Department of Health

Positive and Safe Champions' Network

March 2015 Newsletter (Issue 4)

Content

Safewards, an introduction.

Professor Len Bowers

It might seem surprising, but two psychiatric wards next door to each other, running according to the same hospital policies, with the same numbers of staff, admitting the same sorts of patients, can be very different places. One can be ten times more safe (or even more) than the ward next door. One can use much fewer restrictive interventions than the other. What explains these differences?

My team and I have been researching this question for very nearly 20 years. It's complicated and there are many factors involved. It is not an easy area to carry out research, and there are still lots of uncertainties. Yet some things are now very clear. All types of restrictive interventions tend to run together. A ward that uses a lot of seclusion also uses a lot of manual restraint, a lot of PRN medication, a lot of observation etc. Patients that are subject to one restrictive intervention are more likely to be subject to others. We have come to collectively call these things containment, and have accumulated evidence that they are all driven by similar factors. Interestingly, the same goes for those behaviours of patients that threaten theirs and others' safety. Wards that have high levels of aggression also have high levels of self-harm, absconding, medication refusal, etc. And patients that exhibit one of these behaviours are more likely to exhibit others. We call these behaviours collectively 'conflict', and also now believe they have common causes.

We have carefully reviewed all the previous published research into all types of conflict and containment - more than a thousand research papers. Fourteen people worked on this exercise, over a period of many years, to try to identify the best evidence for what factors explain differences between wards. As well as that review, we conducted some of the largest and most rigorous research studies into inpatient psychiatry. For example, in the City-128 study we compared 136 wards collecting data over a six

month period on each. In the TAWS study we followed up 16 wards and their staff and patients over five years. And in the CONSEQ study we looked at 522 patients during the first two weeks of their stay in 84 wards in 31 hospitals. What we learnt allowed us to summarise the underlying causal factors and create the Safewards Model.

We have identified six features of the way that inpatient psychiatry works that have the potential to influence rates of conflict and containment. These are:

- How the patients relate to each other as a community
- The features of patients such as age, gender and the sorts of psychiatric symptoms they have
- The regulatory framework of psychiatry, from the Mental Health Act through to hospital policies
- The staff group, and how they work together to provide a structured environment for patients
- The physical environment of the ward
- Influences from outside hospital, contact with friends and relatives

Each of these areas can give rise to what we now call flashpoints, particular psychological or social situations which may then trigger conflict by patients or containment by the staff. The main benefit of the model is that it allows us to identify many 'staff modifiers', in other words things that staff can do to stop the flashpoints from happening, or prevent them from giving rise to conflict or containment. Knowledge of these modifiers allows anyone to devise interventions that will promote or enhance them, and those interventions are therefore likely to reduce rates of conflict and containment.

We went on to test whether this worked in the most rigorous test we could devise, called a 'randomised controlled trial'. We picked ten of the easiest interventions we could think of, and compared them to some control interventions - things that we knew would not work to reduce conflict and containment. 31 randomly chosen wards at 15 randomly chosen hospitals took part. Half of them did the ten Safewards interventions, and the other half did the control interventions. The trial was a big success. The Safewards wards reduced their conflict by 15% and their containment by 24%, compared to the control wards.

Since the trial results came out, people have been implementing Safewards in hospitals all over the world, including Germany, Holland, Iceland, Finland, Canada, New Zealand and Australia. We have provided everything that people need to implement the ten Safewards interventions (or to devise their own) on the website www.safewards.net. There you can find full details of the underlying model and the ten interventions we used in the trial, as well as helpful advice on implementation and evaluation. There is a forum page for support, as well as a group on facebook, a Safewards channel on youtube and a safewards twitter feed with news. Everything is freely available at no cost, and no permission is required to use it, so please help yourself!

Professor Len Bowers

Professor of Psychiatric Nursing and author of *Safewards: the empirical basis of the model and a critical appraisal*, Journal of Psychiatric and Mental Health Nursing, 2013

Case study: implementing Safewards at Norbury House PICU

The publication of Positive and Safe in April 2014 gave us clear guidance and focused our attention on reducing restrictive practices at every opportunity.

Shortly after publication, some of our team were lucky enough to attend a Safewards presentation at South London and Maudsley NHS Foundation Trust by Professor Len Bowers. The ten interventions he described struck a chord; they seemed simple, effective and based on good nursing practice that already exists. Shortly after this we developed a programme to launch on the ward aiming to reduce restrictive interventions, increase positive engagement and improve patient experience. Each of these outcomes are closely linked and we identified four modules to help us achieve this. By August 2014 we were ready to begin rolling out the project; the first module was to implement Safewards.

Norbury House is a 13 bedded mixed sex PICU. We serve several CCG's in Staffordshire and Shropshire and also take referrals from other areas around the country. Our bed numbers have increased over recent years which, along with a generally agreed feeling of increased patient acuity, has led to some challenging times for both patients and staff. I think it's fair to say we have been trying to practice in the least restrictive manner for some time – we don't have seclusion, we frequently use supported leave – but embarking on this project has made us reflect on the restrictive practices we do use.

From our evaluation so far we have data which shows a significant fall in the use of physical interventions (23% decrease 6 months post implementation compared to the previous 6 months), particularly prone restraint (42% decrease 6 months post implementation compared to the previous 6 months). The length of time these techniques are employed has also dramatically reduced. Our patient satisfaction surveys have improved and we have received positive feedback from patients, carers and colleagues.

Whilst I think our statistics show positive changes, and are on the whole reliable and accurate, we have considered whether statistics is the best method to measure our outcomes. Safewards is a highly evidence based set of interventions with reliable and easily accessible data of its own. I feel that we, as a team, should pay more attention to the anecdotal evidence and the shifts in culture and attitudes seen on a daily basis as this is the greatest outcome and influences all the things we measure with our statistics. My team and I are healthcare professionals on the "front line". We don't have a huge project team behind us and are just trying to make positive changes while we work. Rather than just focus on statistics in this case study, I would prefer to focus on some changes to practice we have observed since implementing Safewards:

- Hearing a colleague in handover, after a very busy and difficult shift, speak about the strengths and positives of a very challenging patient (Positive Words). The impact this has on the next shift's attitude and the care they provide is immense and not captured by our statistics.
- Seeing a highly distressed and agitated patient respond to a HCSW providing sensory stimulation with lighting and a hand massage from items in the calm down box, rather than being encouraged to take PRN or "quiet time" in their room.
- Seeing a staff member provide immediate support to a patient on the ward who had witnessed an anxiety provoking incident, rather than just focussing on the incident itself. Len Bowers showed in his research a significant influencing factor on self-harm and AWOL was witnessing a distressing incident.
- Barriers being removed between staff and patients by the sharing of some generalised personal information in the 'know each other' folder.
- Talk down methods being used to engage with a patient in a calm, non-confrontational manner which offered support, understanding and alternatives to someone who was highly distressed and was feeling close to harming himself. This patient was previously known to not engage well with staff when experiencing these feelings and had frequently seriously harmed himself.
- The impact of soft words – initially a lot of staff struggled with these statements, feeling that they were patronising or too obvious. With time staff have recognised that they are reminders and there to help us with our approach and reinforce our values. We now regularly hear staff saying "I've used soft words" which has helped calm and divert a potential conflict and the possible use of restrictive measures.

Over recent times staff have felt a change in culture and atmosphere and within this restrictive practices have reduced. We use de-facto seclusion less, limit people's property less and actively try not to restrict patient leave. We employ better de-escalation techniques and have removed some of the barriers between staff and patients. Staff feel more aware of what patients are experiencing in this environment and how it can affect them, and are more comfortable in using different techniques and strategies to provide help. Safewards is responsible for a huge part of this change in culture and attitude.

We have encountered difficulties during implementation. Whilst Safewards is drawn from examples of good nursing practice we have all seen, change is hard. We are a large team, with some staff who have been through years of change and had numerous different initiatives imposed upon them. We didn't want Safewards to feel like this, but I am sure it still does to some. Geoff Brennan from the Safewards team came and presented to the vast majority of staff, we discuss Safewards regularly in team meetings and have a highly motivated and effective Safewards champion (who recently presented with Len at a regional physical interventions conference). We have also had great support and advice from other PICUs (thanks Taliesin and Haven). This has had an impact, but challenges remain. Fortunately we have a core of committed staff and support from senior managers.

I feel it is important that we are making changes at a local/ward level and that we as a team have control and influence over these changes. Safewards allows us to adapt and develop the interventions to our specific area and to our patients giving us the flexibility required to reduce restrictive interventions. We have already seen a change in culture and approach that continues to build as staff become more confident and aware. I feel Safewards and the changes it has brought to Norbury House epitomises the spirit within Positive and Safe and is the antithesis of the nightmare seen at Winterbourne View.

Tom Tunnicliffe (Ward Manager, Norbury House PICU)

Fay Ridgewell (Staff Nurse, Safewards Champion, Norbury House PICU)

Gary Firkins (DMI Lead Nurse, SSSFT)

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Case study: Charlesworth Ward Safewards Pilot

Charlesworth Ward is a 20 bedded female acute care inpatient setting within Lincolnshire Partnership Foundation NHS Trust. We provide assessment, care and treatment for women aged 18-65 years who require support during acute stages of poor mental health difficulty. Admission pathways are informal (voluntary admission) or formal (detained under relevant sections sanctioned within the Mental Health Act). Annually Charlesworth Ward supports on average approximately 244 female service users within our inpatient area. The average length of stay (AOL) is currently reported at 27 days.

Within our General Adult Services (GAS) during 2014 it was highlighted that improvements could be made to monitor and manage patient and staff safety within our 3 inpatient sites across LPFT. A safety project was formulated and we engaged with the support, guidance and knowledge of Malcolm Rae OBE FRCN who kindly shared his expertise and vast skill based knowledge around acute inpatient areas. Malcolm met with the steering groups to explore progress and suggest direction where required. Charlesworth Ward had explored and expressed interest in utilising the Safewards initiative to pilot for LPFT as part of their safety project for GAS services.

In August 2014 we invited guest speaker Karen James, project researcher for Safewards, to speak to our team about the values and purpose of the Safewards initiative. This led the way to initiating the pilot for Charlesworth Ward.

The Solution

The Safewards model sets out 10 primary interventions to be implemented:

1. Clear Mutual Expectations
2. Soft Words
3. Talk Down
4. Positive Words

5. Bad News Mitigation
6. Know Each Other
7. Mutual Help Meeting
8. Calm Down Methods
9. Discharge Message
10. Reassurance

In order to maximise staff engagement with the initiative each intervention has at least one champion, each responsible for the implementation and circulation of interventions on the ward. Some interventions which have proved popular with patients are shown below.

Interventions were implemented in stages to allow optimal understanding by staff and to assist in the monitoring of efficacy, the benefits experienced by patients, and improvements to the ward environment.

'When necessary, avoid, defer or postpone tasks that patient need to do. Choose the right time to ask, times when they are not especially agitated, irritable, tired or upset.'

Charlesworth Chat: a weekly meeting which is fully inclusive to patients and staff where clear mutual expectations can be explored and difficulties discussed.

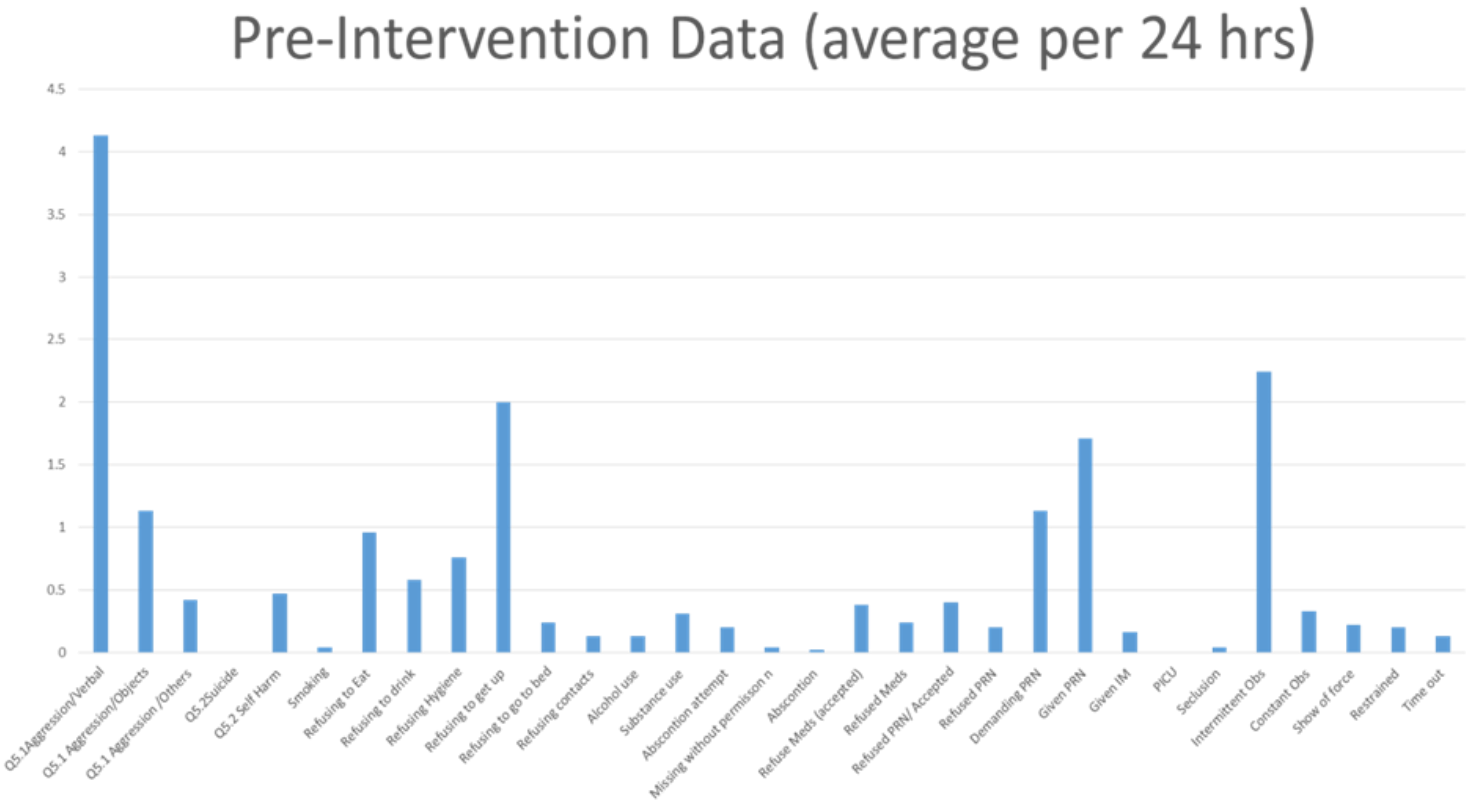
The concept of Safewards is to utilise the interventions as tools to avoid conflict, thus minimising containment. Originating domains such as staff teams, physical environment, legal frameworks, patient characteristics and patient community can give rise to flashpoints. These flashpoints can be prevented from leading to conflict by

careful use of calming interventions, thus also avoiding containment when unnecessary.

Measurement and Evaluation

Prior to commencing the Safewards pilot baseline data was collated over a 4 week period. The data was obtained by way of Patient-Staff Conflict Checklist (PCC) questionnaires which were to be completed at the end of each shift. Of a possible 84 PCC's 46 were completed, a 55% response rate. Information collated included staff compliment, whether the ward doors had remained locked to patients leaving, admissions to the ward, incidents including aggression, self-harm and absconsion and the use of PRN medication or containment by way of seclusion, restraint or increased observations.

Baseline data observed the highlighted trends displayed below



Following the successful implementation of all 10 interventions an evaluation of the pilot has been commenced by further use of PCC questionnaires, this will be carried out over a period of three months.

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The Results

Since the pilot scheme became operational there have been improvements reported in staff moral and safety as reflected in the average monthly absence rate as detailed in figure 2 below, which although some fluctuation is evident, has seen some improvement.

Figure 2	2014 04	2014 05	2014 06		2014 09	2014 10	2014 11
	% Abs Rate (FTE)	% Abs Rate (FTE)	% Abs Rate (FTE)		% Abs Rate (FTE)	% Abs Rate (FTE)	% Abs Rate (FTE)
274 GAACNB In Patient PHC Charlesworth L21212	15.85%	13.86%	3.55%		7.61%	10.13%	3.25%

Figure 3	Apr-14	May-14	Jun-14
Admissions	18	14	29
Discharges	14	23	20
Total Bed Days	655	748	338
ALOS (days)	47	33	17
Available Bed Days	600	620	600
Occupied Bed Days	525	451	485
OBD On Leave	72	62	49
Total OBD	597	513	534
% Occupancy (incl leave)	**99.50%**	**82.74%**	**89.00%**
% Occupancy (excl leave)	**87.50%**	**72.74%**	**80.83%**
28 day re-admission %	0%	0%	10.30%

It is hoped that there will be a direct impact on the average length of stay for patients admitted to the ward. In figure 3 we show information regarding the average length of stay (ALOS) of patients prior to the implementation of the Safewards pilot. Further information will be available for a month on month comparison following the pilot study. Results of the repeat patient-staff conflict questionnaires will be collated and available for comparison in May 2015.

Next Steps

With all 10 primary interventions now in place our champions will continue to work collaboratively with the wider team to ensure Safewards is embedded into everyday practice on the ward, with additional interventions gradually being introduced. Much work has already been carried out to ensure the pilot scheme maintains focus and information is accessible to staff, patients and carers. Champions of each intervention will present Safewards at this year's LPFT Annual Nursing Conference with a view to implementation across the trust.

The aim is to ensure the patient experience within acute adult services is positive, with minimal restriction necessary to maintain safety of both patients and staff. For a patient who is experiencing extreme distress many of the interventions offer a calming outlet for their feelings, reducing levels of stress experienced. Many aspects of the Safewards pilot are now described as integral parts of the ward and promote a positive focus.

Melanie Johnstone

Student Nurse, Lincolnshire Partnership Foundation NHS Trust

Barre, T. (2003, March 18). Presenting the case for acute mental health wards. Retrieved March 09, 2015, from Nursing Times: http://www.nursingtimes.net/home/clinical-zones/mental-health/presenting-the-case-for-acute-mental-health-wards/205593.article

Bowers, L. (n.d.). The Safewards Model. Retrieved March 09, 2015, from Safewards: http://www.safewards.net/easy

World Health Organisation. (2013, May 27). Comprehensive mental health action plan 2013–2020. Retrieved March 09, 2015, from World Health Organisation: http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1

Case study: Implementing Safewards on older adult wards, Berkshire Healthcare Foundation Trust

As part of an initiative to reduce violence and aggression on acute inpatient psychiatric wards, Berkshire Healthcare Foundation Trust (BHFT) started to implement the Safewards model in all inpatient areas in June 2014, this included adult acute and older adult wards.

In order to explain how the older adult inpatient wards implemented the interventions to best suit their client group and to accommodate the mental health conditions seen within these wards, BHFT have compiled two case studies on work completed so far. These give details on how this work was achieved, how the interventions were adapted, challenges faced and the effects seen since the implementation of these interventions. One case study focuses on the Dementia specialist ward and the other focuses on the older adult functional ward.

Older adult functional ward – Orchid ward

Orchid ward is an inpatient ward for older adults with functional mental health conditions. Typical types of conditions we work with are depression, schizophrenia, Psychosis, anxiety and Personality disorder. We also care for people with early stage Dementia that are more suited to a functional ward than the Dementia Ward that care for people experiencing later stage Dementia. Sometimes these conditions can make patients agitated and there is a risk of violence and aggression to others. We aim to manage this effectively using de-escalation techniques where possible and through the implementation of Safewards we are learning new methods to help reduce these risks.

Safeward Interventions

The Safewards lead and ward Manager allocated Staff nurses and support workers as leads for the interventions to get everyone involved, and they were emailed the links to safewards.net and the resources for that intervention. A poster in the staff room displayed a brief description of each intervention, the staff leads, and the progress**.**

Clear Mutual Expectations

These were discussed and decided upon within our staff meetings and within patient community meetings. A poster was then made highlighting these and these are displayed within our staff room and within the ward for patients to see.

Challenges: For staff to utilise information provided and to draw patients and carers attention to these posters.

Progress: Staff are more aware of these posters and reasons for the expectations.

Reassurance

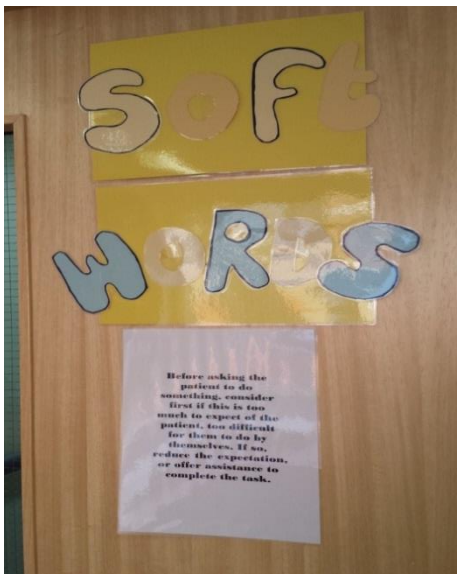
Helpful tips and guidance notes are left in the handover room for Reassurance for staff to access.

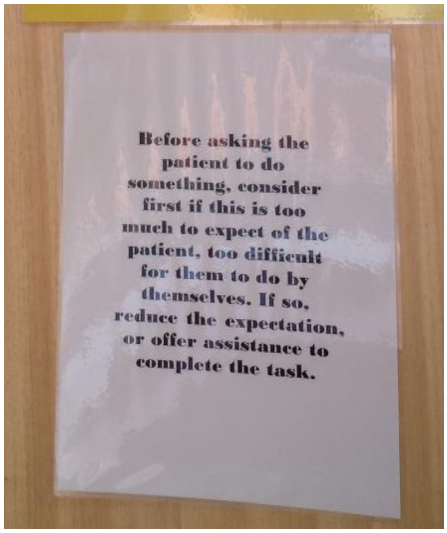
Challenges: For the action of using these tips and guidance to become embedded in ward staff practice.

Progress: This is being highlighted and advertised to staff in our weekly staff meetings in order for staff to become more aware of accessing these and using them to guide intervention.

Soft words

Helpful tips and guidance notes on using soft words in our approach to patients are left in the handover room and there is a ward lead in charge of changing and displaying these twice weekly. Staff decided to display the posters on the back of the staff room door instead of the office as there was a lot more space. The staff made a feature of it with 'soft words' written in big bright letters.





Challenges: Staff reading soft wards/using the tips presented to them.

Progress: Staff lead has been consistent at changing the soft words twice weekly.

Talk Down

We have displayed posters in our staff office and staff room highlighting tips on how to use talk down techniques when communicating with patients.

Challenges: To embed this in ward staff practice.

Progress: Ward staff are more aware of this intervention as it is highlighted in regular staff meetings.

Positive Words

Staff are encouraged to say positive feedback about patients during handovers to other staff members.

Challenges: To embed this practice within ward staff handovers.

Progress: Staff are aware of the need for positive words and they are asked to document the use of this on the intervention checklist.

Bad News Mitigation

Staff are encouraged to discuss a plan of action of how to manage and approach a patient in the incident were a patient receives bad news.

Challenges: To embed this in ward staff practice.

Progress: Ward staff are more aware of this intervention as it is highlighted in regular staff meetings.

Know each other folder

Staff members were asked to complete a questionnaire which gave details of topics such as their hobbies and roles, these were then typed up, laminated and displayed in a folder. The aim was for patients to get to know staff better and to ease rapport. The key factor in implementing this was to ensure the folder was bright and colourful and in large print. The same photos used on the staff photo identification board were used to aid patient's memory. Different fonts, borders and pictures helped to personalise each person's profile and make it interesting to look at. The folder is left in the patient's main T.V lounge for easy accessibility.

Challenges: Ward staff being consistent at advertising what the folder is to clients.

Progress: Clients have been responsive to the folder. One patient stated that they had used the folder and had remembered what one of the nurses had stated about their values. This had initiated the client talking about this in conversation with the nurse which eased rapport

Mutual help meetings

These meetings are held on Mondays during our ward community meeting and on Thursday mornings. These meetings aim to give patients an opportunity to thank others for things they have done or give suggestions for making the ward a better place to be. Patients are reminded throughout the week what was suggested.

Challenges: Sometimes it can be difficult to motivate patients to attend the meetings in the lounge, and also for those with mobility issues to come to the lounge themselves. In this case staff see patients 1:1 to update them and to thank and encourage them.

Progress: Facilitation of the meeting has been consistence and attendance generally good.

Calm Down Methods

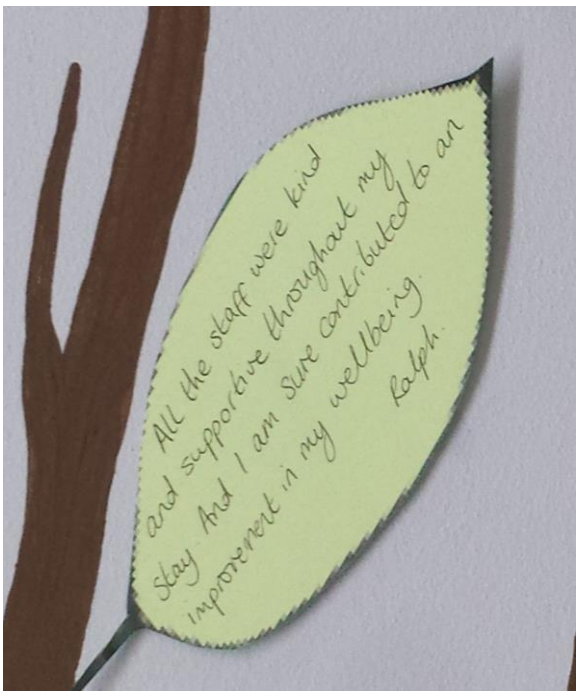
There is a calm down box kept in the staff office to prompt staff usage of the box and to encourage staff to think of using alternatives to medication in the incident where clients are agitated. There is a poster advertising the box on the back of the office door which states that staff should think about alternatives before using any PRN medication. Contents include a breathing cat and dog teddy, C.D players, relaxation C.Ds, mood lighting and reflexology stress balls.

Challenges: For the action of using the box to become embedded in ward staff practice.

Progress: There is evidence of the box being used to support clients however the record keeping of this is not consistent. The calm down box is highlighted to our clients during the weekly community meeting.

Discharge Messages

Patients that are nearing discharge from the ward are encouraged to write a message either about their experience or tips for coping on a ward to others. These messages are then displayed on the ward “discharge tree”. Staff decided that the best place for our tree would be somewhere highly visible, so it was put opposite the patients’ main T.V lounge. Patients were asked to draw designs of how the tree should look in the ward art groups. All patients involved drew a scene and in response to that our tree has a sky blue background and green grass. A wall art sticker of a magnolia tree with birds and butterflies was added which brightened it up. Felt leaves were added to make it tactile. There were not many patient discharges initially and so motivational quotes were added on some of the leaves. Patients have suggested that the tree is seasonal, such as adding autumnal colour leaves, and bunnies on the grass for Easter!



Challenges: Staff remembering to obtain messages for the tree from clients before they are discharged from the ward.

Progress: There has been really good feedback from the patients about the tree.

Case study – Dementia Specialist Ward – Rowan Ward

Rowan Ward is an acute inpatient ward for older patients who experience a range of organic disorders including dementia. Typical types of conditions we work with include different types of dementia (Alzheimer's, Vascular, Lewy Body, Frontal temporal and Korsakoffs), depression, Psychosis and anxiety. The Safewards initiative was introduced to Rowan Ward in June 2014 with an aim to increase safety and reduce coercion, improve relationship between patients and staff and provide more time for patient engagement. The 10 interventions were adapted to support the patient group on the ward. Adaptations made included:

Clear Mutual expectations poster

Within this intervention, there is a greater need for 1:1 staff involvement, and for the contributions of carers and relatives. We therefore adapted the poster with the aim to encourage carers/relatives to read and provide feedback to staff. All staff members including new staff are encouraged to read the expectations and are reminded during handover. To promote visibility it has been surrounded by bright green leaves to emulate the Rowan Ward graphic.

Challenges: Reminding staff to draw patients and relatives attention to the poster whilst visiting the ward.

Progress: To promote visibility it has been surrounded by bright green leaves to emulate the Rowan Ward graphic. Since then patients have been observed to be reading the poster.

Soft words posters

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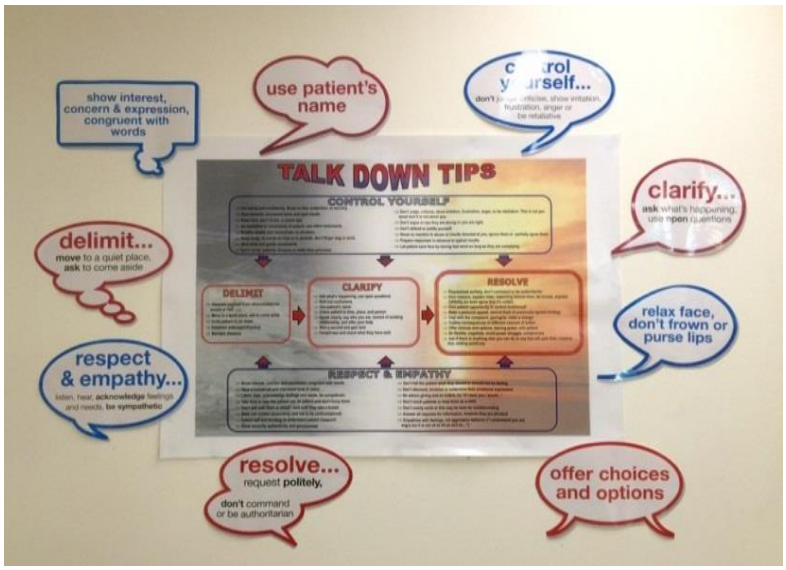
To draw focus and create an impact, the soft words poster was surrounded by flowers and leaves, decorated with glitter and located opposite the reception area in view of staff working directly behind the desk. A nominated staff lead has been identified to then change the words daily.

Challenges: to try and draw attention to the poster by positioning it in a prominent area for viewing due to ward being fast paced and staff being very busy.

Progress: Staff members have commented on how much focus is drawn to the words whilst sitting behind the reception and how bright and colourful this poster is. One staff member stated “it brightens my day to look at that”.

Talk Down

We have 2 posters, one in the staff room and one in the reception area, this is surrounded by speech bubbles picking out small sections of the text and drawing the attention to the poster.



Challenges: Staff have commented on difficulties in taking on board tips due to excessive amount of information on poster.

Progress: Poster tips have now been adapted to highlight important tips which can be easily read at a distance and changed from time to time.

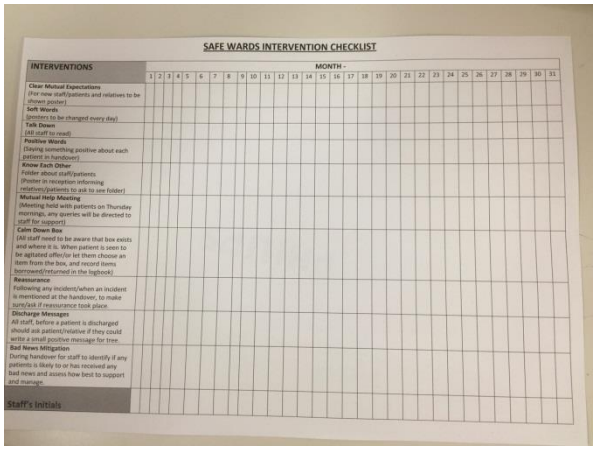
Positive Words

Staff are reminded during handovers to say something positive about each patient and at the end of each handover a checklist is used in briefing staff about all the 10 Safewards interventions with further explanation for new/temporary members of staff.

Challenges: the use of the checklist and inclusion of positive comments for each patient during handover due to time limitations and current culture of the handover process.

Progress: Initially this was done by getting involved during the handovers to introduce the checklist and interventions and express the importance of using this as an audit checklist which benefits time limitations. The checklist is also used as a constant reminder in familiarising current and new staff members of the 10 interventions of Safewards. Further in-depth training is being carried out during weekly staff meetings to instil Safewards into the culture of the ward.

Positive words are also given to staff members by highlighting good work carried out on the ward.


SAFE WARDS INTERVENTION CHECKLIST

MONTH -

INTERVENTIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clear Mutual Expectations (For new staff/patients and relatives to be shown poster)																															
Soft Words (posters to be changed every day)																															
Talk Down (All staff to read)																															
Positive Words (Saying something positive about each patient in handover)																															
Know Each Other (Folder about staff/patients (Poster in reception informing relatives/patients to ask to see folder)																															
Mutual Help Meeting (Meeting held with patients on Thursday mornings, any queries will be directed to staff for support)																															
Calm Down Box (All staff need to be aware that box exists and where it is. When patient is seen to be agitated offer/or let them choose an item from the box, and record items borrowed/returned in the logbook)																															
Reassurance (Following any incident/when an incident is mentioned at the handover, to make sure/ask if reassurance took place																															
Discharge Messages (All staff, before a patient is discharged should ask patient/relative if they could write a small positive message for tree.																															
Bad News Mitigation (During handover for staff to identify if any patients is likely to or has received any bad news and assess how best to support and manage.																															
Staff's initials																															

Bad News Mitigation

During handover any bad news given/pending for a patient will be discussed and a care plan put in place using a created guidance sheet, where the person giving reassurance can make comments about the situation, how the patient is feeling, any distractions or use of items in the calm down box.

Challenges: Making staff aware that although this process was being carried out daily with patients, it was not being documented, and that documentation was necessary.

Progress: Staff are now stating awareness of this with guidance sheet being documented and discussing this in handover.

Know each other folder

This is updated when patients or staff leave/ join the ward. It is kept in the cupboard behind reception. Due to the nature of our patients, it cannot be put out in reception as they may take it away or damage it without supervision. However we want to encourage patients and their carers to look through the folder so we have put up posters, inside the reception area and main door saying: “Please ask to see our Know Each Other Folder”. We have included pictures of the staff on their sheets, to aid the patients who have difficulties remembering names of the staff.

Challenges: Due to the nature of our patients, this folder could not be left on reception due to it being damaged or lost.

Progress: Ongoing

Mutual Help Meeting

This is integrated into the 1:1Community Meeting on a Thursday Morning every week. Due to individuals experiencing processing and attention difficulties, the patient experience tracker was adapted to simplify questions and provide patients with opportunity to express any concerns/positive experiences. Patients are encouraged during this meeting to identify any additional activities they would like to see on the ward and are reminded about Safewards each week due to memory problems. Staff are also asked to feedback any concerns identified by relatives/carers and support given during the week.

Challenges: Due to differing cognitive levels on the ward 1:1 communication with patients was more beneficial in addressing concerns and needs rather than within a group setting. Reminding staff members to feedback concerns/support given to carers/relatives during the week.

Progress: 1:1 sessions gave staff the opportunity to gain more supportive information from individuals. Feedback identifying that staff were able to provide great support to carers/relatives when any concerns were raised.

Calm Down Methods

There is a calm down box in the activity room. Staff are encouraged to offer items from the calm down box before using PRN medication, and posters are placed in the clinic room to remind staff. We have included a couple of sleeping pets (dog and cat) that appear to be breathing whilst curled up sleeping. We also have colourful Japanese fans for hot and bothered patients and a soft snuggly blanket to keep the cold at bay, a book of best loved poems, and stress balls (which appear to be eye catching once squeezed).

Challenges: Being able to provide items that did not cause an infection control issue. Reminding staff of the calm down box and for them to offer items from the box, when patients were observed to be anxious or agitated

Progress: Evidence of box being used to support patients; however record keeping is not consistent.

Reassurance

During handover any patient in need of reassurance will be discussed and a care plan put in place using a created guidance sheet, where the person giving reassurance can make comments about the situation, how the patient is feeling, any distractions or use of items in the calm down box.

Challenges: Making staff aware that although this process was being carried out daily with patients it was not being documented, and that documentation was necessary.

Progress: Staff are now stating awareness of this with guidance sheet being documented and discussing this in handover.

Discharge Messages

Prior to discharge all staff encourage patients/relatives to write a small positive message to be placed on the discharge tree. Relatives are asked on behalf of the

patients who are unable to verbalise to give a positive message for the tree. Also the tree is a comfort to new patients and their loved ones admitted onto the ward. The tree was positioned opposite the reception area and next to the dining room for maximum impact. Bright colours and the theme of butterflies flying away from the tree towards the door were used to symbolise patients being discharged from the ward.

Challenges: Getting permission to paint the wall due to ward being recently refurbished and reminding staff to obtain a message when patient is being discharged.

Progress: There is now a flow of messages being obtained when patients are discharged. There has been positive comments from patients/relatives and staff about the bright colours used on the discharge tree.

Outcomes

So far we have had positive patient and carer feedback highlighting that they have found messages on the discharge tree informative and useful. We have also had patients express that they have found the ‘know each other folder’ helpful as this has helped them to initiate conversation with staff and build rapport.

Now all interventions are complete, what we need to do is to keep Safewards going. In order to do this, Safewards is to be discussed regularly in staff meetings to keep it 'alive'. An A4 checklist for each month is kept in our handover rooms so that all staff can tick the interventions they have used for each day. We have found this initiative most helpful for interacting with our clients and will strive to continue using the interventions we have started to implement to help provide a safe and pleasant ward environment.

Sandra Martin (Occupational Therapy Assistant – Rowan Ward)

Catherine Fleischer (Occupational Therapist – Rowan Ward)

Department of Health

Samantha Hobbs (Occupational Therapy Assistant – Orchid Ward)

Kathryn Blair (Senior Occupational Therapist – Orchid Ward)

Berkshire Healthcare Foundation Trust

Awareness level training and sharing best practice

Hello from Amy Clark

I'd like to take this opportunity to introduce myself, I've just joined the Positive and Safe team and will be working with Guy Cross to support the Champion's Network to continue to share best practice. I want to ensure that the Network continues to grow (there are already over 190 members!) so please forward this newsletter to colleagues and ask them to email me at amy.clark@dh.gsi.gov.uk if they would like to join.

Awareness level training

The e-learning is now available on the NSA website. The course is free to use and will be accessible when you access your account via https://elearning.nsahealth.org.uk.

- If you have not registered on the website please create a new account via "Is this your first time here".
- If you have registered please log in as usual via "Returning to this website".
- Then select "Positive Behavioural Support" from the list of available courses on the homepage.

If your organisation is not listed at the registration stage (there is a drop down menu), please contact the NSA helpdesk and they will set up an account for you: elearning@nsahealth.org.uk 0844 770 3770. Please note that the e-learning is free to use for all organisations.

6Cs webpage

Thank you to those who have already sent in content for the 6Cs webpage. Unfortunately we are not able to make any updates to the site until April but please keep sending in case studies, videos, links to useful pages, examples of good practice, articles and other content that will be useful for Champions and I will add these to the webpage as soon as possible.

Your network, your support

The next issue of this newsletter will be published in May, after the general election as we are unable to send out a newsletter during purdah. We will be in touch over the next

month to ask for contributions. If you have suggestions for future newsletter themes please get in touch.

NHS Benchmarking Network data

Thank you for submitting your data to the NHS Benchmarking Network, you should now have received the results from Zoe Page and will be able to compare your organisation to other similar services. We will be publishing a series of graphs after the election in May.

Date for your diary:

Dates for the next Champions' Network meeting, and subsequent regional meetings to be confirmed in May.

Contact details

Suggestions, questions, case studies, contributions to future newsletters, applications to join the newsletter development team or 6Cs webpage management team should be sent to:

Amy Clark (amy.clark@dh.gsi.gov.uk)

Guy Cross (guy.cross@dh.gsi.gov.uk)