducing the institutional feel and providing an empowering space for staff and patients, where people feel safer. An example is Mulberry 3 (an acute recovery unit) where the medication room originally had a stable type door through which medication was dispensed to an institutionalised queue of patients. Staff de-cluttered the medication room, added chairs and did away with the hatch so that now patients can sit and talk in privacy to the nurses.

Creative Space: In this more abstract concept proactive care initiatives provide patients with a space to heal emotionally, develop new skills, explore their spirituality and have fun. Activities under the theme of creative space include use of an art encyclopaedia to explore feelings and create a sense of connectedness, defacing laminated images, colouring in, doodles and mandalas, scrapbooks, sketchbooks and journals. Creative initiatives such as these empower staff and patients to engage in

shared enquiry about how creativity might be part of an individual's recovery journey, helping patients rediscover their unique and innate creativity – building a sense of hope.

Shared Space: Many proactive care initiatives involve creating shared space which can help to break down barriers between staff and patients and empower patients to have their voice heard. Examples include involving patients in staff recruitment, supporting patients to take an active role in their care planning, working together to make joint decisions about how a ward might be changed, feeding back through community meetings and 'you said we did' boards. Space can also be shared through initiatives that encourage meaningful interactions between staff and patients, such as 'protected time' where staff stay outside the office and engage with patients for set periods. For example on Oak 1 (an acute care ward) a chair has been placed in the office with a sign that says *'pull up a pew, let's chat for a few'* to encourage patient and staff interaction.

Reflective Space: This theme includes initiatives that support and encourage patients and staff to reflect in multiple ways. Examples include the tea and toast reflection group and recovery groups which encourage patients to reflect on where they are in their journey and on their next steps. There are also initiatives that encourage staff to reflect on their practice and the patient experience, such as considering recovery during staff meetings and creating time and tools to support reflection and the development of ideas for new proactive care initiatives. The 'No' Audit is a tool that was developed in such a way, to encourage staff to reflect on the decision to say no to patients, put the patient first, and think creatively about ways they could say yes.

Below are two examples of the initiatives. The PROMISE team are also working on imaginative digital ways to capture and present the space programme.

No Audit: Reflect to Reframe

Theme: Reflective Space

Objective:

- Empower staff to be creative in saying yes and embed a can do culture
- Create reflective space to explore the balance between the needs of one patient against those of the others
- Put patients first, capture hope and decrease frustration

Concept

From time to time staff members say no to patients. Each instance is an opportunity to:

REFLECT. Capturing and creating a non-judgemental space to think through how we came to the decision and whether we could have said yes helps us put the patient first. We think about:

R – Reframe: What would it have taken to say yes?

E – Easy: Was 'no' the easy option?

F – Feeling: What would it have felt like?

L – Listen: Did we listen?

E – Explain: Did we explain?

C – Creative: Were we creative enough?

T – Time: Did we take the time?

Reflecting on these questions encourages staff to think more about their practice and how we can continue to improve. This leads to a culture of "First say YES". When we do say "no" our responses are kind and considerate. Patients can understand where we are coming from and get a sense of what would need to happen for us to have said "yes". E.g. hospital leave is contingent on improvements they make.

Pragmatics

- Set up a collection box for 'no slips'.
- Encourage reporting by putting up a poster above the collection box saying like to say yes, tell us if we have said 'no' to you.
- Keep the 'no slips' simple – if we said no to you to please tell us about it
- For this to be embedded in every day practice, build it into your reflective practice sessions, supervisions and handovers etc.
- Evolution of recurring themes, the quality of the discussion and less incidents will allow you to monitor progress over time.

Top Tip

Maintain a non-judgemental stance at all times and create ownership and delegate responsibility of the process to the frontline staff by encouraging open and honest reflections and dialogue.

Note: This is not about discarding policies and procedures as they have been put in place for a reason, however when policies override common sense and clinical judgement, staff are encouraged to take a view and put patients first while at the same time keeping an eye on what it means for the rest of the patients.

Open Door

Theme: Shared Space

Objective:

- To actively encourage service users to lead the direction of care.
- To allow service users a safe haven and to prevent a crisis.
- Reducing the likelihood of service users self harming in response to a crisis.
- Creating a collaborative working relationship between service users and the services themselves
- To promote independence in seeking help.
- Reducing the average length of stay
- Making the stay more meaningful and personalised.
- Creating a positive therapeutic relationship between inpatient services and service users.

Concept:

The open door initiative is a mutual agreement made in advance with patients who are identified as “frequent attenders” (A&E, 136 suite, Crisis Teams, Out of hours GP). Often such patients would have a diagnosis of personality disorder and their repeat presentation is associated with an extremely difficult phase that they are going through with high levels of distress. Traditionally services spent considerable energy in trying to keep such patients out of hospitals as there is concern about such admissions being unhelpful and that they only serve to escalate the risk in the long run as patients learn to seek help in distress is either through self harm or through crisis presentations. Such a stance breaks down therapeutic relationship and the patients often feels misunderstood and for them these interactions only prove that no one cares.

Open door seeks to turn this on its head and puts patients in the driving seat. It has been successfully implemented on Mulberry 1 which is a 3 day assessment unit in Cambridge. Through prior agreement patients are offered a 2 night/3 day stay on Mulberry 1. Those with the arrangement can request this stay at any time, they will not have to justify why they need this stay, the only condition being that they must not have self-harmed in the previous 48 hours.

Pragmatics:

It must be a personalised approach. Plans made might factor in other conditions like the patient should engage with the PD community service. There is also a clear expectation that the patient will keep their part of the agreement. Equally the service must uphold their commitment. It is also important that boundaries regarding the length of stay are strictly adhered to.

Staff team need to sign up fully to the initiative. Positive risk assessment and risk taking needs to be part of the plan. Service user has to take the lead after initiative is in place. It also requires a community care lead to be actively involved in participation and promotion. One has to be prepared for it to fail/require re evaluation with some patients.

Top Tip: The team must be motivated and flexible in developing and implementing this process. An individualised approach highlighting and understanding the specific drivers for individual patients is key to making a step change in their relationship with services.

Feedback:

- Patient identified that admissions have significantly decreased since having the open door initiative.
- Patient identified that it is helpful when identifying potential future crisis points that an admission is possible.
- Patient reported that having a structured admission with a discharge date fixed has been helpful in maintaining a life outside of services.
- "It helped me to see that I do not need to be in hospital for every crisis I experience"

New initiatives are regularly added to the Promise-Global website www.promise.global

Update on national initiatives, staffing and next steps

Data collection

Alistair Burt, the Minister of State for Community and Social Care has written to Chief Executives asking all organisations to take part in the NHS Benchmarking Network's data collection on the use of restrictive interventions during August 2015 and January 2016. Our plans to publish summary data from the January 2015 collection were derailed by restrictions on publishing Government data in the run up to the election. We aim to publish data later this financial year.

Restrictive Intervention Reduction Plans

A heads up, we'll be doing some work later in the year to compare organisations' plans. This is an opportunity for organisations to learn from each other and we won't publish anything attributable to named Trusts unless you're happy for us to do so. Our aim is to identify common themes, spread good practice and offer support to organisations who need it.

A national approach to training

This has come up at every meeting we've had and every visit I've been on. Over the next couple of months we'll be putting together some options for consideration by the Positive and Safe Steering Group. I'll be in touch with those of you who have already offered to help. Do please contact me if you would like to be involved.

Events

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The next Positive and Safe Champions' Network events – the venues will be confirmed as soon as possible but for now please note the next events will be on the 11 &12th of November. I will be in touch with those of you who offered to help with the design and organisation.

Staffing changes

Thank you to Amy Clark for all the work she has done to support and promote the Champion's Network since starting her placement in March. In particular her work with the police Expert Reference Group has been very effective Amy moves on at the end of August.

Welcome to Claire Phipps Claire.phipps@dh.gi.gov.uk who will start work on Positive and Safe in September.

The next edition of the newsletter will be distributed in September. The main focus will be on the Trust wide approach that Nottinghamshire Healthcare NHS Foundation Trust is taking to reduce the use of restrictive interventions. There will also be an article about joint working between Devon and Cornwall Police and Cornwall Partnership Trust and an update on the national training work.

If you would like a future edition of the newsletter to focus on your organisation's work or you have anything to share with the Champion's Network please contact Guy Cross guy.cross@dh.gsi.gov.uk