



Annual Report for 2014/15

Yorkshire and Humber Involvement Leads

Jo Harris and Holly Alix

This annual report aims to outline the work that has taken place in the 2014/15 year since we both came into post, as well as outlining our work plan for the coming year 2015/16. We came into post on the 6th January 2014 when we had our induction through Humber NHS Foundation Trust.

The Evaluation of the Involvement Strategy

The evaluation was an important place to start as there were recommendations from that piece of work that would inform how we worked.

“Bringing it all back home” was one of the themes that was picked up in the evaluation and is something that we were keen to address going forward. This was something that was brought up a lot by people who were involved in the evaluation; that lots of good work took place in the regional groups but then it didn’t feel like that was successfully brought back and embedded into practice within services.



**An Evaluation of the Implementation, Management and
impact of service user involvement initiatives in secure care,
Yorkshire & Humber.**

September 2012

The evaluation highlighted how hard it is to replicate the culture and feeling of equality at ward level that is experienced in the regional groups. It suggested working with services to recreate the culture of mutual respect and equality in service meetings, to make them more collaborative, interactive – not just information sharing, and using creative facilitation techniques. Community meetings in particular were singled out for criticism, with perceived staff attitudes being an obstruction to involvement. It was identified that there is a lack of consistency of application of involvement practices across and within units. ‘It’s the talk’ – proper explanations were identified as being more important to service users than “getting their own way” which again highlighted the importance of truly collaborative community meetings where issues and solutions were discussed.

For the regional groups; neutral venues with a commissioner/case manager presence were highlighted as a real positive, with a need for making written materials more accessible. It identifies that further work needs to be done to ensure comprehensive, consistent and systematic uptake of involvement in all units, down to the level of community meetings and individual involvement in clinical decision making. Priorities for future strategy – invest in thorough uptake of involvement initiatives at all levels, especially at grass roots ward level. Specific priority issues that were identified included: Quality of food and the dining experience, access to telephones and the internet, the process of leave – organised and allocated, transition work, ward round standards, more focus on individual care and therapy, meaningful activities, and families and carers. The evaluation suggested that learning points could be drawn upon to inform training and induction processes which involve both service users and staff facilitators

Starting the Process

As well as going through the evaluation, we initially emailed all the services and arranged to meet with them all to find out their priorities. In some services we met with large groups of staff and service users, in others we met with smaller groups. We left it up to each service to invite whomever they wanted to within their individual services. We found these meetings really useful as a way to broadly discuss what different initiatives were happening that people were proud of, as well as finding out areas of possible development that people were interested in working on. We used a set of pre-defined questions so as to broadly address the same areas with each service visit and so that we could then use that format to identify common themes, and more service specific issues.

Service Visits

Over the last 6 months what work have you done around:	
<ul style="list-style-type: none"> • Involvement • Recovery and Outcomes 	
Does your recovery and outcomes group still meet and if so what is the function of this group?	
What structures do you have for Involvement at each level and do you feel that these are working effectively?	
Who are the lead people (staff and service users) for Involvement in the service?	
Will we be working with different people within the service to the ones that attend the Yorkshire and Humber events?	
Dining experience – are the recommendations still current?	
Have the changes in commissioning affected how the service works and how service users experience the service?	
How do you think case management has been affected and how do you feel that this needs addressing?	
What are your concerns about Recovery and Involvement within the service currently?	
How well do you feel local Yorkshire and Humber work feeds back into the service following the meetings?	
How best do you think local Yorkshire and Humber work could be brought back into your service?	
What are your priorities for the work we will be supporting?	
<ul style="list-style-type: none"> • Within your service • In Yorkshire and Humber 	
If you had one dream for your service and there were no obstacles such as money etc. what would it be?	
When you think about the philosophy and the values of the service, do you feel that you are delivering these or have they got lost along the way?	

The next part of the initial stage was to hold workshops with staff and service users across Yorkshire and Humber in order to consult with more people about the areas that were important to them. We held the 'Afternoon Tea with a Twist' event at which we identified further priorities and also consulted with the Recovery and Outcomes groups.



Service Priorities

Most priorities for services were joint ones. The main ones that were highlighted through service visits and through the Involvement events were:

- MDT Process/standards
- Dining Experience
- Sharing ideas and best practice
- Risk and Collaboration
- Technology
- Directory/Newsletter
- Carers and family work
- Recovery College
- Interviews and recruitment
- Reviewing Involvement Structures

As you can see many of these also mirror the priority areas picked up in the evaluation.

A preference was expressed for sharing and developing things together, for workshop style learning, and sharing best practice.



The Yorkshire and Humber Network Meeting

In light of this we also decided to hold a quarterly meeting; The Yorkshire and Humber Network meeting, which would replace the old Involvement Strategy group.

The focus of the Yorkshire and Humber Network as a whole is for all the services in the region to support each other, to share best practice and information, to work collaboratively on projects and to ensure that work is not unnecessarily duplicated. Therefore the main focus of the quarterly Yorkshire and Humber Network meeting is for services to come and share best practice through presentations and workshop style groups. There is a regular feature of the meeting that is held over lunch called a Round Robin, where all services update each other on the initiatives that are running currently, on upcoming or recent events, and an opportunity also to ask for advice or guidance if developing something new that other services may have already done work on.

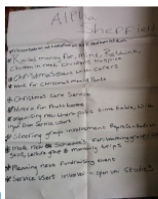
PAGE 10

Y & H Network Round Robin

A new feature of the Yorkshire and Humber Network meetings is the Round Robin. Towards the end of the meeting everyone gets their lunch and the we go round and get a quick update from all the services present about the things they have been up to since the last meeting. This is a good way to share information, best practice, to shout about the things that you are proud of and to ask for any information or support with anything you are working on. Also a great way for everyone to get ideas and suggestions for future presentations too! We thought it would be great to put all this information in this newsletter, to share all the great work that is happening in Yorkshire and Humber.

Alpha Sheffield

Presentation at Wakefield on MDT and how it is run
Raised money for charity – Mind, Rethink, Children in Need, Children's Hospice
Christmas event with carers
Went for Christmas meal and Panto
Christmas Carol service
Hired a fun photo booth
Organising new therapeutic timetable with input from service users
Steering group involvement representation
Made new schedules for walking group, community skills, leisure group and monthly trips
Planning next fundraising event
Service users involved in open University studies



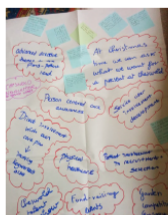
Bradley Woodlands

Introducing iPads
Service user email addresses
Introducing MDT standards
Having fun at Christmas and New Year parties
Going to the Pantomime
Upcoming Chinese New Year buffet



Garrow House

Top 5 priority areas to work on where the women can be more involved
Women more involved in Clinical Governance
Women have more say on who gets to be a staff member by doing interviews etc.
Women have been involved in reviewing therapeutic timetable and having choice over groups and activities. Several women planning to run workshops.
At Christmas all the women get together and make a Christmas timetable to make it a nice time for us.
Women's healthy lifestyle drop in group weekly
We have recently been doing more involvement focussed work and have a board to advertise it all in our lounge.
The Retreat have given our women a chance to do different courses help get more education/life skills through their Recovery College.
Women are allowed their own phones, iPad, laptops and it is their responsibility to use it safely.



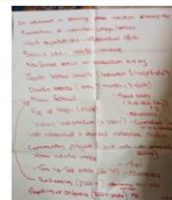
Cheswold Park

Newsletter by service users
Person centred care awareness
Direct involvement with own care plan – involving care workers also
Physical healthcare
Advanced directive themes to care plans – patient led
Cheswold talent show
Fundraising events
Garden competition – sensory garden
Service user involvement development
At Christmas time we can ask for what we want for a present

PAGE 11

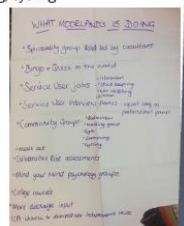
Cygnets

Service User Involvement in planning induction training day
Presentations at Universities and colleges
Ward expectations – collaborative effort
Service user awards
New format service user evaluation strategy
Joint Christmas concert (between 3 hospitals)
Charity events
Music festival
Pop up shops (ASDA)
Visitors local procedure
Community project – work with community centre
Time to Talk event
Fundraising, coffee mornings, tuck shops etc.
Presenting at Conferences
Allotments



Moorlands View

Spirituality group led by consultant
Bingo and quiz's on the ward
Service user jobs – librarian, stock keeping, car valeting, kitchen
Service user interview panels – equal say as professional panel
Community Groups – badminton, walking groups, gym, swimming, cycling
Meals out
Collaborative risk assessments
Mind your Mind
Psychology groups
College courses
More discharge input
ILA – Demonstrate independence skills



Wathwood

Horticulture project and farm shop
The Lodges – medium secure step down – self catering unit, 3 levels
Recovery College – Nottinghamshire Trust – various sites throughout the trust, different courses. Attended by patients, staff and carers
Regular theme nights – patients choose the theme



Amber Lodge

Breakfast club – cooking breakfast
Work experience – "ship/boat hand"
Nativity play
Fundraising events – lots of different ones for a new TV.
Nearly made £500

Newhaven

Service users involved in interviews
Football leave
Mobile phones
Leave to go to college
Activity trips, Whitby, airport, Royal Armouries

Involving Family and Carers and the Risk and Collaboration themes as we know are CQUIN's, so we hold a CQUIN group every month alternating between the two to support these.

The Directory/Newsletter idea was brought up by a number of services as another way to share ideas and best practice, but also as a way of supporting the two way process of information from within services being shared more widely and information and work that takes place in Yorkshire and Humber being brought back into services, particularly for those Service Users that don't have leave and staff that can't access the groups.

People also felt that the newsletter/bulletin style was a more accessible way to send out minutes and information from meetings. This tied in with the evaluation of the strategy that identified a need for written information to be more accessible. Because of this we send out a bulletin following each CQUIN meeting with any minutes, presentations and updates.

Collaborative Risk Bulletin

October 2 - February 2015 Yorkshire and Humber Involvement Network

Collaborative Risk Assessment Bulletin

Yorkshire & Humber CQUIN Group
Collaborative Risk Assessment
Next meeting:
12th March 2015
Sandal Rugby Club
2 - 4

We hope you find this bulletin useful. If anyone would like to be involved in presenting at the next Risk CQUIN group on the 12th March 2015 about the work that is happening in your service, then please get in touch with:
Holly - holly.alex@humber.nhs.uk
Jo - jo.harris@humber.nhs.uk

Inside this Issue

- Summary of last CQUIN meeting
- Notes from meeting - Benefits, impacts & Outcomes
- Benchmarking tool
- Future agenda
- Collaborative Risk Assessment - CQUIN Indicator Information

Developed by Holly Alex and Jo Harris on behalf of all the Yorkshire and Humber Secure Services and the Collaborative Risk Assessment CQUIN Group

October 2 - November 2014 Yorkshire and Humber Involvement Network

Collaborative Risk Assessment Bulletin

Yorkshire and Humber CQUIN Group
Collaborative Risk Assessment
Next meeting:
6th January 2015
Sandal Rugby Club
2 - 4

We hope you find this bulletin useful. If anyone would like to be involved in presenting at the next Risk CQUIN group on the 6th January 2015, then please get in touch with:
Holly - holly.alex@humber.nhs.uk and Jo - jo.harris@humber.nhs.uk

Inside this Issue

- Summary of last CQUIN meeting
- Presentation by TEW on their training package
- Where services are up to - examples from CQUIN group
- GrST presentation & feedback
- Collaborative Risk Assessment - CQUIN Indicator Information

Developed by Holly Alex and Jo Harris on behalf of all the Yorkshire and Humber Secure Services

October 2014 Yorkshire and Humber Involvement Network

Collaborative Risk Assessment Bulletin

Yorkshire and Humber CQUIN Group
Collaborative Risk Assessment
Next meeting:
Tuesday 4th November
Sandal Rugby Club
2 - 4

Inside this Issue

- Reducing Restrictive Practice
- Presentation from first CQUIN Group
- Recovery and Outcomes risk

Developed by Holly Alex and Jo Harris on behalf of all the Yorkshire and Humber Secure Services

Carers Bulletin

June 6 December 2014 Yorkshire and Humber Involvement Network

Carers Involvement and Support Bulletin

Supporting Carers Involvement CQUIN Group
Next meeting:
Thursday 12th February
Sandal Rugby Club
2 - 4

We hope you find this bulletin useful. If anyone would like to be involved in presenting at the next Carers CQUIN group on the 12th February 2015, then please get in touch with:
Holly - holly.alex@humber.nhs.uk
Jo - jo.harris@humber.nhs.uk

Inside this Issue

- Summary of meeting and Quarter 2 update
- Notes from Group work - Q4 Requirements
- Group work continued
- Is this meaningful?
- CQUIN Indicator
- Submissions
- Poster for next meeting

Developed by Holly Alex and Jo Harris on behalf of the Yorkshire and Humber Secure Services

June 2 October 2014 Yorkshire and Humber Involvement Network

Carers Involvement and Support Bulletin

Supporting Carers Involvement CQUIN Group
Next meeting:
Thursday 4th December
Sandal Rugby Club
2 - 4

Meeting Summary

At the last Carers CQUIN meeting on the 18th September we had a fantastic presentation from Sarah Overton, clinical lead nurse at the Newsum Centre. They are using the Triangle of Care document (see below) and Sarah spoke to us about how they use this. The document focuses on the 'triangle' of Service User, Carer and Professional. This was initially developed for acute services but suitable for all areas. It also has an audit tool at the end of the document. The presentation also focussed on the plan for the carers strategy in the LYFT and the evaluation tool that they have developed.

Other services present spoke about their strategies that are in development as well as their evaluation tools as you will see on page 2 and 3 of this bulletin.

Cygnal talked about the Carers Pack that has been developed for Brighouse (see below)

Another document that has been found to be useful is the Common sense confidentiality document that was developed by Northumberland, Tyne and Wear NHS Foundation Trust.

Inside this Issue

- Presentation and suggested resources
- Notes from Carers CQUIN Group 18th September
- CQUIN Indicator Information
- Best practice information - Recovery & Outcomes Groups Nationally

Developed by Holly Alex and Jo Harris on behalf of the Yorkshire and Humber Secure Services

June 2 October 2014 Yorkshire and Humber Involvement Network

Carers Involvement and Support Bulletin

Supporting Carers Involvement CQUIN Group
Next meeting:
Thursday 4th December
Sandal Rugby Club
2 - 4

Notes from Recovery and Outcomes Group

At the recent Recovery and Outcomes Meeting everyone was asked to think about 3 questions around involving carers. Here are the main points raised:

- What is difficult about involving carers? Confidentiality, Visiting times/areas, Lack of information, Reluctance to engage, Lack understanding, Financial implication, Communication
- What would help involve people, friends and families? Right support, Flexibility, Community leave, Financial support, Named link, More information, Family therapy, Carers events, Translators
- What do you do already that is good? Carers Assessment, Family room, Information booklet, Welcoming, Staff training, Deals with local accommodation & Events & Forums, Flexible visiting times, Recovery courses, Newsletter, Skype, Transport, Invites to MDT/CRA, Staff support

Case study

Carers Pack in development (Clifton House)

When?

- On admission

Format:

- Easy read
- Bullet points
- Easy to find information
- Pictures
- Website/YouTube
- DVD - families who can't visit can see, using voice over of service users linked to family - helpful

Relevant to:

- Identify
- Named nurse (one person contact)
- Consultant name
- Ward telephone number
- Visiting hours
- Where visits can take place - ward, garden, community
- How to book off ward visiting room
- Sectioning procedures - how and when leave is given
- Information about carers meetings relative to carers locally as well as service level meetings
- Information about the pathway, options, facilities, timescales - based on individual need
- Identify that the main carers can be invited to CPA's ward rounds/MDT, or organise time with Dr and named nurse
- Carer opportunity to evaluate pack

We also produce the Yorkshire and Humber Newsletter following the Yorkshire and Humber Network meetings. As well as containing the minutes and any presentations we aim to include creative works from service users and staff such as poetry, creative writing, artwork etc., and are also keen for service users and staff to write articles about initiatives within their service to put in the newsletter too, as it is a great way to share best practice and ideas, and celebrate achievements. In order for this to work successfully we need people to send us things to include and have developed a poster that can be displayed within services to encourage people to share things with us for the newsletter.

Yorkshire and Humber Newsletter



There were too many priorities to focus on at one time so in order to narrow down the list of priorities we used the first Yorkshire and Humber Network event to ask people to vote for the themes that were most important to them. The voting conclusively narrowed down the joint priorities into 3 project groups, MDT standards, Involvement in Recruitment and Selection, and Reviewing Involvement Structures. Each of these project groups met once a month over the summer.

As there were a lot of different groups running at the same time, as well as the CQUIN groups; services prioritised their attendance at different groups. The project groups were smaller focussed groups that aimed to finish with a tool or product that could then be shared with all the services.

The MDT project group developed 20 Service User Defined MDT standards with a questionnaire to go with it, much like the CPA standards.

MDT Standards

20 Service User Defined MDT Standards



Before MDT

1. MDT care plan/agreement/contract to be created jointly, with details of how you would like support during the MDT process.
2. You will have access to report summaries at least 24 hours before MDT, to include minutes of the last meeting.
3. You will have the chance to present your own views in your chosen format (written, verbal, etc). You will be able to and what points you would like

During MDT

4. You will have the chance to co the week, to accompany your
5. All reports should be written in
6. You can express a preference : Who is present for the meeting Where different people are involved Which way reports are presented
7. Time or order of the MDT will
8. Activities will be available to sit you are waiting to go in.
9. You should have the choice to be included in all parts of your MDT meeting. In exceptional circumstances, where there is third party information to be discussed, you may not be involved. Where possible you should be informed this is happening.
10. All people present at your MDT meeting will be respectful of each other and their roles – and will behave in a respectful manner within the meeting.
11. Your named nurse or someone from your team will be present for the MDT where possible.
12. You should be made aware of the advocacy service and have the choice for advocacy support within the MDT process and meeting.
13. People who are reading or summarising the reports should talk to you directly, and not over you, making sure you feel included.
14. Someone will be available to take notes that you can take out with you after your MDT to clarify any points, or you can take notes yourself.
15. Family/relative/carer involvement where possible.
16. You should have the opportunity to be involved in the MDT process.

After MDT

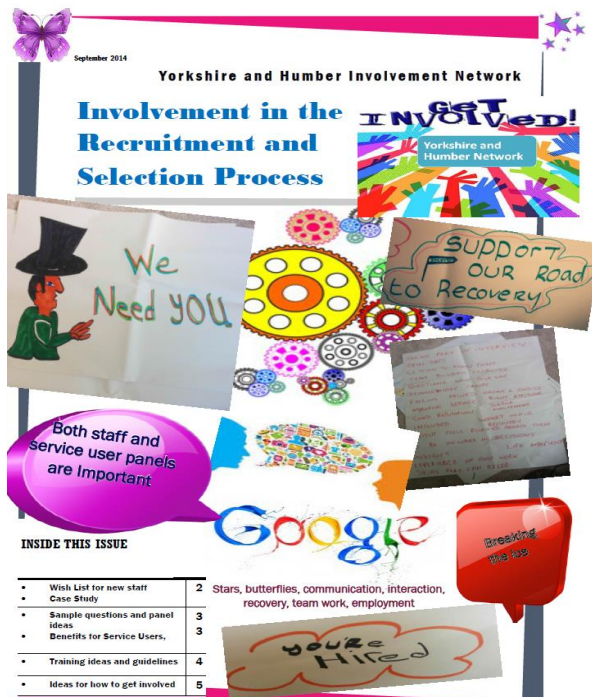
17. The chair of the CPA meeting will change to include your wish a member of your clinical team
18. At the end of the meeting to the action plan and there is a point, with clear timescales.
19. You should have the choice of person present to talk to straight after the MDT (sharing positive emotions as well as negative emotions and to clarify what was discussed).
20. You will be given a questionnaire after the MDT meeting to check that these standards are being met.

20 Service User Defined MDT Standards Questionnaire

This questionnaire will help us to understand if you are involved in your MDT meeting as much as you would like to be. We would be grateful if you would take a few minutes to complete it. This will help us to improve your experience of the MDT process in the future.

1. Were you given your MDT report (including minutes of the last meeting) at least 24 hours before the meeting? Yes () No ()
2. Were you given a choice of who you discussed your report with? Yes () No ()
3. Were you given the opportunity to write your own report after reading others? Yes () No ()
4. Were you able to influence:
 - a. Where people sat? Yes () No ()
 - b. Who came? Yes () No ()
 - c. The order of reports? Yes () No ()
5. Were you able to influence the MDT process? Yes () No ()
6. Were you able to influence the MDT process? Yes () No ()
7. Were you able to influence the MDT process? Yes () No ()
8. Were you able to influence the MDT process? Yes () No ()
9. Were you able to influence the MDT process? Yes () No ()
10. Were you able to influence the MDT process? Yes () No ()
11. Were you able to influence the MDT process? Yes () No ()
12. Were you able to influence the MDT process? Yes () No ()
13. Were you able to influence the MDT process? Yes () No ()
14. Were you able to influence the MDT process? Yes () No ()
15. Were you able to influence the MDT process? Yes () No ()
16. Were you able to influence the MDT process? Yes () No ()
17. Were you able to influence the MDT process? Yes () No ()
18. Were you able to influence the MDT process? Yes () No ()
19. Were you able to influence the MDT process? Yes () No ()
20. Were you able to influence the MDT process? Yes () No ()

The Involvement in Recruitment and Selection project group met and pooled ideas about lots of different ways that service users can become more involved in that process, ideas about training, interview questions, as well as formal and informal ways to get involved. The product was a Recruitment and Selection Bulletin that captured all that information as well as artwork, comments and case studies that could be shared with everyone.



Developed by Holly Alix, Jo Wright and the Involvement in Recruitment and Selection Project Group on behalf of the Yorkshire and Humber Secure Services

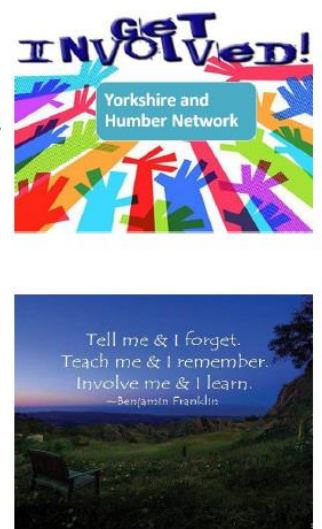
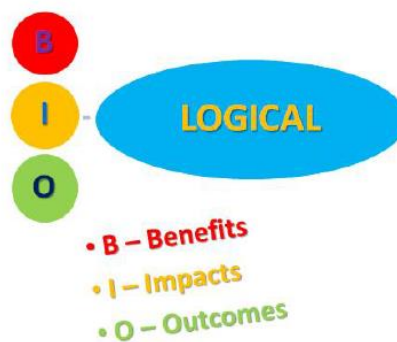


The Reviewing Involvement Structures project group started work on a benchmarking tool that has turned into a much larger piece of work, which is still in development.



Benchmarking Tool

Reviewing Involvement Structures



Some services also have individual priorities that we are supporting them with.

Following this work we went and spoke to all the services again in order to share the product/tool for each project group with them, and identify how they would each like our support with the implementation of these.



Yorkshire and Humber Involvement Lead Work Plan 2015-16

What's Next?

Objective	Action	Timescale	Lead	Completed
Service In - reach	To offer to attend Involvement Groups quarterly in each service	March 2015	Both	Ongoing
	To support with individual service projects where identified and requested by the service	March 2016	Both	
	Benchmarking Tool – Pilot use of the tool and develop and update where necessary	September 2015	Both	
	Support services to use the benchmarking tool to evaluate and monitor their involvement processes.	September 2015	Both	
	Identify priority areas and support services with development and improvement in those areas. To join services to work on	March 2015	Both	Ongoing

Most of the services expressed an interest in having us come to their Involvement groups on a quarterly basis, so we have booked in with services to do this over the coming year. We aim to speak briefly about the work in Yorkshire and Humber in order to support the process of disseminating that work, as well as ensuring that people's voices are heard that cannot attend the regional groups. It will also be useful to hear about service specific issues and support with them where possible. This will hopefully be an opportunity to pick up some of the issues identified in the evaluation of the strategy as discussed earlier.

We have developed a highlight report for ourselves to use in order to document any relevant discussions and ensure that we action anything required. It will also be useful to flag up any recurring themes that may come up that are common to other services and highlight if there is a need for some joint working within Yorkshire and Humber on a particular topic.

Highlight Report

Name of Service.....

Date of Visit.....

Discussion Summary	• • •
Update from last visit	• • •
Actions from discussion Them	• • •
Actions from discussion Us	• • •
Barriers	• • •

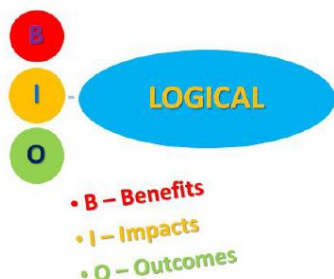
Highlight Report

Alongside attending service Involvement Groups, the CQUIN groups will continue—but with three this coming year instead of two. These will be: Supporting Carer Involvement, Collaborative Risk Assessment, and Smoking Cessation. They will each be held every 2 months. The Yorkshire and Humber Network will also continue to meet once a quarter.

The Benchmarking tool was a product that started out in the Reviewing Involvement Structures project group, and is another piece of work that we will be focussing on over the coming year. This has had input from many different groups and will cover a lot of CQUINs from previous years, ensuring that the good work that went into meeting these targets doesn't get lost. It will cover 10 key areas (including areas that were initially identified as priorities) and has standards for each one. This has been sent out for consultation and there are still some areas that need expanding. We are also holding a Benchmarking Tool consultation group on the 9th April to look at the tool further. Following incorporation of everyone's feedback and comments it will then be rolled out across services for implementation, and we will support this process.

Benchmarking Tool

Reviewing Involvement Structures



1. Involvement Standards



Benefits – Improves collaboration in identifying problems and reaching joint solutions, and supports meaningful involvement.

Impacts on Patient Experience – Improves experience for Service Users both individually in their care, and in overall delivery of the service

Outcomes – Better relationships between Service Users and Staff, as well as changes in culture and practice.

Score Key	
3	Standard fully implemented
2	Action in progress
1	Recommendations agreed but not yet actioned
0	Recommendations never actioned (state reason)

Standards	Score	Evidence
1. There is easy read information available on the wards about when involvement groups are running and feedback from the outcomes and discussions.		
2. There are meaningful opportunities provided for people to get involved in service provision, development and review at individual, ward and service levels		
3. To have a collaborative definition of what involvement means to people in the service which is reviewed and updated annually		
4. Nominated individuals are able to have protected time to proactively plan and prepare for meetings with service users		
5. Involvement meetings are relevant, accessible, meaningful and enjoyable to aid motivation to attend		
6. There is a clear route of feedback to and from meetings and wards so that progress is clearly monitored and acknowledged and can easily be shared		

1. Action Plan for Involvement Standards

Actions Identified	Updates	Date met	Lead

Area 1. Involvement Standards Score / 54 =

3. Area of good practice (45-54) Score = 3

2. Doing well but area of possible improvement (27-45) Score = 2

1. Needs some extra attention (0-27) Score = 1



Reviewing Involvement Structures Benchmarking Tool



Where has the Benchmarking Tool come from?

This Benchmarking Tool for Reviewing Involvement Structures has developed from a project group in Yorkshire and Humber. This was identified as a priority area for development by service users and staff across secure services in Yorkshire and Humber.

A number of workshops have contributed to the development of the tool as a whole, as well as identifying the standards within each of the 10 areas. The Quality Network MSU standards have also been incorporated where appropriate in order to ensure it is as comprehensive as possible.

Some of the areas are old Commissioning for Quality and Innovation CQUIN standards, as it was raised by many that it is important not to lose emphasis from good practice that developed as a result of these CQUIN areas. It was identified that focus can move quickly onto new developments, and although reporting may still continue; experientially it was felt that there was a need to consolidate and keep developing old areas and further sharing best practice that has developed from that.

The tool has been developed in close consultation with service users and staff and while many of the standards have come from the CQUIN's, the wording and many of the standards themselves are service user defined. They have all been consulted on with service users and staff. The benchmarking tool is to be owned and used for service improvement and as a measure of quality.

The BIO-Logical Model of Involvement

We use what we call the BIO-Logical model of Involvement as a useful way to think about each area

B stands for Benefits

I stands for Impacts on patient experience

O stands for Outcomes



As you will see as you work through the tool, each of the 10 areas have got the **Benefits**, **Impacts on patient experience** and **Outcomes** identified clearly at the start. We aim to ensure that everything within this model is also Logical, makes sense and is easy to follow and understand.

The overall model BIO-Logical is about growth and expansion and comes from the grass roots.

Using the Benchmarking Tool

The tool is intended as a baseline to capture good practice as well as areas for possible development. There are 10 areas; however it is up to local interpretation to select the areas for benchmarking. For each standard you will select a score from the Score Key, which then results in a total score for each area. You will then be placed in 1 of 3 categories for each of the 10 areas.

For areas that score **3** you will be an **Area of Good Practice** for that topic, and may wish to share some of this practice with other services through the Yorkshire and Humber Network.

For areas that score a **2** you will be **Doing Well but Area of Possible Improvement**. You may choose a few specific standards to develop in the Action Plan.

For areas that score a **1** there will be **areas that Need some Extra Attention**, you may wish to concentrate on doing some focussed work on this area and get ideas and support from other services through the Yorkshire and Humber Network, and again use the action plan provided.

Ways in which the Benchmarking Tool can be completed

All ways must be collaborative, as some standards are service user specific and others service specific, so in order to be able to complete the tool both service user and staff views are required.

1. It can be completed by self-assessment. This would be done with nominated individuals; both service users and staff, taking a lead to complete this.
2. The Involvement Group or equivalent can take a lead on assessing the benchmarking tool from a service user perspective, supported by staff.
3. Peer review. You may decide that an external eye would be useful. In this case the Yorkshire and Humber Involvement Leads and other members of the Yorkshire and Humber Network may work with service users and staff within your service to complete the tool. In order to make option 3 viable; a willingness to participate in a peer review system would be required.

Future Development

Some of the areas are still in development and will be reviewed and refined further. There may be more areas to add in the future, perhaps around future CQUIN areas if this is felt to be useful.

A review group will be set up at regular intervals to look at the benchmarking tool, to make any necessary adjustments, and to expand and develop the tool as appropriate.

Work Plan Summary

Here is a brief summary of our work plan for the coming year

- Service In-Reach
Attending Involvement Groups as discussed and supporting any service specific work
Support with Benchmarking Tool
- Yorkshire and Humber Involvement Groups
Facilitating 3 CQUIN groups – each 2 monthly
Yorkshire and Humber Network meeting - quarterly
If needed further one off groups on a specific theme/topic.
- Recovery and Outcomes
Support Ian Callaghan with the Yorkshire and Humber group
Attend and support with national groups such as Care Packages and Outcomes group, and Secure Transitional Recovery and Pathways Development Group.
- Conferences
Symposium at the International Association of Forensic Mental Health Services (IAFMHS) Conference in Manchester in June on Yorkshire and Humber work past and present.
Present Benchmarking tool at National Service User Conference in July
Plan and organise a Yorkshire and Humber Conference.
- Reducing Restraint and Seclusion
Sit on steering group at Humber Centre for their Reducing Restraint and Seclusion strategy
Attend development group on reducing restraint and seclusion from Secure Transitional Pathways Development group
Share this work with services in Yorkshire and Humber
- Newsletters and Bulletins
Continue to produce newsletters and bulletins to share and disseminate information
- Personal Professional Development

We hope you have enjoyed reading our annual report and that it accurately summarises our work so far.

We would welcome any feedback on our work plan for the coming year and if anything seems to be missing then we can add things as necessary.

As discussed the benchmarking tool can be expanded and developed as appropriate and we see this as a continuing piece of work with scope for future development. We hope that services will find it a useful place to continue to think about some of the involvement structures within their services, and it could be useful to form the basis for individual services involvement strategies. We are keen to support services to celebrate their hard work and achievements, of which there are many, and for services to learn from each other in the process.

We welcome your input and suggestions on any aspect of our work so far and plans going forward and look forward to continuing to work with you all in Yorkshire and Humber.



Holly and Jo

Yorkshire and Humber Involvement Leads

March 2015