

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 June 2017

Title and Author of Paper: Positive and Safe Care Annual Report 2017
Ron Weddle, Deputy Director, Positive and Safe Care

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer.

Paper for: Information

Key Points to Note:

The paper outlines the work to date in relation to the Trust Positive and Safe Strategy.

Risks Highlighted to Board :

N/A

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

If Yes please outline

Elements relate to Trust CQC outstanding action plan.

Equal Opportunities, Legal and Other Implications: None

Outcome Required: continued support of Positive and Safe Strategy

Link to Policies and Strategies: Positive and Safe Strategy

Positive and Safe Care

Annual Report 2017



Introduction

Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW) does not accept the occurrence of incidents of aggression and violence, and the restrictive interventions required to manage such incidents, as inevitable in our mental health and learning disability services.

We aspire to eradicate aggression and violence, self-directed and towards others, from our services by implementing an organisational strategy that enhances our understanding of the causes and allows us to progress the interventions necessary to promote a service that is safe for our patients, staff and the wider community working together with stakeholders to achieve this goal.

- The NTW Positive and Safe Strategy focuses on primary prevention and safe and therapeutic secondary and tertiary intervention which is carried out in a culture of care and recovery.
- Our overall aim is to minimise the use of all restrictive interventions and promote collaborative working to ensure our service users are cared for in environments that are safe and focus on evidence based therapeutic intervention and recovery by teams committed to a culture of incident reporting, meaningful post incident support / debrief and clinical risk review to inform organisational learning.
- Despite major progress in the last decade, some clinical settings have a continued overreliance on the use of seclusion, restraint and rapid tranquillisation.
- Action to address the underlying cultural dimensions via an organisational strategy is key to achieving our service improvement objectives.

Reference extracts NTW positive and safe strategy V01.2

In May 2016 a small 'virtual' team was formed by Gary O'Hare, Executive Director of Nursing and Operations to deliver the aspirations outlined within NTW's Positive and Safe strategy, consisting of:-

| | |
|---------------|--|
| Rod Bowles | Head of Positive and Safe Care |
| Dr Tim Diggle | Consultant Clinical Psychologist – Specialist Services |
| Chris Gibbs | Peer Support worker and service user lead for Positive and Safe Care |
| Craig Newby | Patient Safety Manager |
| Laruen Pirt | Peer Support Worker |
| Ron Weddle | Deputy Director Positive and Safe Care |

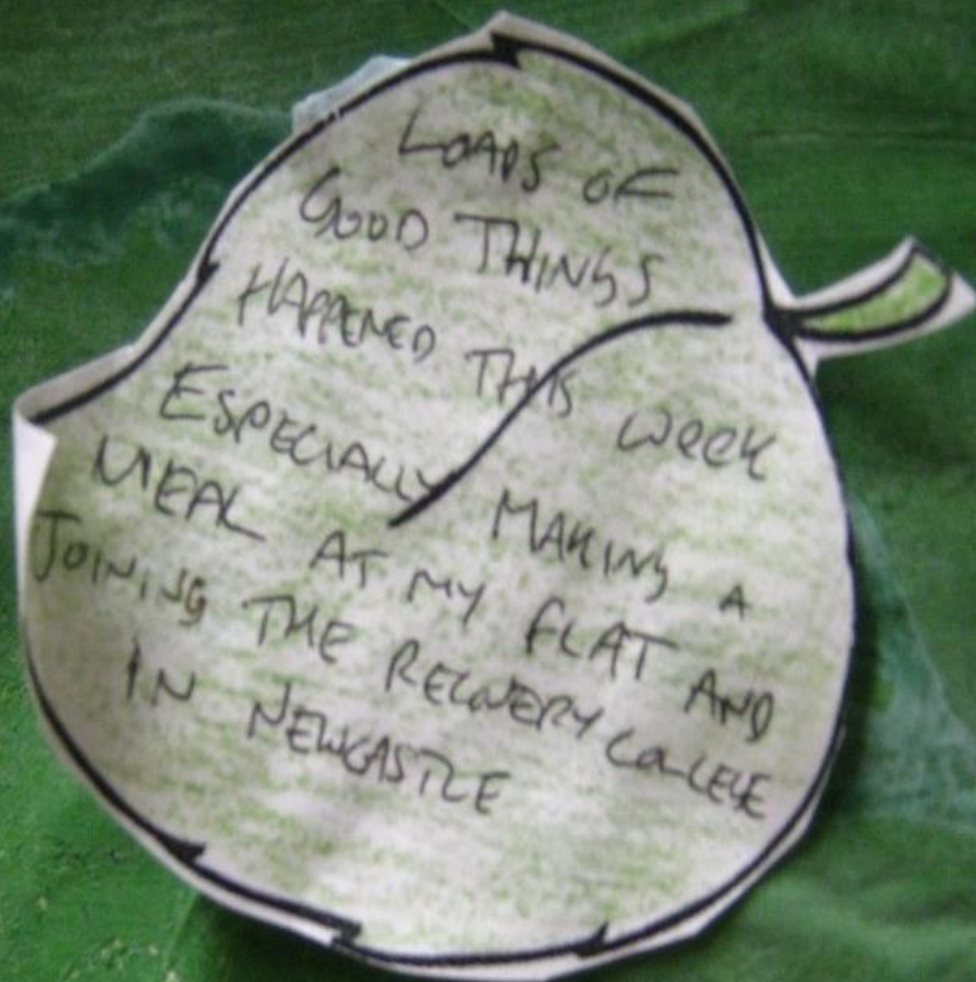
The overarching aim of the strategy is to transform the culture within teams, wards and the organisation to better reflect the principles of therapeutic community, whilst emphasising the prevention of violence and aggression and wider benefits of more proactive and patient centred approaches as opposed to an over reliance on reactionary strategies.

The team is also supported by an extensive network of expert, enthusiastic and committed clinicians across NTW, contributing to the successful ongoing implementation of Talk 1st NTW's restraint reduction programme and other initiatives, which support the delivery of Safe and Positive Care.

Talk First Leads:-

Lisa Strong
Helen Goudie
Sheryle Cleave
Rebecca Trevarrow
Sue Faulkner
Terry Renaldy
Julie Apedaile
Tonia Forster
Nicola Crosby
Rob Bailey
Sheree McCartney
Kelly Chequer

Newton Ward at St Georges Park –
Message on Tree of Hope





Talk 1st

In September 2016 Talk 1st commenced with a Cohort Model for all in patients wards across the Trust.

Each cohort consisted of approximately 5 Adult Inpatient Care wards and the same number of Specialist Care wards, over two days. There were up to 10 members from each Multi-Disciplinary Team (MDT) who were invited for the day's induction.

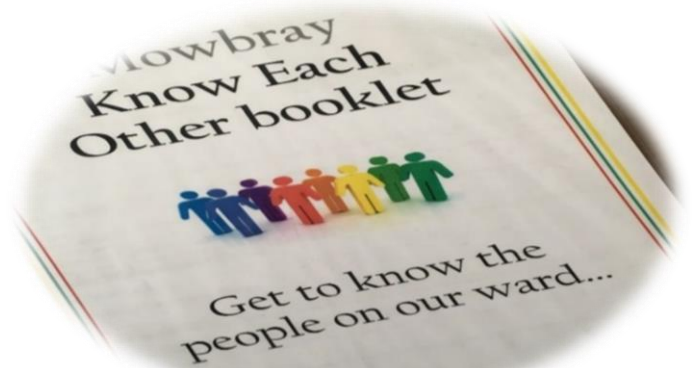
The teams were supplied with dashboard data 3 months prior to attending the induction day. This data included the numbers of incidents, the times of the week and the time of the day that incidents happened, the number of restraints and if Prevention Management of Violence and Aggression (PMVA) Techniques were utilised pertinent to their individual wards.

This enabled teams to discuss their own statistics within the multi-disciplinary team prior to the induction day and to feedback on the day to the rest of the cohort on their findings and the rest of the cohort members present could add comments or suggestions to the team presenting.

The day also consisted of some background to the Positive and Safe and Talk 1st agenda's, a presentation from Peer Support Workers, and the opportunity for teams to formulate their first three month action plans regarding Talk 1st. This would include any plans regarding the team's initial statistics, the implementation of some of the Safewards interventions and also Star Wards ideas.

Safewards is a thoroughly researched set of 10 interventions that focusses on factors influencing Safety. These are divided into Conflict, ie Patient behaviours that threaten their own safety and the safety of others. Examples are, violence and aggression, self-harm and illicit substances. Containment are the preventative measures employed to minimise harmful outcomes utilised by staff. Examples are locked doors, Legislation (Mental Health Act, Deprivation of Liberty and the Mental Capacity Act), Supportive medications and increased Observations.

There are six Domains that influence conflict and containment, these include, The Staff Team-custom and practice, routines and regulations, Patient Characteristics-symptoms, acuity, personality traits, and demographic features and Physical Environment-Quality of ward and furnishings, complexity of the layout, locked doors and the atmosphere.

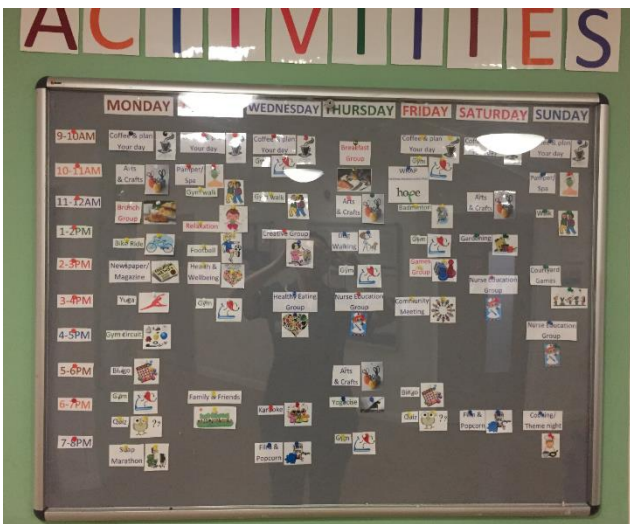


Mowbray Ward

The 10 interventions can appear to be deceptively simple, these are:

- 1) Clear Mutual Expectations, these are developed between service users/ carers and staff to agree on what service users can expect from staff and vice versa.
- 2) Soft Words, these are statements that offer advice on dealing with 'flashpoint' situations and look at alternatives to saying no to services users.
- 3) Talk Down methods offer strategies on de-escalation for staff.
- 4) Positive Words, proposes staff to make at least one positive statement about each patient and offer a psychological explanation for any possible challenging behaviour.
- 5) Bad News Mitigation, helps staff notice flashpoints rapidly and act fast to mobilise psychological and social support for the patient before the distress turns into a conflict incident.
- 6) Know Each Other, with consent, capacity and confidentiality considered, staff and patients provide non-controversial information about each other, this could include hobbies, music, TV programmes. This information is then placed in a file and made available in communal areas.

Lamesley – Activities Board



- 7) Discharge Messages, service users are encouraged to write messages that will be displayed in communal areas, these could include; what they liked about the ward, a message about staff, what went well, a positive and helpful piece of advice for new patients.
- 8) Reassurance, Following an anxiety provoking incident every person involved or witness to the incident should be offered, 1:1 time with staff, what effect it has had on the patient, how can staff help, give an explanation of the incident, as much as possible. Staff provide extra support presence in communal areas to offer additional support.

- 9) Calm Down Methods, a box of equipment aiming to reduce levels of arousal and agitation is available. It can be an alternative to support medication and provides alternatives to unhelpful coping techniques.
- 10) Mutual Help Meeting, this intervention proposes to hold a voluntary meeting between staff and patients at least three mornings per week to discuss how everyone can help each other for the rest of the day.

Star Wards, are 75 ideas that were devised by a service user looking at meaningful activities for service users, these can be utilised at any time but traditionally evenings and the weekends have been times with little or no activities planned. The ideas can range from having a range of newspapers and magazines available for the service users, to themed social events in the evenings and a full range of activities.



Mowbray – Star Wards Full Monty Award

The action plans were then uploaded onto the Talk 1st Intranet site called the 'Good Stuff' and can then be viewed by all.

Once each team has been through their initial induction, they are then scheduled to return every three months in the audit cycle to present their previous three months progress and to enable the teams to formulate their next three month plans.

All in patient wards across the Trust have completed their initial induction day, and two community teams from Addiction Services, the cycle of teams returning for their reviews has also commenced.

Use of data across Trust

A key area for development, when formulating the plan for Talk 1st, was to provide clinicians with live incident data, which could influence clinical decision making.

Influential papers by Huckshorn ([6 Core Strategies](#)) and Colton ([9 point checklist](#)) highlighted the need for clinical teams to be able to analyse incident data when formulating plans around reductions in restraint and seclusion.

In June 2016 a draft dashboard was developed in paper format, with input from experienced clinicians from a number of different backgrounds. The objective of this initiative was to develop a data dashboard, which provided meaningful information in a user friendly format, showing key metrics around:

- Use of restraints
- Use of seclusion
- Violence and aggression
- Use of mechanical restraint equipment
- Self-harming behaviour
- Assaults on staff
- Use of rapid tranquilisation
- Reasons for restraint

The dashboard has been developed as a collaborate project between the Talk 1st team and Informatics. Early feedback from staff has been very useful in further developing the dashboard to provide the information in a more informative style.

The dashboards are now available to all clinical staff and used in a variety of ward based meetings including Care Programme Approach (CPA) reviews, Talk 1st Cohort Reviews, Positive and Safe Groups, Care and Treatment Review's (CTR), etc.

Access to the dashboard is constantly monitored and it's encouraging to see page access increasing month on month to around 1300 hits per month. Clinical feedback around the use of the dashboard has been really positive. This has been acknowledged during Talk 1st Cohort Reviews and staff meetings. Examples are shown below:

Autism Services:-

- Visual component on dashboard is hugely valuable within CTR's/CPA's to show to Clinical Commissioning Group's (CCG) / other stakeholders and carers.
- Used within staff meetings and supervision to demonstrate positive interventions and direct correlation of reduction of violence and aggression – very powerful when it feels 'difficult, all the time' for staff supporting the patient.
- Plays an increasingly large role within formulation meetings directly informing Positive Behavioural Support (PBS) plans and escalation curves allows for the unpicking of behaviours and informs the function of behaviour.
- Great to use within Positive and Safe for general trends on ward – allows for constructive challenge within the team.

Adult Acute Mental Health:-

- The information contained within the dashboards enabled the teams to make initial hypothesis regarding the factors associated with 'flashpoints'. For example, analysis of the peak times for incidents on many units suggested a correlation between incidents and staff being unavailable to share information with patients whilst the 'daily board reviews' were taking place. This enabled teams to select the most effective times to deliver their Safewards and Star Wards interventions.
- The data has also helped staff to appreciate the benefits of incident reporting. Incorporating a review of the dashboards within the Talk 1st support groups has exposed a range of staff of different grades to the relevance and usefulness of data analysis in their day to day roles.
- Having a visual representation of reduction in incidents has been an encouraging validation of their efforts so far.
- They provide information that is accessible for all, in a format that is easy to understand. Graphs and visual representations are great and people can quickly make sense of the information.
- I regularly use the information in the Positive and Safe Supervision Group and they have acted as a starting point/catalyst for some valuable reflections on practice and systems.

Children and Young Peoples Services (CYPS):-

- Using the dash board for clinical team meetings is great – helps to identify trends and rather than relying on hunches provides robust evidence of clinical activity. As Registered Clinician (RC) it also provides me with quick access to look at each young person's profile and get a quick snap shot of progress.
- Talk first dashboards have enabled a quick and easy reference to incident data. It has enabled rapid accessibility to identify and review patterns of behaviour and trends. We use the data within formulation, clinical team meetings and CPA meetings and have formulated risk management plans using the data collected.
- We use the dashboards within ward meetings to monitor ward temperature – often what is perceived isn't reality i.e. staff may feel that the number of incidents are increasing and are seeing little improvement with the young people when actually the data is showing the opposite.

The data provides an opportunity to closely monitor and compare restrictive practice from trust level down to individual service users. By including backdated information from the data warehouse it's now possible to quickly compare annual / monthly metrics and provide estimated annual data based on current incident rates.

Future Development

The dashboards are constantly developing in line with clinical requirements via regular feedback sessions. During 2017-18 the plan is to extend information in a number of key areas such as restraint, seclusion and violence and aggression. In addition to this, preliminary work is underway with Speech and Language Therapy (SALT) professionals to explore the possibility of providing the Talk 1st data in a patient friendly format.



Example of Talk 1st Dashboard

Inpatient Group

Progress to date

- From September 2016 – January 2017 all Adult and Older Persons wards (x 6 cohorts) were invited to attend a Talk 1st initiation day.
- Teams are now being invited to return for 3 monthly review sessions.
- All wards are developing 'clear mutual expectations'. We are fortunate to have an advanced version of 'calm down techniques' as almost all wards now have fully functioning 'chill out rooms'. Other interventions which have been particularly popular include 'Discharge Messages', 'Positive Words' 'Mutual Help Meetings' and 'Talk Down Tips'.
- Many of our wards have developed innovative ideas and practice to support positive changes to culture and the care environment. Some of these have been inspired by 'Star Wards'. Photographs of some of these examples can be found in the "Good Stuff" web resource alongside many of the Safewards interventions.

Examples of 'Bright Ideas'

- Daily coffee mornings combined with 'mutual help meetings' have been established on many wards, specifically planned during time periods associated with increased incidents. Fresh coffee and healthy breakfast snacks are available. Agenda items include a ward "star of the week" nominated by patients and staff and a 'round of thanks'. This has been very well received and has promoted positive regard between patients and staff with open expressions of warmth and mutual appreciation, improved sense of shared community and pride in the environment.
- Shared lunches with staff and patients on male High Dependency Unit, promoting engagement and establishment of relationships.
- Healthy lifestyle groups.
- Mindfulness sessions.
- Introduction of Activity Coordinator 7 days a week on female admission unit in response to data analysis of peak times of incidents. Peer support workers offering post incident support to patients following incidents.
- Use of CCTV to enhance patient debrief.
- Digital Aquariums on older persons units, effective in reducing levels of agitation.
- 'Forget-me-not' message boards, displaying positive and helpful advice for new patients, promoting messages of well-being and hope.
- Digital reminiscence therapy, using assistive technology to support activity. This is a valuable resource which assists calm down methods, reassurance and distraction.

Talk 1st Support Groups

- These groups are available across localities, chaired by the Talk 1st Leads. The aim is to provide an informal, 'workshop' forum where staff of all grades and disciplines can share their Talk 1st progress and ideas. Potential solutions for barriers to implementation of plans are explored. North of Tyne format includes a Safewards 'Master Class' where an intervention is looked at in depth utilizing a range of resources and media and a review of dashboard data.

Themes emerging and some of the issues explored

- Use of language – how powerful this can be in context of setting the tone for the shift ahead. Exploration of stigmatising and negative language.
- How can we ensure the limited time available to us at hand overs is used most effectively?
- Impact of uniforms on our ability to engage with service users- did this enhance or stand against the development of therapeutic alliance?
- Do patients respond differently to different grades of staff? Why might this be? How may this be perpetuated? Support staff sometimes feel less able to de-escalate situations because patients perceive qualified staff as holding the 'power'.
- Staff have observed differences in the way different staff communicate, some more 'authoritative' others more 'respectful' with different outcomes resulting.
- Examples of how listening and 'bringing down' the volume and tone reduces verbal hostility and escalation.
- Exploration of assumptions/staff attitudes regarding the concept of 'malignant alienation'.
- Respectful and Polite – genuineness and empathic approach whilst turning down requests – avoiding saying no.
- Reflection on clinical examples linking stories to theory.
- Knowing your patient-establishing a therapeutic relationship, building trust and engagement, knowing what type of approach the patient will prefer.
- Knowing your team being able to trust each other, knowing who is coordinating a shift, someone taking charge of tricky situations and knowing the strengths of each member of staff.
- Being gentle. Being respectful.
- Having an awareness of our own anxieties and managing this.
- Being aware of tone of voice, body posture, when to be directive and when to offer choice. Delimiting techniques.

Positive and Safe Supervision Groups

- Monthly forums across each locality, available to all staff regardless of grade and discipline. The NTW Positive and Safe Strategy focuses on primary prevention and safe and therapeutic secondary and tertiary intervention which is carried out in a culture of care and recovery. These groups provide an opportunity to reinforce these principles and the interventions promoted by the Talk 1st initiative. The groups encourage staff to reflect on untoward incidents which may have occurred to facilitate meaningful debrief and post-incident review in order to ensure lessons are learned and inform organisational learning.

Themes emerging and some of the issues explored:

- The impact of a restraint situation can be significantly altered depending upon how carefully managed it was at the time. Staff prefer to know who is 'in charge' of coordinating restraint situations but leadership at such times isn't always clear.
- Staff have benefitted from debrief when this has been done in a timely manner and with sensitivity.
- Attitudes towards Mechanical Restraint Equipment (MRE) varies. Many staff find MRE distasteful, undignified and as a 'last resort' to be used only when there is a direct risk to staff or patients. Some staff report positives such as in the case of patients who benefit from the sensory aspects of MRE or who find MRE preferable to hands on restraint.
- Newly qualified staff do not consider previous training in de-escalation techniques as being sufficient preparation for practice.
- Knowing your team and your patients promotes confidence in management of situations that have the potential to escalate.

Physical restraint equipment (Mechanical Restraint)

Any use of Mechanical Restraint Equipment is classed as an exceptional clinical event. Therefore in line with the **Positive and Safe, Recognition, Prevention and Management of Violence and Aggression (PMVA) Practice Guidance Note (PGN) Safe Use of Mechanical Restraint Equipment – V03**, we must ensure that any use must be reasonable, proportionate and a justifiable response to the risk posed by the patient.

All wards with the Adult Directorate are expected to provide monthly returns reporting on their use of any Mechanical Restraint Equipment in line with the PGN above. The Clinical Nurse Managers complete a monthly return of incidents which will include 3rd party use. All wards are also expected to carry out a "Post Incident Review" following every incident of authorisation of any MRE. This review is expected to be carried out at the earliest opportunity and facilitated by a Clinical Nurse Manager with a "Post Incident Review" template completed after every incident. Those staff involved are expected to attend the review as part of their ongoing continued professional development to support their practice and learning. Ward Teams and Clinical Management teams will share experiences and outcomes within and across teams which promotes learning from lessons and continued practice improvements. A group quarterly report summarising issues is then shared via the appropriate groups.

Future strategic direction

- The impact of Talk 1st is not expected to be immediate with similar programmes nationally.
- requiring several years of embedding before the benefits are fully realised.
- Momentum and progress towards the embedding of Safewards/Star Wards will be maintained via on going monitoring and review within cohorts and via Talk 1st support forums.
- Models of 'debrief' and effective post incident support will be routinely provided for patients and staff across all wards.
- All staff will be equipped with the knowledge and skills to effectively de-escalate violence and aggression.
- Continue to minimise the use of all restrictive interventions and promote collaborative working and care planning.
- Organisational strategy will help to embed positive and safe values within the culture of our wards.



Marsden Ward – Digital Aquarium

Specialist Group

CYPS

Across CYPS Inpatient Services wards have worked with the Talk1st Team to Implement Safe wards/Star wards/ Response to risk plans.



The use of data generated from the Talk First dashboard is being used pro-actively at clinical meetings to help inform decisions making.

In conjunction with Tees Esk & Wear Valley Trust (TEWV) we are sharing good practice to further develop a positive and proactive approach to care.

Ashby Ward

Management of self-harming behaviour

CYPS Inpatient Services have worked to develop an integrated strategy to deliver the best possible care for young people who engage in self-harming behaviours. This range of interventions has been led by CYPS Service Manager and includes:

Telemedicine at Ferndene:

This is an initiative being taken forward at Ferndene via Kevin Chapman. The initiative essentially enables Nursing Staff to use I-Pads to transmit images of self-harm injuries to the NTW Tissue Viability Team who can then advise on appropriate treatment and care that can be provided by the Nursing Team / Tissue Viability Team / Request access to general hospital. The ipads are in place and this system is up and running and working really well.



Wall Art by Young People
on Ashby ward

Base line audit of Ward MDT's regarding aspect of NICE guidance (NICE CG 133):

An audit of some aspects of CG133 (care relating to self-harming behaviours) will be undertaken across all CYPS' Ward MDT's. The audit baseline has been carried out and distributed across inpatient CYPS units. At Stephenson ward there is a steady positive change in culture occurring and staff are learning about the nature of self-harm and about how best to manage this behaviour, this has included better involvement of young people and families in care planning and a less restrictive approach to care. Redburn's results suggest a high standard of practice – the unit is working hard to ensure that young people are enabled to take on responsibility for their own behaviours.

Liaison between Alnwood and RVI

NTW Staff have met with leads from the Accident and Emergency (A & E) Department regarding contact when arranging for unplanned/planned hospital visits (typically as a result of injuries incurred from 'self-harm'). Staff at Alnwood do have the contact details of key staff who work at the Royal Victoria Infirmary (RVI) and a side room has been made available at A&E.

Post Incident Support

At Alnwood a debrief pilot has been developed where staff are offered debrief immediately post incidents for more significant incidents there is opportunity for a more full debrief. An MDT Staff rota is in place to enable staff to be responsive to incidents as they arise. This has recently been extended to include band 6 nursing staff as most incidents occur out with "office" hours thus enabling more immediate response at these times. There is a further plan to develop a similar model at Ferndene.

De-escalation strategy at Ferndene

- Nurses have received training about de-escalation strategies that can be used with our patients.
- The use of a Ward 'Calm Down' box is available for general use by Service Users
- More specific 'Calm Down' boxes/items/support has been introduced within care plans for Service Users
- These are often linked within the PBS strategies & Service Users are involved
- The De-escalation room and Seclusion rooms have auditory/visual technology which can support these strategies, should preventative work be unsuccessful.

Forensic Services Current Strategy Aims

We currently continue to meet every two weeks for Talk 1st and have a monthly positive and safe meeting.

Our meetings involve the MDT and both meetings are well attended. All teams have been through the first cohort and are in the process of attending the review dates. All wards have adopted the strategy well and are working on different areas of safe wards whilst using part of our meetings to share ideas and good practice.

We aim to ensure that whilst we are progressing that we are embedding the areas of good practice.

We aim to further develop post incident support across the five wards.

Progress to date

We have had sessions provided by Patient Safety staff in relation to IR1 reporting which was so well received in our positive and safe meetings they have carried out further sessions at Bamburgh Clinic.

NTW Led PMVA Trainer attended our positive and safe meeting and carried out a session on communication and de-escalation which again was well received and further sessions are being arranged as this was also very well received.

Each ward have continued to monitor their action plans and implement the areas agreed within their MDT from safe wards.

Progress is shared at each meeting.

The Talk 1st data is being used in MDT meetings and to support tribunal reports as well as case conferences.

All wards are working on their star ward action plans and aim to go for the Full Monty this year.

All staff are aware of the Positive and Safe strategy and how to access the Talk 1st data.

We have also used data to discuss options for recruitment across MDT disciplines.

All of our Occupational Therapy (OT) staff have had the 'Train the Trainers' training for the chill our rooms.

Activity to Support Above

We have recruited a band 6 Clinical Team Leader for a six month fixed term, two days a week she will not work on the ward she will be doing specific pieces of work her first piece of work will be post incident support across the five wards.

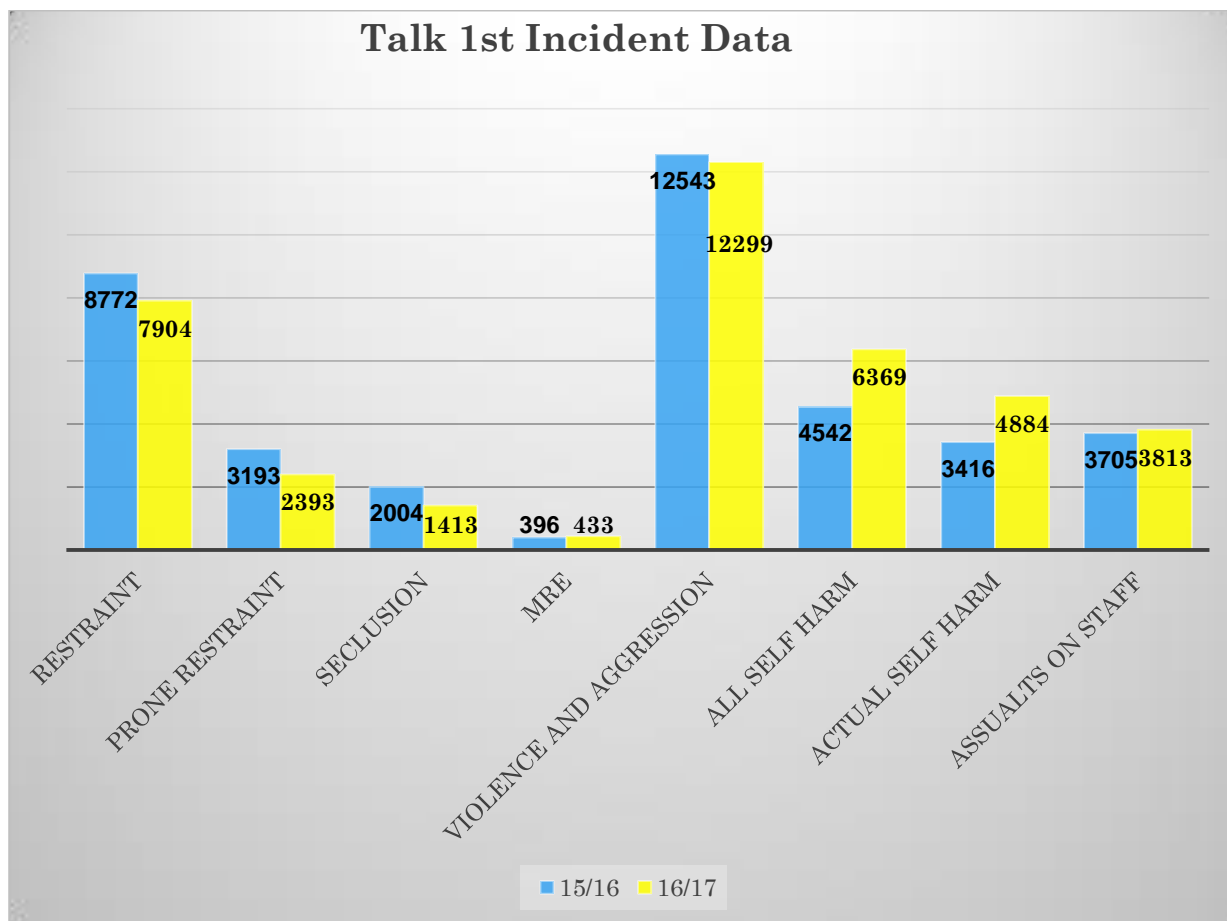
Our OT staff have a training program in place to deliver the chill our training in the next 2 – 4 weeks for all staff.

Future Strategic Aims

To embed post incident support.

To deliver training on the Bröset tool all staff have received the tool and a discussion has been had around the tool we aim to revisit this at the next positive and safe meeting.

All ward staff will receive the chill out training and all wards will have an identified room or chill our boxes in place.



Summary

There is no doubting the enthusiasm and commitment of the ward teams to successfully implement the Trusts Positive and Safe Strategy, they are all relatively at the beginnings of their respective journeys. The work undertaken to date has already helped to produce some encouraging downward trends in some key areas. However there remains a long way to go and no doubt some bumps along the way.

57 teams are involved in the Talk 1st programme with each team prioritizing and developing their own solutions to developing more positive and safe places to both live and work within.

The Trust is able to deploy significant internal expertise in the area of prevention/management of violence and aggression and is constantly developing and utilizing external relationships, both locally and at a National level to share, support and drive this important work forward.

This years NTW nursing conference was dedicated to the Positive and Safe strategy with many vibrant and encouraging presentations from NTW Nurses and other disciplines sharing their work.

NTW staff have presented research in relation to patient attitudes to restrictive practice in a number of conferences and forums across the Trust and externally, there are plans to incorporate the findings within a continually developing NTW training programme.

The Care Quality Commission (CQC), CCG's and National Health Service England (NHSE) have remained interested in NTW's progress in this area, NTW have maintained regular updates to all relevant bodies which to date have been well received and supported.

The longitudinal nature of the work is reliant upon the continued maintenance of focus by leaders and teams. A number of this year's quality priorities are directly linked to the strategy, ensuring momentum is continued.

The ongoing support and oversight of the board is crucial in shaping and ultimately achieving NTW's long term ambitions to eradicate violence and aggression from our services.

Ward 4 at Walkergate Park

