

# YORKSHIRE AND HUMBER NEWSLETTER 8



***Thank you to everyone who contributed!***



At the last Yorkshire and Humber Network meeting on the 1st July 2016 we started off with a great interactive presentation from service users and staff at Newton Lodge about the Benchmarking Tool—you can find their presentation on pages on pages 2 and 3.

We then did some group work to look at the Benchmarking Tool and see what have been the main challenges and successes. This group work is on pages 6 and 7.

At the Yorkshire and Humber Conference on the 24th May at the National Coal Mining Museum we started to briefly look at something called Procurement. We ran out of time on the day to look at this is much detail so we continued this work and you can find all of the information about procurement; both from the conference and from this meeting on pages 8, 9 and 10.

We then had the Round Robin where we get to all hear about the great work that is happening in all the services in Yorkshire and Humber and this is on pages 12 and 13.

Finally we finished off with some conversations about the future. We want the Yorkshire and Humber Network to have a strategy for the next 5 years. This will take some time to develop and there will be lots of different ways that everyone can feed in their ideas and help to form the strategy. At this meeting we started that process by asking everyone a few questions to find out why they come to the regional meetings and to ensure that all the good things are recognised and put into the strategy for the future. This strategy will be developed between now and next May with the hope that in May 2017 we can have another conference to launch it!

The information from this can be found on page 11.



## Inside this Issue

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## Yorkshire and Humber Network Agenda

1<sup>st</sup> July 2016 11.00 – 15.00

1. Welcome and Introductions
2. Presentation – Newton Lodge – Benchmarking
3. Group Work – Benchmarking – challenges and successes



4. Thinking Creatively – Procurement



5. Round Robin – update from you and Newsletter
6. Group work - Informing the 5 Year Involvement Strategy

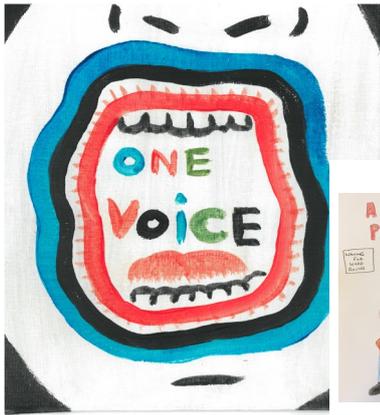
Next meeting: Friday 4<sup>th</sup> November 11-3

## NEWTON LODGE

Reviewing Involvement Structures Benchmarking Tool



## Newton Lodge Involvement Structure



With all of u



## Benchmarking Process

- Workshops- staff and service users
- Dialogue Groups (One Voice & Carers Voices)
- Ward Community Meetings
- Questionnaires; Touch screen tablets
- Consultations
- Promotional material



Involvement Standards
Recovery Standards
CPA Standards
MDT Standards
Collaborative Risk Assessment
Supporting Carer Involvement
Technology
Recruitment and Selection
Meaningful Activity
The Dining Experience



## Involvement Standards



- *What is 'Involvement' at Newton Lodge?*
- *How did we review our Involvement structures?*
- *Is being involved important to you?*
- *What are the challenges?*



### 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**

## Involvement Standards Actions



- One Voice dialogue group
  - Better publicity / access to minutes
  - Better feedback from the managers meeting
- YHIN information and feedback
- Better Community or Ward Meetings
- Staff Involvement champions
- Do 'You Said... We did...' to look at achievements as well as challenges

## Care Programme Approach (CPA) Standards



- *Please tell us why your CPA is important to you?*
- *How would you like to be involved in your CPA?*
- *Can you tell us about the CPA benchmarking workshop?*



## CPA Standards

- Positive experience overall
- Greater control to service user
- Continue to be inclusive
- *"Nothing About Me Without Me"*
- Collaboration-plan and discuss options
- Final report and input into it



## CPA Standards Actions

- CPA Planning Meeting
- CPA Pack
- Information - CPA standards
- CPA standards DVD
- Self report
- Tea & Coffee!



## Collaborative Risk Actions



- It may be possible that negative risks are given more emphasis than positive ones?
- Highlight potential benefits of positive risk taking with staff
- Pilot of 'shared HCR-20 review meeting'
- Embed as positive routine practice



## Collaborative Risk Assessment

- What do you understand by 'Shared Risk Assessment'?
- Does involvement offer you the opportunity to influence the Risk Assessment for your care?
- How would you evaluate the Standard?



## MDT Standards



- Frustrating
- No running order
- "Jockeying for position"
- Private conversations?
- Little input from service users into CTM's
- All different!



## Themes



- Joint 'Workshop' format works well
- "Small steps in right direction"
- Good attendance; participation & engagement
- Positive feedback from SU's & carers
- Action plans → continued Improvement

Newton Lodge Clinical Team Meeting/Ward Round service user involvement evaluation	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I had some input into my weekly report and have been able to make requests to the MOT.	☹️	😞	😐	😊	😄
My weekly report has been discussed with me					
The people present at ward round spoke and behaved in a respectful manner					
I had the opportunity to discuss the things that I wanted to in ward round					
I felt comfortable and was able to ask questions to clarify points in ward round					
I felt involved in the decisions made during ward round					



## Challenges



- A lot of Standards!
- Time & Co-ordination
- Complicated –scoring!
- 'Sign up'
- Representation/inclusion across large service
- Implementing action plans
- Making it meaningful!



## Incremental Gains



- "The whole principle came from the idea that if you broke down everything you could think of that goes into riding a bike, and then improved it by 1%, you will get a significant increase when you put them all together" Dave Brailsford (2012)

## Next Steps....



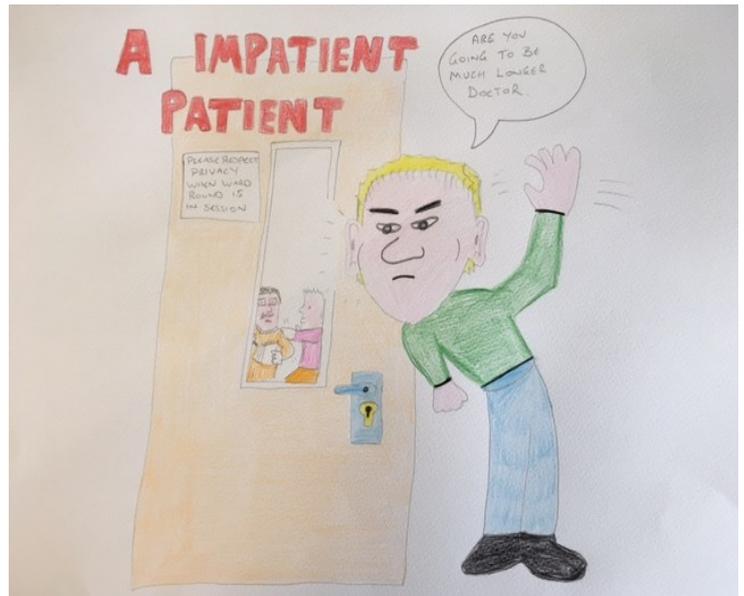
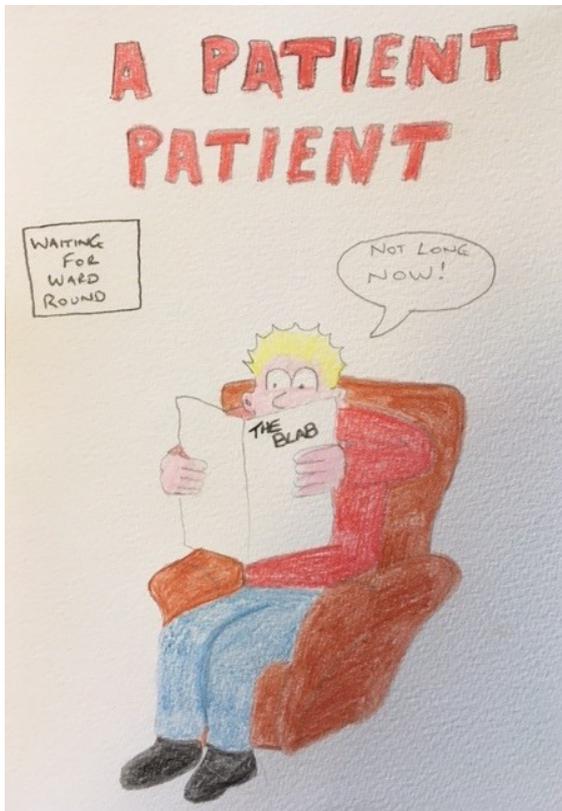
- Still one left to do: E.g. Technology
- Deliver action plans
- Quarterly updates to management team
- YHIN research project
- Review and revisit- rolling programme?



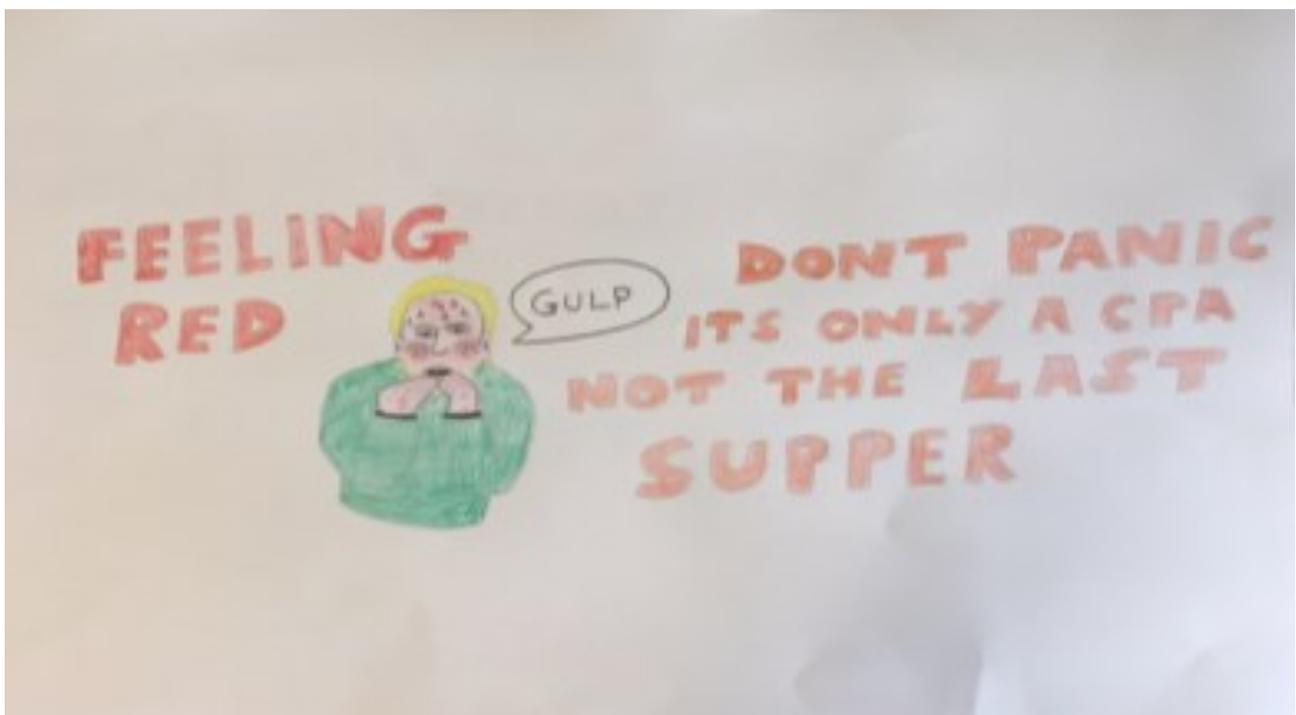
The Benchmarking Tool as an approach to achieve incremental gains- to incrementally assess and continually improve all areas of service user involvement in their recovery and care.

# Art work from Mark at Newton Lodge

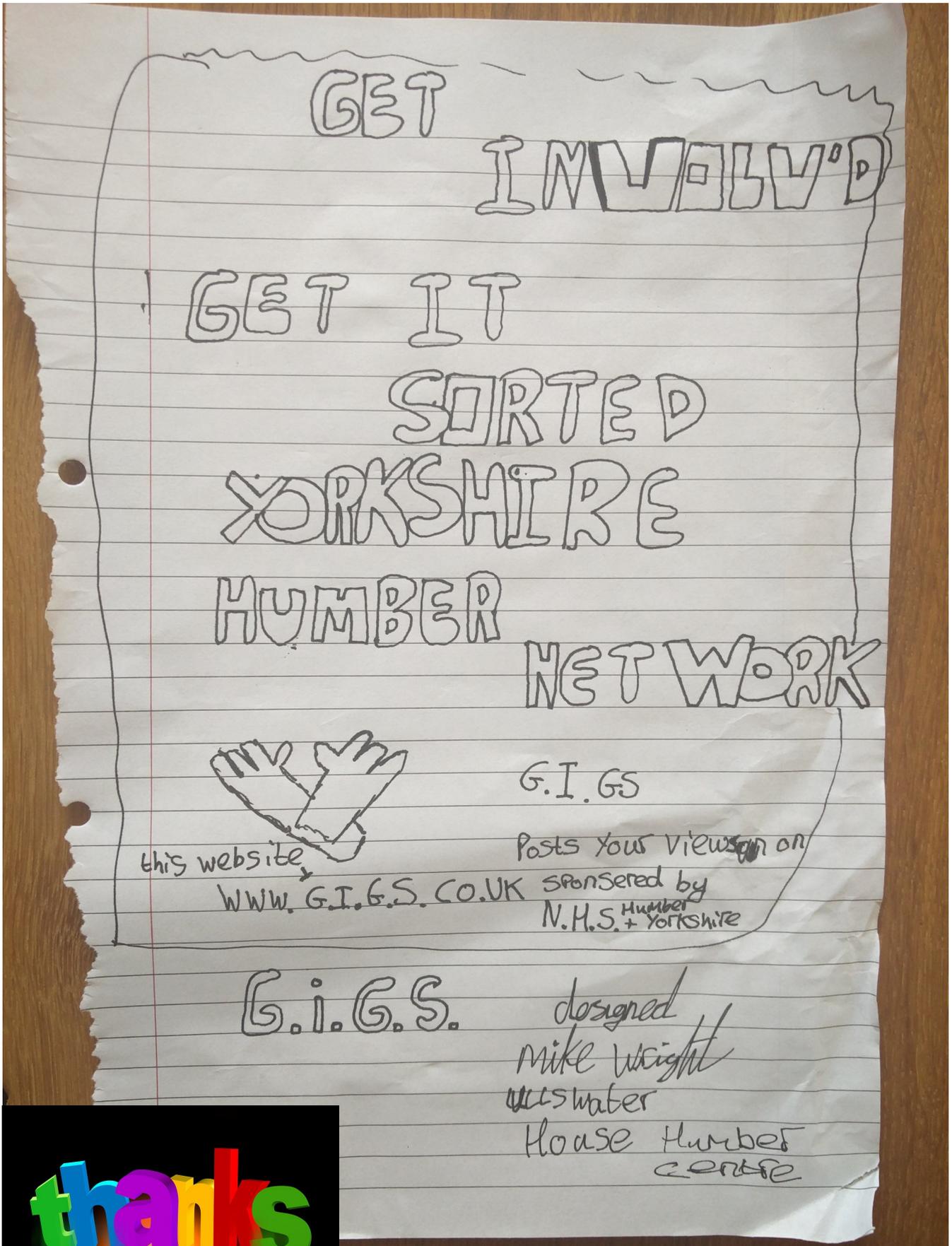
## WARD ROUND!



## My CPA?



# New Logo suggestion from Mike at the Humber Centre



# Benchmarking Group work

Have you completed it?

How did you complete them?

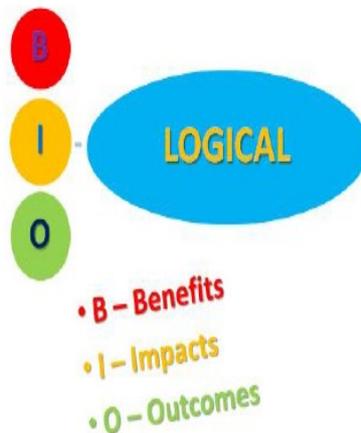
What went well?

What could have gone better?

What are your thoughts on the topics and why is it important to look at these?

## Benchmarking Tool

### Reviewing Involvement Structures



### Cygnets Sheffield

We have completed the benchmarking tool booklet  
We completed it as a group after planning meetings and community meetings

Everyone that attended got involved.

More attendance – could have done a workshop instead of after meetings

It is important to monitor and improve services. We've spotted areas where we need improvement. We have realised that we need to do more with families and are organising a family BBQ. We need to get service users involved in recruitment. Collaborative assessment going well and service users feel involved.

Patients feel involved in CPAs and ward rounds and families invited.

Dining experience scored well on benchmarking, good variety of food and eating advice available. Theme nights should be more group work as opposed to 1 person cooking or organising.

### Cheswold Park and Bretton Centre

Been doing CPA for years

Individual. Group meetings. CPA. Carers meetings. Service user meetings, coming to the meetings,

Feel involved in our care. Community meetings, service user meetings.

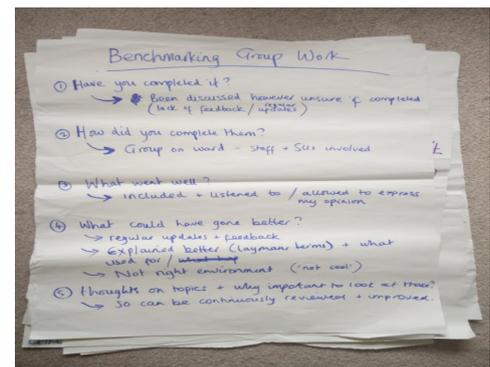
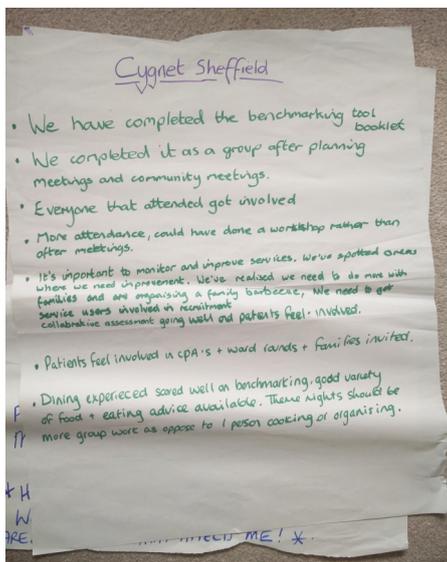
Family and friends feel involved.

Communication about report before CPA.

The loss of eating with staff.

Technology. Phones. Not all wards have them.

Taking far too long to achieve this goal.



### Benchmarking Group work

Have you completed it? Been discussed however unsure if completed (lack of feedback or regular updates)

How did you complete them? Group on ward, staff and service users involved.

What went well? Included and listened to/allowed to express my opinion.

What could have gone better? Regular updates and feedback. Explained better (layman's terms and what used for). Not the right environment (not cool)

Thoughts on topics and why important – so can be continuously reviewed and improved.

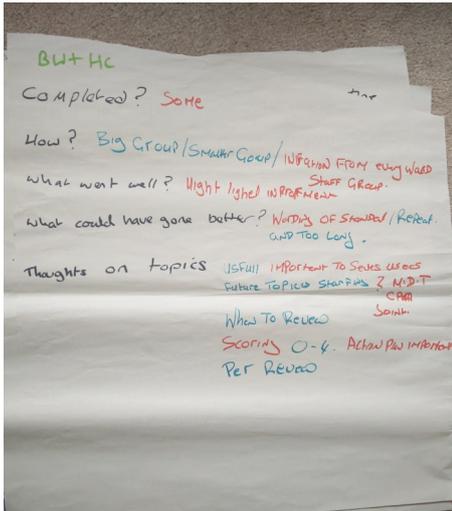
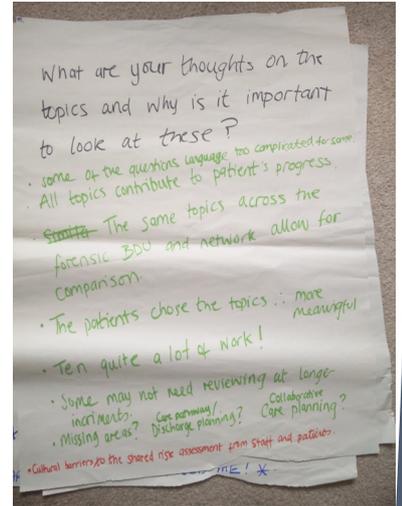
**Newton Lodge - What are your thoughts on the topics and why is it important to look at these?**

Some of the questions language is too complicated for some.

All topics contribute to the patient's progress.

The same topics across the forensic BDU and Network allow for comparison.. The patients chose the topics - more meaningful.

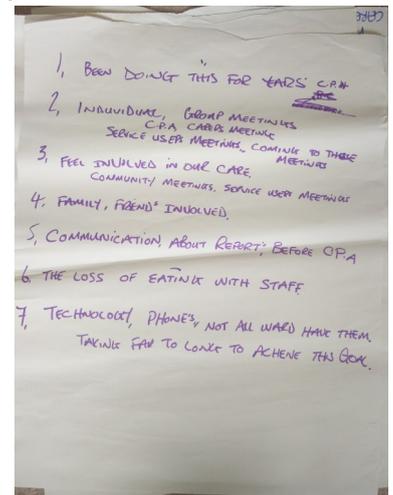
10 quite a lot of work!! Some may not need reviewing at longer increments. . Missing areas - care pathway/discharge planning? Collaborative care planning?. Cultural barriers to shared risk assessment from staff and patients.



**Wild cats**

1 a month. Community meetings, staff and service user reps, surveys, MDT vs service user. 4 different ways. Formulation, actions, carers forum, recruitment, reinforce good areas.

Language could be easier to understand. More staff attendance. Past CQUINS - mean you can't forget.

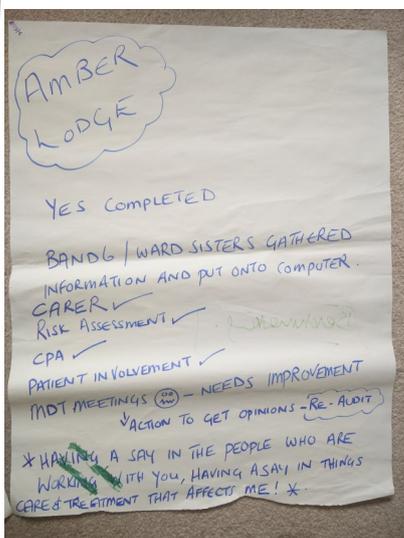


**Bradley Woodlands and Humber Centre**

Completed? Some

How? Big group/ smaller group/ information from every ward and staff group, What went well? Highlighted improvements needed

What could have gone better? Wording of standards, repetitive and too long. Thoughts on topics? Useful. Important to service users. Future topics - staffing, MDT and CPA joint. When to review, scoring, action plan important. Peer review.



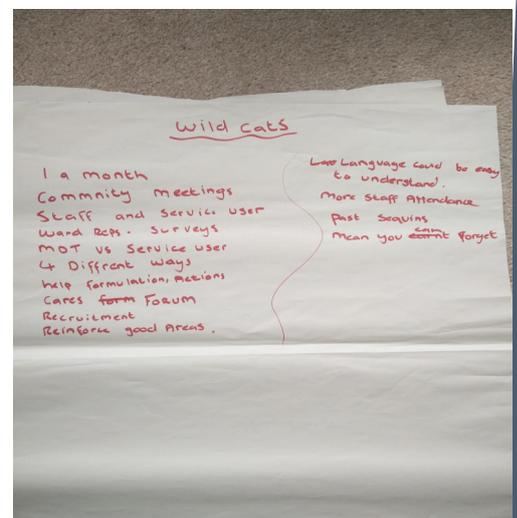
**Amber Lodge**

Yes completed.

Band 6/ward sisters gathered information and put onto computer.

Carer. Risk assessment. CPA. Patient involvement. MDT meetings need improvement - action to get opinions (re-audit)

Having a say in the people who are working with you, having a say in things care and treatment that affects me!



NHS England is about to organise a national service review of secure services and some of the aims include:

- More step down services from secure care such as better community services
- Better integrated pathways for service users
- Greater focus on prevention and access to services, better quality and experience of care

# Service Review

## Procurement Group Work

- What are the important things in your life for your health and wellbeing?

**Not just while you are in hospital!**

1. There seems to be a lot more low secure places for men not women—we need more places for women to step down. Better community services  
Early intervention.
2. Not waiting to be moved. Awaiting community accommodation  
Reduced waiting list for community services. More community services  
Temporary proposed discharge date
- 3 Improved the whole experience. More leave, more trips. More stuff.

### Prevention

Services should listen. Proactive to early warning sign detection. Early intervention. More beds available

### Reduction

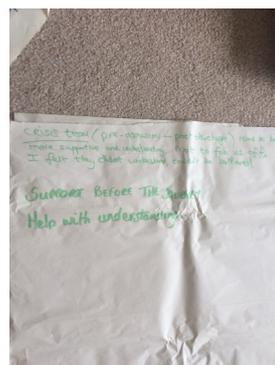
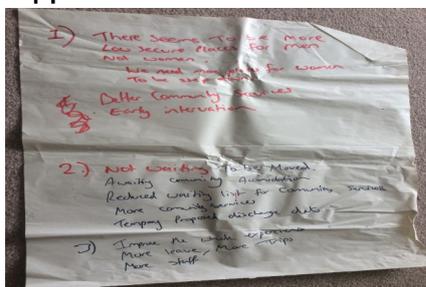
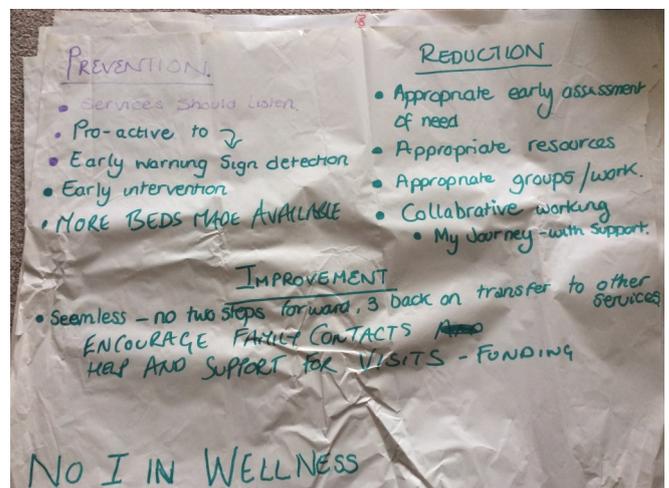
Appropriate early assessment of need. Appropriate resources. Appropriate group work. Collaborative working—my journey with support

### Improvement

Seamless. No two steps forward—3 steps back on transfer to another service. Encourage family contacts and help and support for visits and funding. No 1 in Wellness

When you think about your own personal journey into, through and out of secure care, what do you think could have prevented that journey, made it shorter, or improved the whole experience?

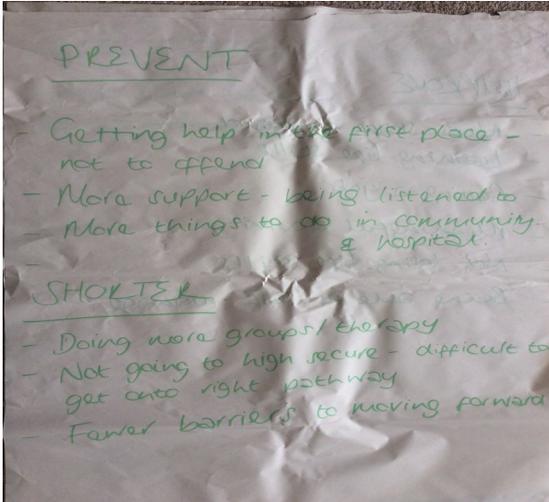
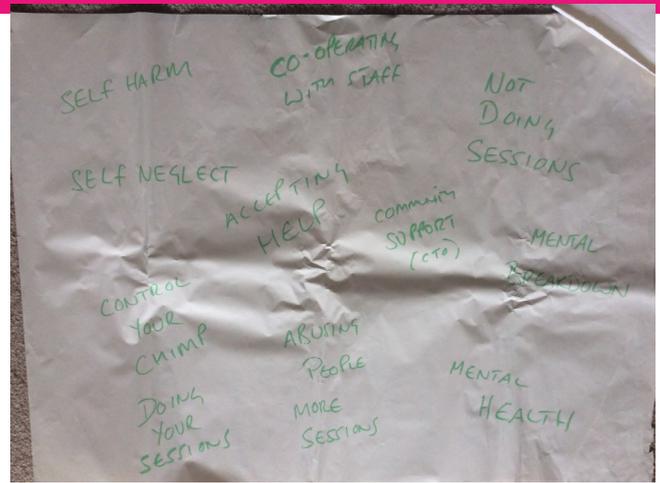
**Please write on the flip chart paper and nominate someone on your table to feed back 😊**



### Improve

- More staff on the wards
- Learning life skills
- Getting a job
- Meaningful activity
- Not losing life skills
- Being able to self manage

Self harm, self neglect, cooperation with staff. Accepting help. Community support. Not doing sessions. Control your chimp! Doing your sessions. Abusing people. More sessions. Mental health. Mental breakdown.



**Prevent**

Getting help in the first place not to offend.

More support—being listened to.

More things to do in the community

**Shorter**

Doing more group therapy

Not going to high secure—difficult to get onto the right pathway.

Fewer barriers to moving forward.

You as a person

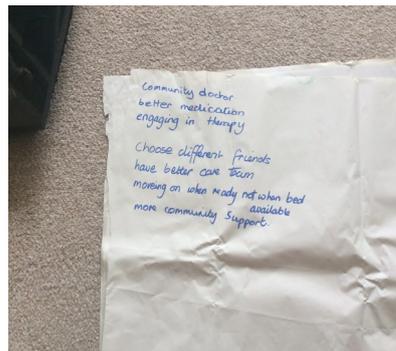
More open with feelings

Better access to outside

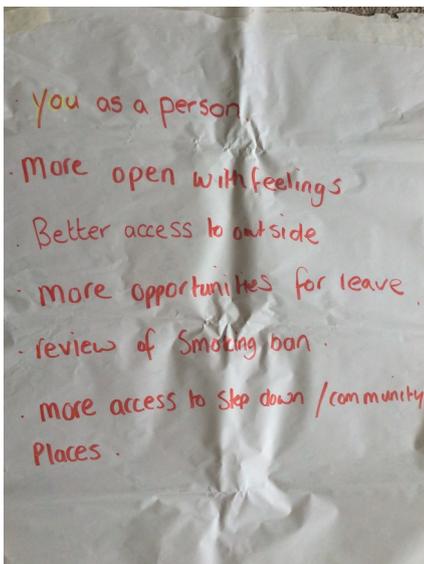
More opportunities for leave

Review of smoking ban

More access to step down places



Community doctor. Better medication. Engaging in therapy. Have a better care team. Choose different friends. More community support. Moving on when ready—not when bed is available.



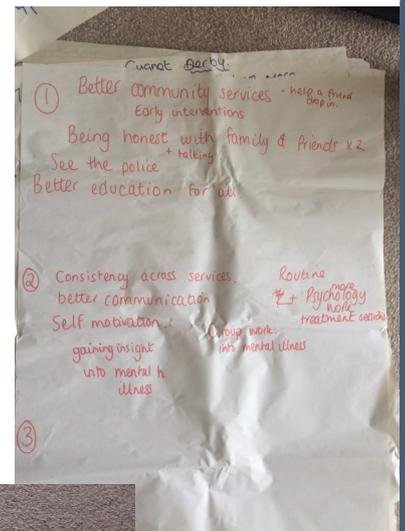
1. Better community services and early interventions—help a friend drop in Being honest with family and friends and talking.

See the police. Better education for all

2. Consistency across services. Better communication. Self motivation

Gaining insight into mental illness

Routine—psychology and more treatment group work into mental illness



People to talk to and listen to me in terms I understand

Direct me to support services

Waiting times don't help there and then

More interaction with professionals

Staff around



## Cygnets Derby

Making the journey shorter—could have more psychology 1:1 sessions on individual case by case.

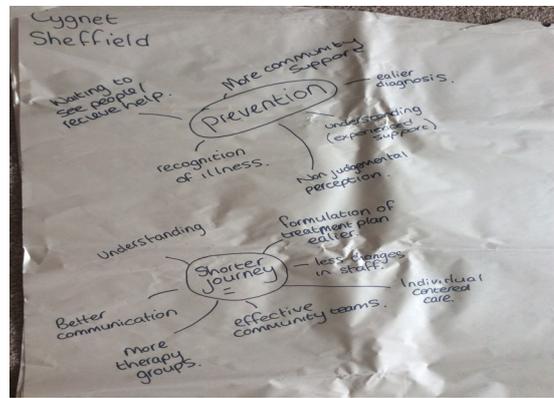
Improving journey—guiding to come through.

MoJ to expedite their involvement

Have a more seamless service

Housing process faster, clearer and somebody to take responsibility of the process

More mental health services in community



## Cygnets Sheffield

### Prevention

Waiting to see people to receive help

More community support. Earlier diagnosis. Recognition of illness

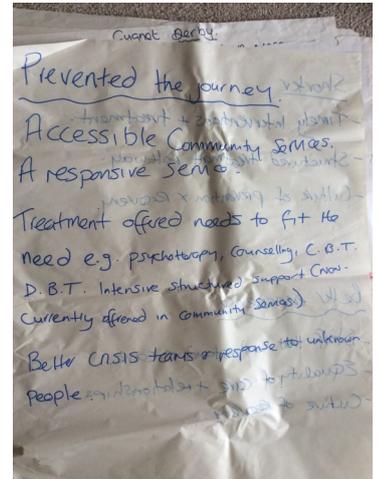
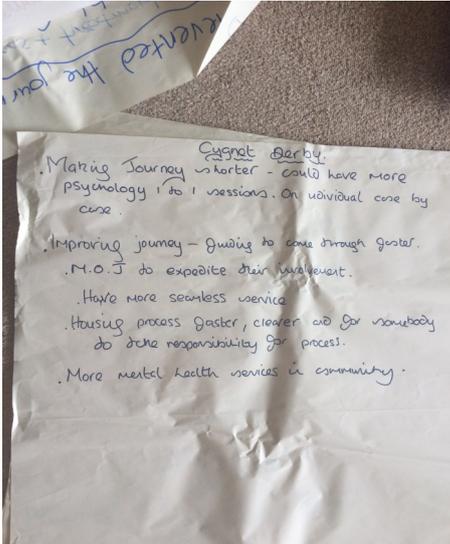
Non judgemental perception

Understanding (experienced support)

Shorter journey. Understanding

Better communication. More therapy groups. Effective communication

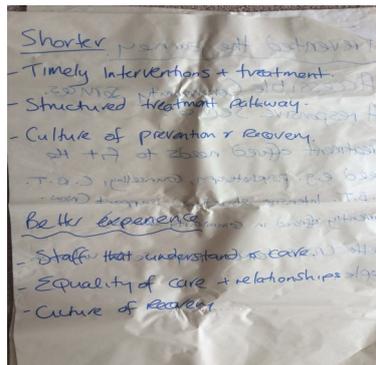
Individually centred care. Formulation of treatment plans. Less changes in staff



### Shorter

Timely interventions and treatment. Structured treatment and pathway. Culture of prevention and recovery. Better experience. Staff that have understanding and care

Equality of care and relationships. Culture of recovery.



### Prevented the journey

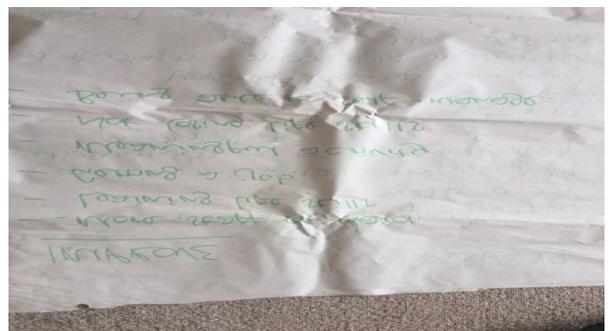
Accessible community services

A responsive service

Treatment offered to fit my needs e.g. psychotherapy, counselling, CCCBT, DBT

Intensive structured support now currently offered in community services

Better crisis teams and response to unknown people.



Not aware of services

Earlier intervention

Lack of knowledge of services

Using community leave more responsibly

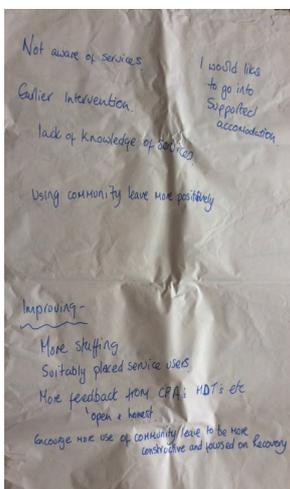
I would like to go into supported accommodation

Improving. More staffing

Suitably placed service users

More feedback from CPA's MDT's etc. more open and honest

Encourage more use of community leave to be more constructive and focussed on recovery



# 5 Year Strategy

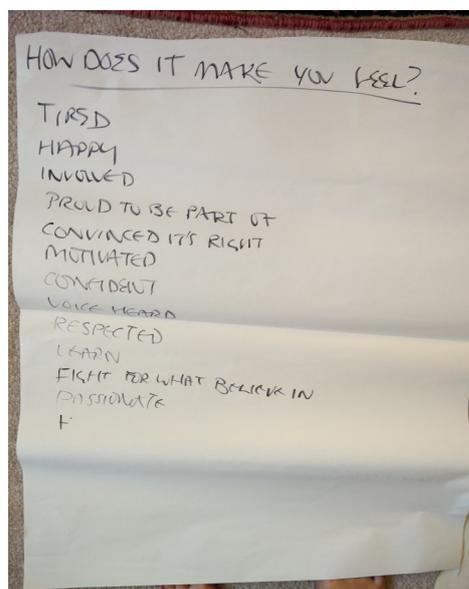
**1. What are the good things that you get from coming to the groups?**

**2. What makes you keep coming?**

**3. How do you feel when you come to the meetings?**

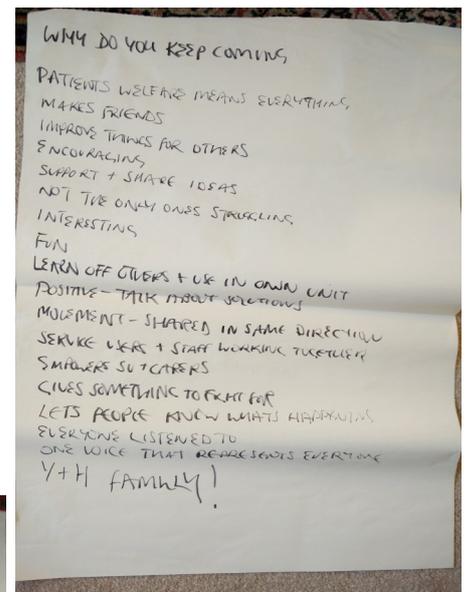
How does it make you feel?

- Tired
- Happy
- Involved
- Proud to be a part of it
- Convinced it's right
- Motivated. Confident
- Voice heard.
- Respected
- Learn. Fight for what we believe in
- Passionate



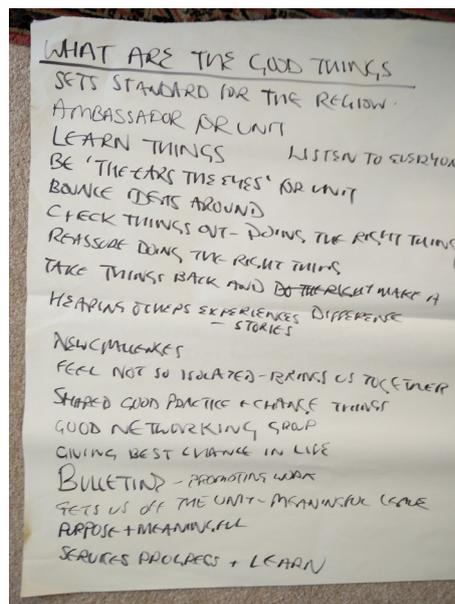
Why do you keep coming

- Patients welfare means everything
- Make friends
- Improve things for others
- Encouraging
- Support and share ideas
- Not the only ones who are struggling
- Interesting
- Fun
- Learn off others and use in own unit
- Positive—talk about solutions
- Movement—shaped in the same direction
- Service users and staff working together
- Empowers service users and carers
- Gives something to fight for
- Lets people know what is happening
- Everyone is listened to
- One voice that I represents everything
- Yorkshire and Humber Family!



What are the good things?

- Sets standards for the region
- Ambassador for unit
- Learn things. Listen to everyone
- Be the ears for the unit
- Bounce ideas forward
- Check things out—doing the right thing. Reassure doing the right thing. Take things back and make it happen. Hearing others experiences and different stories
- New challenges
- Feel not so isolated—brings us together. Good networking group
- Giving best chance in life
- Bulletins—promoting work
- Gets us off the unit—meaningful leave. Purpose and meaningful
- Services prosper and learn

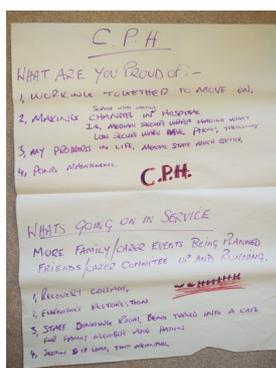


# Y & H Network Round Robin

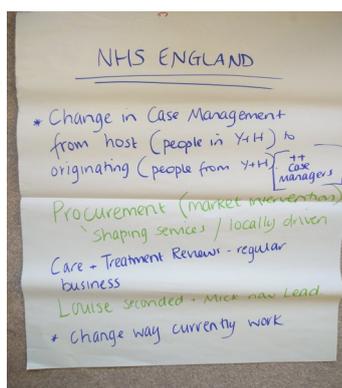
A permanent feature of the Yorkshire and Humber Network meetings is the Round Robin. Towards the end of the meeting everyone gets their lunch and the we go round and get a quick update from all the services about the things they have been up to since the last meeting. This is a good way to share information, 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.

## Cheswold Park

What are you proud of  
Working together to move on  
Making changes in the hospital— i.e. Medium secure having what low secure have got—phones, technology  
service user meetings  
My problems in life—mental state much better  
Pond maintenance  
What is going on in the service  
More family and carer events being planned  
Friends and carer committee up and running  
Recovery college  
Furniture restoration  
Staff dining room being turned into a café for family members and patients  
Section 17 leave that is meaningful



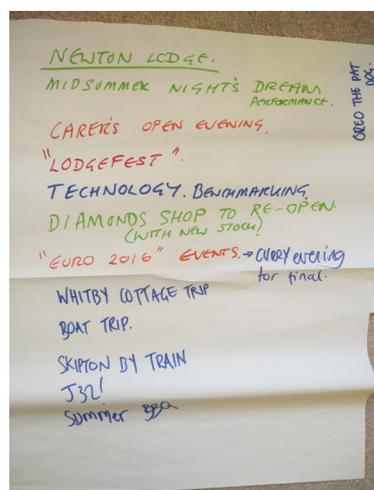
## Moorlands View



## Clifton House

## Newton Lodge

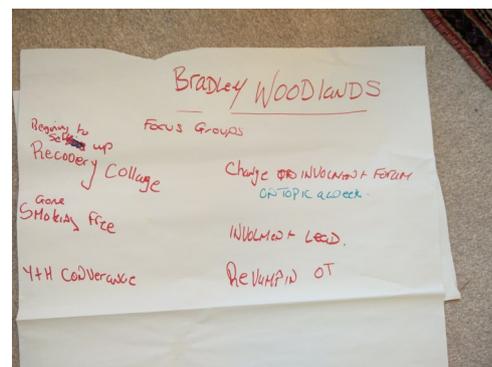
A Midsummer Nights Dream  
Carers open evening  
Lodge fest  
Technology benchmarking  
Diamonds shop to reopen with new stock  
Euro 2016 events.  
Curry evening for the final  
Whitby cottage trip  
Boat trip. Skipton by train  
J32!. Summer BBQ



## Stockton Hall

## Bradley Woodlands

Focus groups  
Beginning to set up recovery college  
Gone smoke free  
Y & H conference  
Revamping OT. Change in involvement forum—1 topic per week  
Involvement lead post



## NHS England

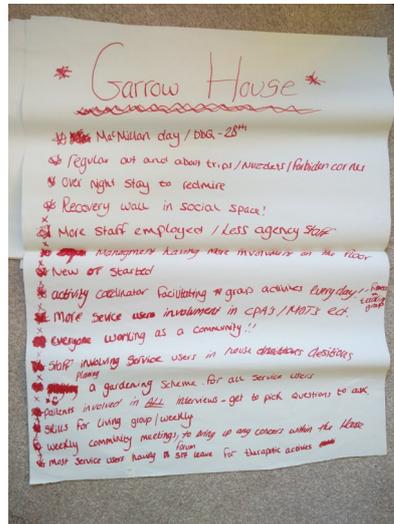
Changes in case management from host (people in Y&H) to originating (people from Y&H).  
Increase in case managers planned  
Procurement (market intervention) shaping services / locally driven  
Care and treatment reviews — regular business  
Louise has been seconded—Mick now Lead.  
Change the way we currently work

## Cygnets Sheffield

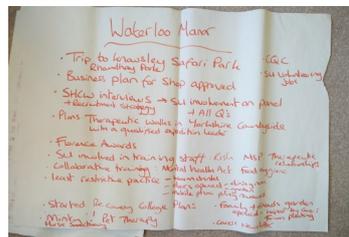
BBQ. Daytrip to Clumber Park  
NHSE positive  
New recovery through activity  
Half of all patients have got unescorted leave. Enter art competition  
Good least restrictive practice  
Painting garden fence  
Feet therapy. Music concert

## Garrow House

MacMillan day BBQ 28th  
 Regular out and about trips. Nuzzlets.  
 Forbidden corner. Over night stay at  
 Redmire. Recovery wall in social space  
 More staff employed/ less agency staff  
 Management having more involvement  
 on the floor. New OT started  
 Activity coordinator facilitating groups  
 activities every day!  
 More service user involvement in CPA's,  
 MDT's etc. everyone working as a  
 community!. Staff involving service  
 users in house decisions and planning.  
 A gardening scheme for all service  
 users. Patients involved in ALL inter-  
 views—get to pick questions to ask  
 Skills for living group weekly  
 Weekly community meetings to bring up  
 any concerns within the house  
 Most service users having section 17  
 leave for therapeutic activities.

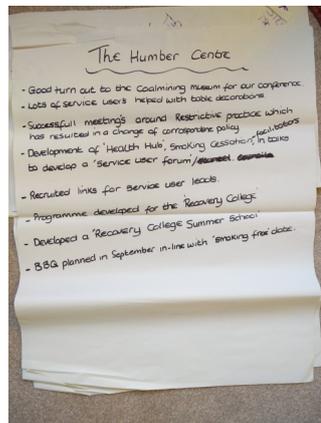


## Cygnets Bierley



## Humber Centre

Good turn out to the Coal Mining Museum for  
 the conference—lots of service users helped  
 with table decorations  
 Successful meetings around reducing  
 restrictive practice which have resulted in  
 change of correspondence policy  
 Development of Health Hub—smoking  
 cessation facilitators in talks to develop a  
 service user forum  
 Recruited links for service user leads  
 Program developed for the Recovery College  
 Developed a recovery college summer school  
 BBQ planned in September in line with  
 \smoke Free date.



## Waterloo Manor

Trip to Knowsley Safari Park and  
 Roundhay Park  
 Business plan for shop approved  
 SHCW interviews—service user  
 involvement on the panel— and all  
 questions—recruitment strategy  
 Plans therapeutic walks in  
 Yorkshire countryside with a  
 qualified expedition leader  
 Florence awards.  
 Service users involved in training  
 staff Risk Collaboration training,  
 MSP, therapeutic relationships,  
 MHA, Food hygiene.  
 Least restrictive practice—warm  
 drinks, doors open, dining room,  
 garden mobile phone policy  
 reviewed.  
 Family and friends garden opened  
 and helped by carers forum,  
 planting.  
 Started recovery college plans

Pet therapy, minty! Horse  
 sanctuary. CQC  
 Service users volunteering  
 jobs.

## Amber Lodge

Trying to improve the  
 building  
 Pat dog  
 CQUIN's Reducing restric-  
 tive practice and cTR  
 Drumming sessions  
 Interviewing nursing as-  
 sistants and OT  
 Forensic peer review posi-  
 tive. Summer ball  
 Trip to other areas



## Newsam Centre

## Forest Lodge

## Bretton Centre

## Newhaven

## Wathwood

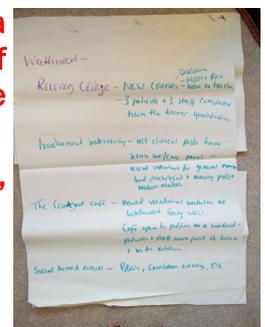
Recovery college—new  
 courses—disclosure,  
 Mood and food.  
 Introduction to Thai Chi.  
 3 patients and staff  
 completed the train the  
 trainer qualification

Involvement interviewing—all clinical posts  
 have service user involvement on the panel.  
 Recent interviews for general manager, lead  
 psychologist and nursing posts and modern  
 matron.

The courtyard café—newest vocational initiative  
 at Wathwood—going well

Café open to the public on a  
 weekend—patients and staff  
 work front of house and in the  
 kitchen

Social themed events—BBQ,  
 Caribbean evenings, Eid.



# Yorkshire and Humber Newsletter



*We need you!*

**Do you like....**

**Writing articles?**

**Poetry?**

**Creative Writing?**

**Artwork?**



Please note we will say in the newsletter who sent it in, (first name and service) so if you would rather it was put in anonymously then please let us know.

We would love to hear from you!

We are Holly and Jo, we work as Involvement Leads across all the secure services in Yorkshire and Humber and we want to produce a newsletter so that everyone can share these things with each other.

It will be a great way to find out about what is happening in other hospitals, as well as sharing your work with others.

You can ask a member of staff to send things to us, or you can send them direct if you have access to email on

[holly.alix@nhs.net](mailto:holly.alix@nhs.net)



# YORKSHIRE AND HUMBER NETWORK

Friday 4<sup>th</sup> November 2016

Sandal Rugby Club Wakefield

11am – 3pm

Lunch and refreshments provided

Role Description for attending the Yorkshire and Humber meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service

