

YORKSHIRE AND HUMBER NEWSLETTER 4



Thank you to everyone who contributed!

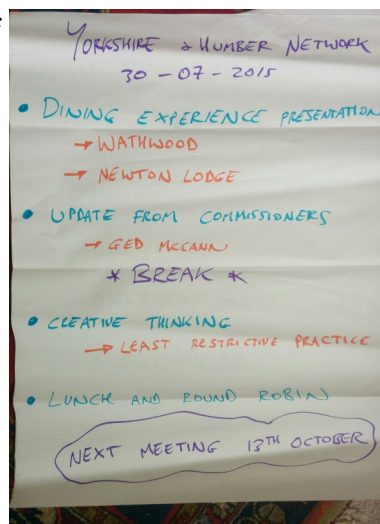


At the last Yorkshire and Humber Network meeting on the 30th July, we had presentations from 2 services about their interpretation of the Whole Dining Experience. Both of these services, Newton Lodge and Wathwood have a very different approach and it was interesting to hear from them both about different aspects of the dining experience and how services are striving to improve in these areas in innovative ways. The presentations are on pages 6-11

If anyone would like to present on a certain topic at any future meetings then we would be delighted to hear from you so do please let us know. This can be a really useful way to get feedback from other services, and for everyone to learn from each other.

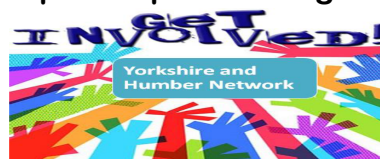
We had an update from Ged McCann about commissioning, and will aim to include this in future meetings where possible as everyone found it a really useful discussion.

We then started to look at the area of Least Restrictive Practice by doing a creative thinking exercise. This is a much bigger piece of work then we were able to do at the meeting and there will be a project group to look at this in much more detail. If anyone is interested in being involved in this project group then please do get in touch. Please find information from this on pages 4 and 5



Inside this Issue

The last Yorkshire and Humber Network meeting	1
Where are we up to?	2
Motivation and inspiration corner	3
Least Restrictive Practice—creative thinking	4 & 5
Newton Lodge Dining Experience	6 & 7
Wathwood Dining Experience	8–11
Amber Lodge—mobile phones	12
Stockton Hall— Individual Pathways	13
Round Robin—service update	14 & 15
Poster for next meetings	16
Poster for Newsletter	17



Yorkshire and Humber Network Agenda

30th July 2015 10.30 – 13.00

- Welcome and Introductions
- Presentation 1 and 2**
The Whole Dining Experience from 2 different perspectives
- Update from Commissioners – Ged McCann



- Group work** – Creative thinking and fun - Least Restrictive Practice



- Round Robin** – update from you and Newsletter

Date of next meetings: 13th October 10.30 – 13.00



Involvement Lead Update

Work Plan update September 2015

Regional Work

Yorkshire and Humber Network

We continue to hold this meeting once a quarter for all services to attend and share best practice in different areas, including presentations from services about different Benchmarking areas.

CQUIN Meetings

There are currently holding 3 quarterly CQUIN groups: Smoking Cessation, Carer Involvement and Collaborative Risk Assessment.

Project Groups

We have started to look at the area of Least Restrictive Practice in order to develop something to add to the Benchmarking Tool. This is an area that lots of people have asked to look at and we started this work at the last Yorkshire and Humber Network. This work will continue in a project group to look at this in more detail.

Newsletters/Bulletins

We continue to use a Newsletter format to communicate information and minutes to make them as accessible as possible.

Work within services

Involvement Groups

We attend involvement groups within services also quarterly where we can share information further, share and promote best practice develop a good overview of what is happening in different places.

Service Specific Projects

Supporting with individual service projects where identified and requested.

Benchmarking Tool

Supporting with Benchmarking Tool to identify priority areas and support development and improvement in those areas.

Six Thinking Hats®



We have started to use a new creative thinking technique called the 6 Thinking Hats by Edward de Bono to help us to get the groups thinking in a creative way and frame the discussions.

Yorkshire and Humber Conference for 2016!

The conference will be held in May at the National Coalmining museum in Yorkshire and Humber to celebrate all of the great work that happens in this region.

The Benchmarking Tool would act as a focus for the conference in celebrating all the work that has gone into this up to now and focusing on how this will be consolidated and built on in the future to continue to work collaboratively with service users and improve quality in secure services.

We are currently looking to secure an inspirational key note speaker, and organize a planning committee to ensure involvement of service users and staff.



1. Involvement Standards

Benefit = improve collaboration in identifying problems and seeking joint solutions, and supports meaningful involvement.
Impact on Patient Experiences = improve experience for service users both individually in their own, 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 Advance progress
1 Recommendations agreed but not yet achieved
0 Recommendations unmet/unstarted (zero progress)

Standards	Score	Evidence
1. There is easily read information available on the website 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. Named 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 all individuals to attend.		
6. There is a clear route of feedback to and from meetings and ways so that progress is clearly monitored and acknowledged and can easily be shared.		

Use of the Tool

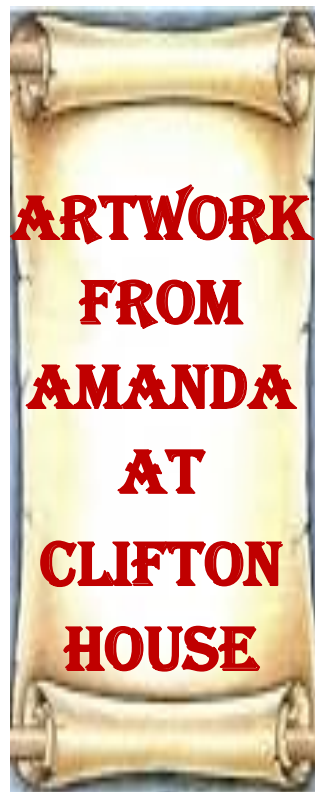
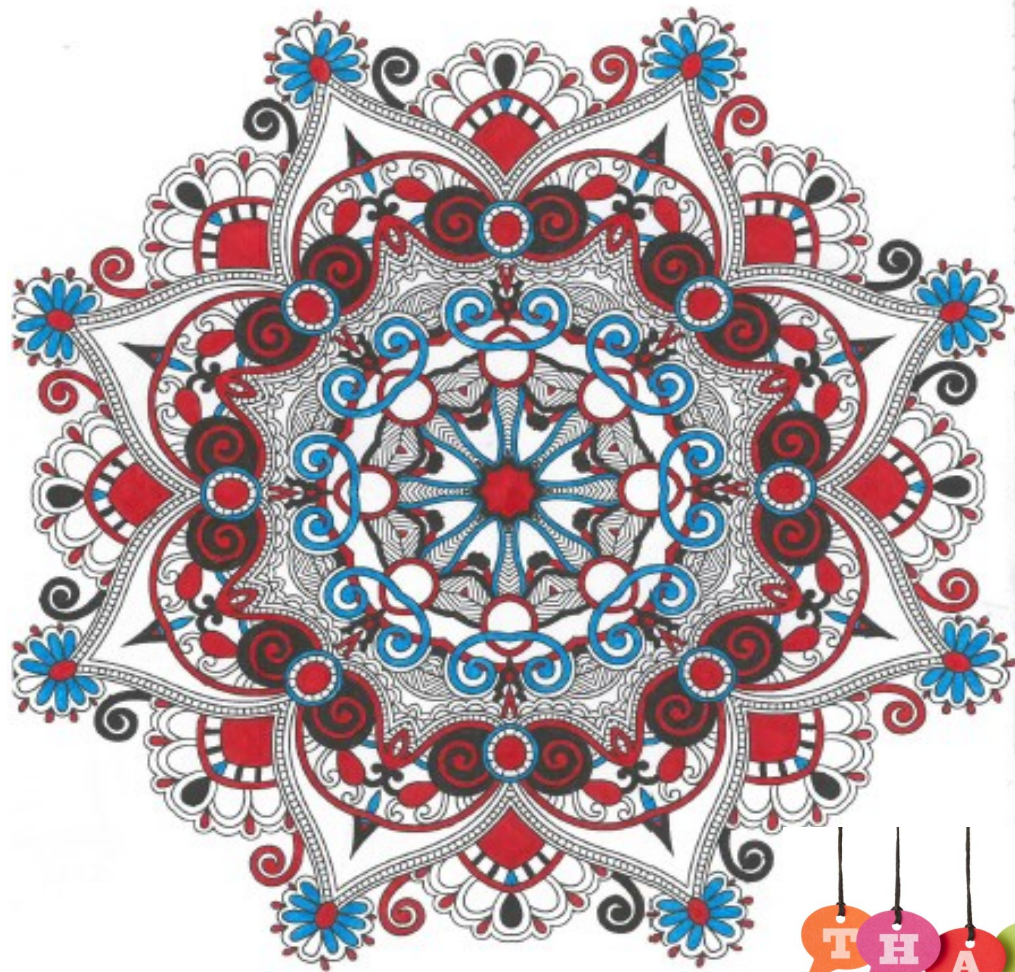
The Benchmarking Tool for Reviewing Involvement Structures has now been finalised and services are starting to use it to benchmark themselves. Some services have asked us to support them with this and do some workshops around certain key areas for their service. Other services are using involvement/community meetings to complete the tool.

Research

We are currently looking into getting a research project carried out by the University of Manchester in order to validate the tool. This is in the early stages but we feel it would be a good starting point to getting it considered as a future CQUIN.

Benchmarking Tool

Motivation and Inspiration Corner



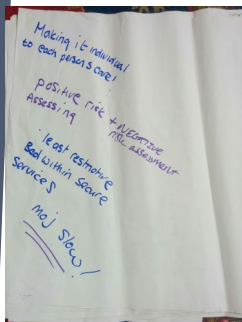
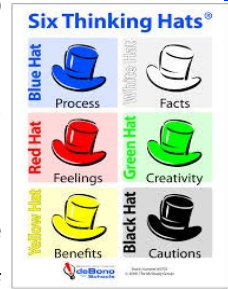
PLEASE SEND US THINGS
THAT INSPIRE YOU!



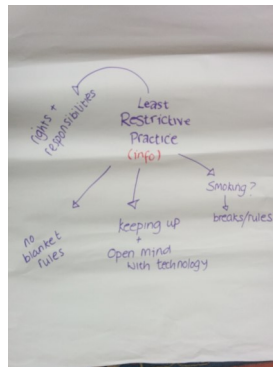
LEAST RESTRICTIVE PRACTICE

We wanted to look at how we could define Least Restrictive Practice in order to develop some standards for the Benchmarking Tool. This is a big piece of work and will be looked at in a lot more detail in a specific project group. This group exercise was just the start of this work.

We got everyone to work on their tables to have a think about what Least Restrictive Practice means to them. We then asked everyone to come up with their top couple of points and we put these up around the room. Everyone then went to stand next to the one that was most important to them. We then looked at the reasons that people found those things important and picked the 2 with the most amount of people next to them to look at in more detail. We used some of the 6 thinking Hats to creatively think about these 2 areas.

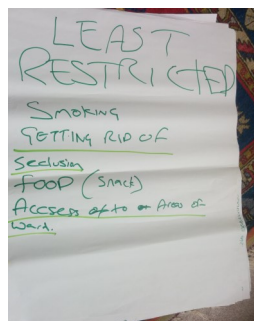


- Making it individual to each persons care
- Positive risk and negative risk assessment
- Least restrictive bed within secure services
- Ministry of Justice slow

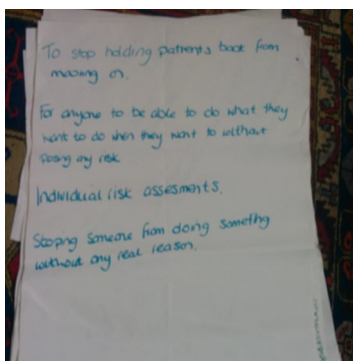
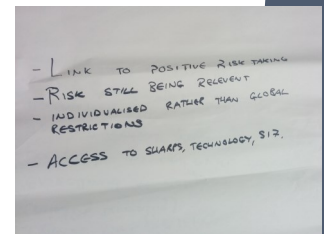


- ◇ Rights and responsibilities (info)
- ◇ Smoking? Breaks and rules
- ◇ Keeping up an open mind with technology
- ◇ No blanket rules

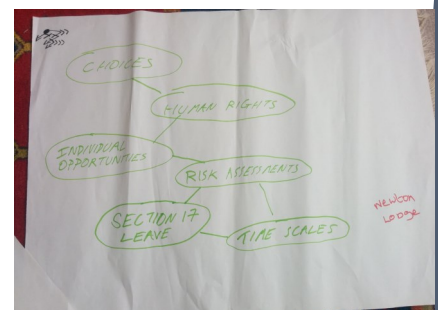
- ◆ Smoking
- ◆ Getting rid of seclusion
- ◆ Food—snack
- ◆ Access to areas of the ward



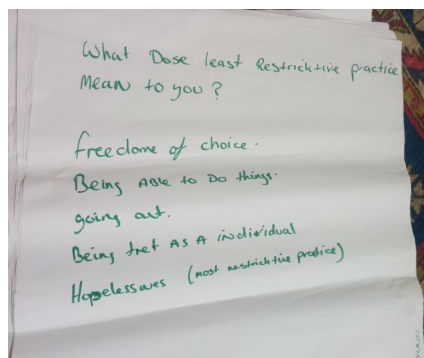
- * Link to positive risk taking
- * Risk still being relevant
- * Individual rather than global restrictions
- * Access to sharps, technology, s17



- ⇒ To stop moving patients back from moving on
- ⇒ For anyone to be able to do what they want without posing any risk
- ⇒ Individual risk assessments
- ⇒ Stopping someone from doing something without any reason



- Freedom of choice
- Being able to do things
- Going out
- Being treated as an individual
- Hopelessness (most restrictive practice)



- * Choices
- * Human rights
- * Risk assessments
- * Individual opportunities
- * Timescales
- * Section 17 leave

BEING ABLE TO GO OUT

INDIVIDUAL OPPORTUNITIES

SMOKING BREAKS + RULES

CHOICES

STOPPING DOING SOMETHING FOR NO REASON

FREEDOM OF CHOICE

Priority areas pinned up around the room

INDIVIDUALISED RATHER THAN GLOBAL RESTRICTIVE

STOP HOLDING PATIENTS BACK

LINKING TO THE RISK TAKING

Top 2 choices:
 Individual opportunities and choice
 Stopping doing things for no reason
 Individual not global restrictions

RIGHTS & RESPONSIBILITIES

LEAST RESTRICTIVE BED WITHIN SECURE SERVICES

SECLUSION - ACCESS TO AREAS OF THE WARD

Individual opportunities and choice



Information

Motivation

Benefits



- Self respect
- Speed
- Something to lead us out of this
- Getting people out of hospital quicker
- Self development

Risk

- Ministry of Justice
- Time restrictions
- Staffing

Barriers



**Stopping doing things for no reason
 Individual not global restrictions**



Information

Routine

- Doing things on merit
- Personal motivation
- Culture change
- Improve engagement

Benefits



Staffing

- Time
- Procedures
- No idea of risk
- Environment
- Risk to patients and activities
- Hard to police

Barriers



INDIVIDUAL OPS + CHOICE

MOTIVATION
 SELF RESPECT
 SPEED
 SOMETHING TO LEAD US OUT OF THIS
 GETTING PEOPLE OUT OF HOSPITAL QUICKER
 SELF DEVELOPMENT

RISK
 MOJ
 Time restrictions
 Staffing

STOPPING DOING THINGS FOR NO REASON
 INDIVIDUAL NOT GLOBAL RESTRICTIONS

ROUTINE
 DOING THINGS ON MERIT
 PERSONAL MOTIVATION
 CULTURE CHANGE
 IMPROVE ENGAGEMENT

STAFFING
 TIME
 PROCEDURES
 NO IDEA OF RISK
 ENVIRONMENT
 RISK TO PATIENTS + ACTIVITIES
 HARD TO POLICE

Newton Lodge's presentation of their Dining Experience

We had a presentation from service users and staff representatives from Newton Lodge hospital about the Dining Experience there.

As you will see they had some challenges to overcome in relation to this due mainly to being tied in at present to a cook chill provider as is the case for many other services. This limited the scope for change in relation to the food.

However they used the Benchmarking Tool to look at some ways to make the experience better for service users and introducing new ways of monitoring this. Please see the presentation slides for more information about their achievements.

Benchmarking Tool

- Patients decision to look at 'The dining Experience'
- YHIN supported session at Newton Lodge to feedback scoring and comments

'The Dining Experience'

ONE VOICE - Newton Lodge
30-07-2015

Issues Raised by Patients

- Taste
- Quality
- Choice
- Portion Size
- Not being involved enough



Challenges

- Service is part of a larger organisation and tied into wider contract for food provision
- Kitchen Facilities
- Nutritional / dietetics requirements
- Staffing to facilitate self catering



Action Plan

- Catering Meetings
- Comments Books
- Displayed Menus. Wish to be colour coded menus (traffic light style for nutritional content)
- More staff trained to facilitate self catering for patients.
- 'Shape your weight' (weight watchers style) courses available across all the wards if appropriate (external people).
- Wards being aware of allotment opportunity for every ward potential for using food grown

Achievements

- Comments Book on all wards
- Catering meetings – all patients invited, positive changes made to food available (no more bland Mondays!, new halal food provider identified due to concerns highlighted)
- Benchmarking Exercise & Action Plan sent across hospital
- 'Catering' is a standing agenda on One Voice
- Domestic Services Manager attends dialogue group



Thanks Newton Lodge!!

Future goals

- Individualised Menus
- Colour Coded menus to help make nutritional choices
- Dream to have patients own kitchen, more self-catering and patients involved more in jobs within catering. (Restrictions of medium secure setting)
- Fresher produce prepared and cooked on premises

Wathwood Hospital Dining Experience



For those of you that don't know us we are a purpose built medium secure unit in Rotherham.

We are a 76 bedded adult male unit, this includes The Lodges which is our advanced rehabilitation unit which opened last June.

We work with patients with a range of severe mental illnesses who come to us from mainly from prison, low secure, high secure services.

I've been asked to showcase a project of ours that's proving to be a real success in terms of our patients recovery, that is our restaurant project

1 yr ago our service manager Steve Ball approached myself and Catherine Brooks, Hotel Services Manager with the idea of opening our own restaurant. This was very much inspired by 'The Clink' which is a restaurant within HMP High Down in Surrey which offers inmates the chance to gain experience and training in the hospitality industry.

Channel 4 a few years ago and on follow up they have found that its helping to reduce re-offending rates amongst those inmates involved upon their release.



So it is within this vain that our very own restaurant was developed.

Aptly named section 17 by one of our patients. For those of you that aren't aware section 17 refers to the community leave our patients are granted when they are deemed ready – signifies progression and a positive step in their recovery.



The restaurant opened in May last year, its within the secure area, seats up to 18 diners, open every 3 weeks for lunch, quality of the food is such that its deemed fine dining, 3 courses for a very reasonable price of £9.95.

Our diners are our patients, their carers, unit based staff and staff from the wider trust and the general public. We can also cater for team meetings, away days etc.



As I mentioned earlier Section 17 is proving to be a real success. The interest in working in the restaurant from our patients has been fantastic. To date we have had 16 pts working in the restaurant alone this includes front of house and in the main kitchen.

So the produce gets transferred out to our external poly-tunnel. One of the poly-tunnels is dedicated for the Section 17 restaurant.

We have a number of patients who utilise their community leave to access the poly-tunnel. They have all worked so hard in getting this polytunnel ready.

The majority of the veg used within the restaurant comes from what the patients have helped grow on site which is obviously cost effective and helps reduce food miles and tastes wonderful.



Courgettes, green beans, carrots, salad greens, potatoes, herbs, even grown some of our flowers for the tables and this is all within our first year!!

This spring/summer we have also worked with 9 patients between both our internal greenhouse and external poly-tunnel.

So for those patients who are currently more restricted they have the opportunity to work within our internal greenhouse to sow/start off the produce, this then gets transferred to our external poly-tunnel until its ready for cropping



As I mentioned earlier we do refer to the restaurant as fine dining as you'll see from the menu.

Its excellent value. When we initially piloted the project, diners said they would be paying up to £25 normally for food of such quality.



Up until recently our menu was planned solely by one of our patients who is just moving onto to bigger and better things.

Once the menu is planned patients will then utilise their community leave to shop for the ingredients – this serves to improve their daily living skills, budgeting, problem solving, their confidence, we've certainly developed a good working relationship with our local fish monger and butcher.

The next stage is the actual food prep and cooking as everything is fresh and made from scratch in our main kitchen.

Opening up our main kitchen to patients has been a major step for us and it's the first time in 16 years this has been done. Its obviously a real life working kitchen where our cooks prepare our patients meals.



It goes without saying that all the patients working in this environment have been thoroughly risked by the MDT prior to having access to kitchen utensils, sharps.

Patients have really embraced this opportunity, feeling they are being trusted and given some responsibility to work as part of a team in a new environment.

We have introduced a prep session the day before which gives us the opportunity to grade patients access and so we don't throw someone who has just been given the access into the deep end.

On restaurant days the patients involved have to be up, showered, ready and in the main kitchen by 8am and finish approximately 2pm. They are experiencing a full on, quick paced environment. They have designated tasks to complete, some with staff, some independently.

We've been really impressed by the skills they are acquiring: pastry making; sauces, chopping/knife skills; connoisseur of soup

We also have patients working front of house, waiting on people, so initially meeting and greeting, taking orders and serving people, setting the room and tables up ready for service, dealing with any customer issues, taking payments

Over the last year we have had a lot of visitors from the High Sherriff of Nottingham to the Mayor and Mayoress of Rotherham, we've been interviewed for the radio and had a piece written about us in the local newspaper. this all serves as publicity in bringing customers in whilst also breaking down barriers and reducing stigma.

One of the most important and special things for me personally is that a lot of patients are now dining with their carers. Instead having a visit in the ward area they are sat eating and socialising together doing an every day normal activity.



Another of our important achievements to note has been the introduction of apprenticeships for our patients in food production; hospitality and house keeping.

Recently of the patients have just completed their apprenticeship in food production and 2 patients working front of house in hospitality. We also currently have 1 patient in the middle of their house keeping apprenticeship who on rest days completes portering duties.

Over the past year tips have been accrued from customers. We gave the patients the choice of whether they wanted to split this sum of money between them however they all opted to donate to a local children's cancer charity, Bluebell Wood.



- I enjoy working as a team with staff and patients-
- I never thought I would have the opportunity to work in a proper kitchen at an RSU.
- It's very satisfying doing a full days work
- It's helped me realise that I would like to work when I'm in the community
- I will get a qualification and experience

In terms of evaluation to date the feedback we have had from customers has been fantastic and really served to give the patients and us staff a boost.

We have also captured some verbal feedback from patients working in the project.

We are also currently starting to look at undertaking a more formal service evaluation to pull together some of these outcomes for the patients.

Why we want to undertake a more formal evaluation as well is to capture how the restaurant as served as a stepping stone for some of the patients in securing voluntary work, work placements and paid work.

One of patients who is still with us has just started a placement at a top notch restaurant in Sheffield. So he's using his unescorted leave to go there, did his first shift last week from 12.45 to 11.15! Phoned him the next day to see how it had gone and he was still in bed, tired out! Worked with 3 other chefs including the owner, cooking for 27 diners.

One of our patients came back to work with us in the main kitchen as experience for his C.V he is now working in a takeaway, trying to save money to open his own takeaway specialising in Moroccan cuisine.

Lastly one of patients is working voluntary in a café back in his local area, near to where his family lives, they've started popping in for a coffee.



One of my aims has been to try to secure a sponsor, someone who will act as an ambassador for us, be a source of contact and also offer some training.

Whilst its not Michel Roux, it is someone who owns their own Michelin star restaurant and has featured on the Great British menu.

This person is really interested and is coming to dine in the restaurant in a few weeks and see our patients in action so fingers crossed.

Another recent development has been the making of our own bread on site on restaurant days. Again patients are developing skills in this area and enjoying this aspect and hopefully if it continues to take off we may be able to sell it within our farm shop.



I've just mentioned the farm shop – thought I'd get another plug in.

We have patients making jams, chutneys, pickles which we sell within the farm shop. We would also like to start selling some of this produce in the restaurant as we open on a Tuesday when the Farm Shop isn't open.



And for those of you that are in denial its only 13 weeks away, just to let you know we are taking Christmas bookings. Joking aside we are planning a gorgeous Christmas menu and have put on an extra date.



Starters

- Kiln smoked trout and haddock cakes with fresh horseradish and watercress velvet soup
 - (V) Caramelised onion, goats cheese and sage tart Served with basil oil and fresh salad leaves
 - Griddled peach, Serano ham and feta salad with a honey and chilli dressing
- All served with freshly made bread

Main course

- Pan fried sea bass with new potatoes and a beurre blanc
- Chorizo stuffed chicken breast with a Spanish sofrito tomato sauce sat on a potato gratin
- (V) 'Black Bob' cheese, potato and rocket fritatta

All main meals served with a selection of fresh vegetables grown in our Horticulture area

Desert

- Warm Bakewell Tart served with rich Jersey cream and fresh raspberries
- Petit pots au chocolate with Farm Shop shortbread
- Selection of English cheeses served with celery, grapes and red onion marmalade

All followed by coffee and mints

£9.95 Gratuities will be donated to Bluebell Wood at the request of patients

Nottinghamshire Healthcare NHS Trust
 Private and Integrated Services



Section 17 Restaurant Dates for 2015

- Tuesday 27th October
- Tuesday 17th November
- Tuesday 8th December

Section 17 restaurant dates 2016:

- Tuesday 19th January 2016
- Tuesday 16th February 2016
- Tuesday 15th March 2016
- Tuesday 12th April 2016
- Tuesday 10th May 201
- Tuesday 7th June 2016
- Tuesday 5th July 2016
- Tuesday 2nd August 2016
- Tuesday 6th September 2016
- Tuesday 4th October 2016
- Tuesday 1st November 2016
- Tuesday 29th November 2016



AMBER LODGE – MOBILE PHONES

I am the patient representative for the Rehabilitation and Recovery Unit at Amber Lodge.

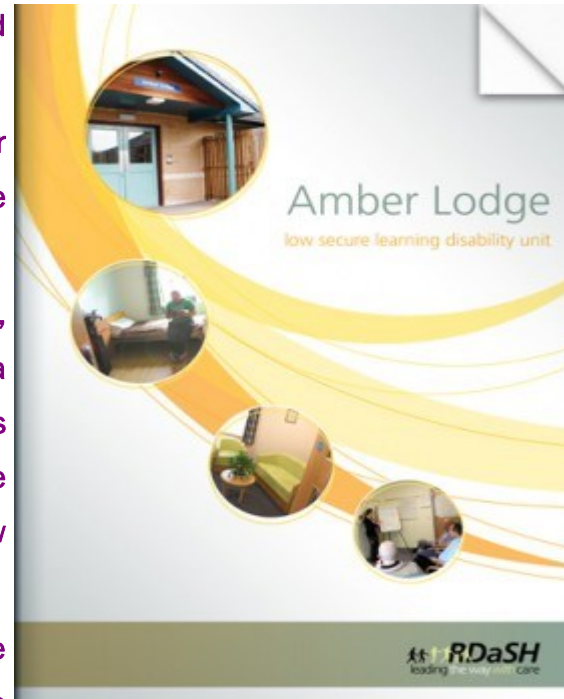
About a year ago at our Community Meeting, the other patients and I decided that we would like to be given the opportunity to have a mobile phone.

To get the ball rolling, I attended numerous meetings, including the Forensic Business Division Meeting and a meeting in Rotherham to find out how other services managed mobile phones in a secure environment. These meetings went on for quite a long time, it was quite a slow process.

About a month ago, we were given the all clear at the Business Division Meeting to have mobile phones and the MDT (Multi-Disciplinary meeting) discussed with each individual patient and if they would be allowed to have a mobile phone.

Each patient had to have a care plan surrounding the use of the phone and had to sign a contract to ensure the phone is looked after and used appropriately. These were presented to the MDT meeting and each was individually signed off.

Three weeks later, we are all enjoying the use of our mobile phone, the opportunity to be able to contact our family and friends without waiting for the unit payphone to be free and at this time it is going well.



PARTNERSHIPS IN CARE – STOCKTON HALL HOSPITAL—INDIVIDUAL PATHWAYS

Stockton Hall hospital is a 112 bedded medium secure service for males and females. It is based on the outskirts in York in North Yorkshire. Recovery pathways in the hospital are individualised and dependent on service user need. Section 17 leave is structured, graded and allows flexibility in terms of the environments visited in order to suit service user's needs, goals and treatment interventions.

A goal identified by one of our service users was to build his vocational skills and increase his social integration back into the community. St Nicks on the Fields was identified as a place that could potentially meet these needs. The nature reserve is a former landfill site and is a charity which provides opportunities to volunteer and join Eco therapy groups. The centre is open to members of the public to enjoy throughout the year.

Volunteers take part in a range of conservation activities. The Eco-therapy groups run on a referral system. Within the sessions, mindfulness is utilised and one to one support is offered. The aims are to promote good physical and mental wellbeing with the main focus being around nature. The benefits of Eco therapy include reduction in stress levels, improved self-esteem, increased levels of physical activity, enhanced social interaction, confidence in learning new skills and happiness in contributing positively towards the environment. All sessions are free which makes the facility accessible to a wide range of people.

Initially volunteering was instigated with a service user to integrate him into groups before progressing to an Eco therapy group independently. Our service user's perceived this as a positive aspect of his Recovery pathway. He identified being there had 'worked out beautifully' and going there was a 'supportive introduction back into community life'. A brief narrative of his time there included 'I leave Stockton Hall, walk out of the car park, hop on a bus, walk a mile or so and spend 2 to 2 ½ hours with people who are sharing the same collective experience.' He also reported 'no one wanted to push me' with regard to going there by himself and 'I don't have any regrets' about going. Other benefits from the group included, e.g., finding a role; 'I identified with being a helper and helping someone'. This was in reference to supporting other people, for example helping a gentleman in a wheelchair with sawing wood – these are transferrable skills which can be applied in his future pathway.

A risk assessment was completed however the leader of the Eco therapy group was highly supportive and receptive to people with criminogenic backgrounds being involved, and this was supported by the other volunteers on the project. Our service user reported the people there were 'accepting of where people are in their recovery and wanted to get me involved.' The workers there were also 'enthusiastic' and 'supportive' and the work 'helps me to develop as a human being'. Our service user reported being there allowed him to 'work outside of a secure perimeter'. He stated he experienced occupational enrichment through the demands of physical exercise and engaging in a different range

of occupations to those provided within the secure unit.

Recovery pathways need to be innovative and increase pro-social opportunities both within and out with the secure environment. Accessing community facilities such as St Nicks can partially meet this need alongside social integration and inclusion into the local community.



St Nicks in the summer

Thank you!

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.

Moving on group—6 weeks for 1 hour a week

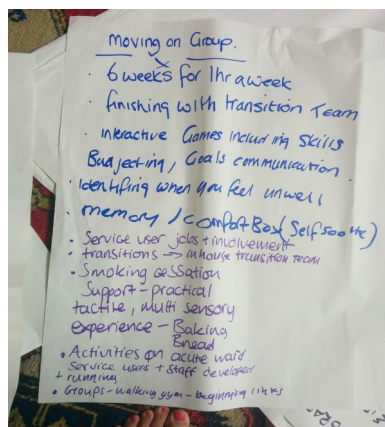
Finishing with transition team

Interactive games including skills

Budgeting/goals communication

Identifying when you feel unwell

Memory/comfort box



Newton Lodge

Catering meeting

One voice

Sports hall

Lodgefest

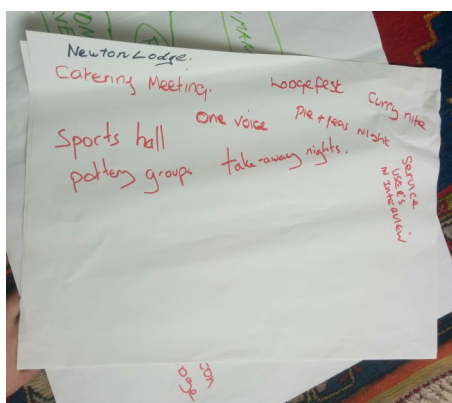
Curry night

Takeaway nights

Pottery group

Pie and peas night

Service users inn interviews



Stockton Hall

Recovery through activity group

Football team trophies and presentations

Involvement in webinar about patient led audit

Formalised process for patient involvement in all staff interviews—real work opportunity, training provided, 'pool' of patients (3 patients in post for 6 months)

1st time able to get to service user National Recovery Conference

User involvement in staff induction/statutory training (collaboratively writing up presentations and delivering)

Involvement in local area—garden festival and art exhibition (a service user won 1st place)

Involvement in community project enables generalisation of skills learnt within the unit

Working collaboratively with OT's, building up trust, recognised done well and acknowledges this

Forest Lodge

Clifton House

Patient led events/fundraisers—Nepal

Plenty of activities

Developing craft café

Warm and calm environment

Good section 17 leave—theatre, seaside, out and about group

Self catering facilitated

Getting staff trainers to come and give presentations to patients re: fire safety, hand hygiene, resus etc.

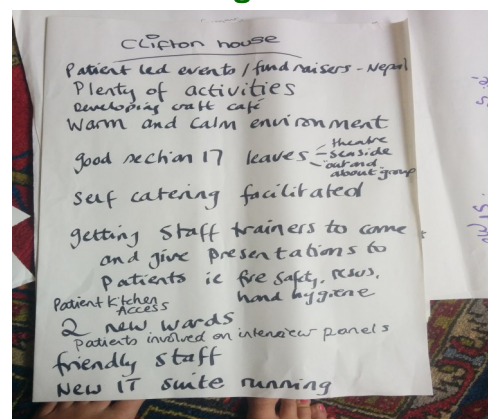
Patients kitchen access

2 new wards—patients involved on inter-view panels

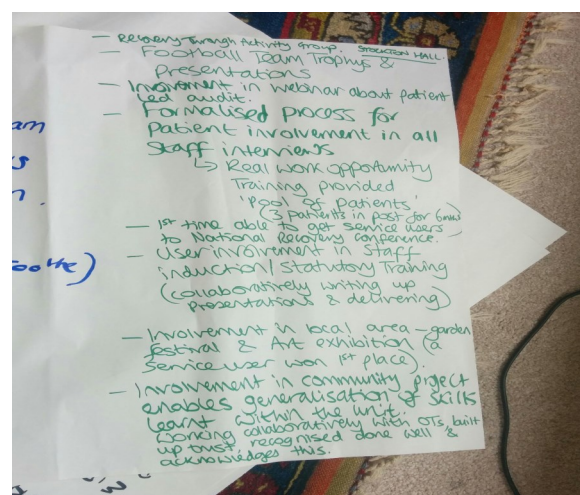
Friendly staff

New IT suite running

Newsam Centre

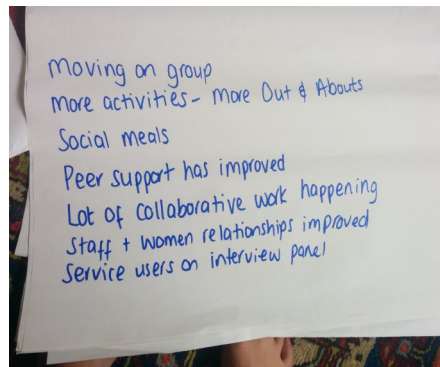


Cygnets



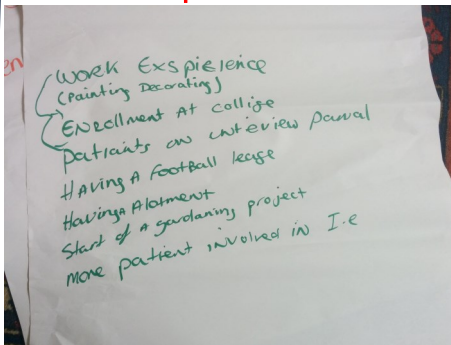
Garrow House

Moving on group
 More activities—more out and about
 Social meals
 Peer support has improved
 Lots of collaborative work happening
 Staff and women relationships involved
 Service users on interview panels



Humber Centre

Work experience - painting and decorating
 Enrolment at college
 Patients on interview panels
 Having a football league
 Having an allotment
 Start of a gardening project
 More patient involvement

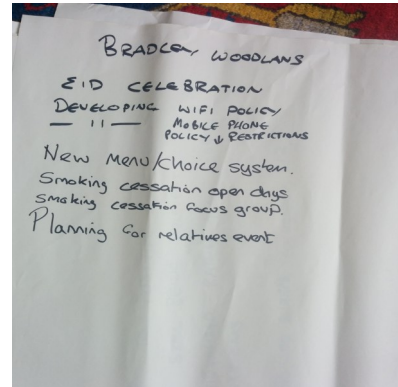


Mobile phones
 Community skills group—finding out what is available in local area
 Takeaway once a month
 Day trips
 Leisure group
 On ward activities
 Links to education—university computer courses
 Being able to personalise bedrooms
 Theme nights e.g. Italian
 Community centre local involvement
 Food improvement—healthier,

Bradley Woodlands

Eid celebration
 Developing Wi-Fi policy
 Developing mobile phone policy and restrictions
 New menu/choice system
 Smoking cessation open days
 Smoking cessation focus group
 Planning for relatives event

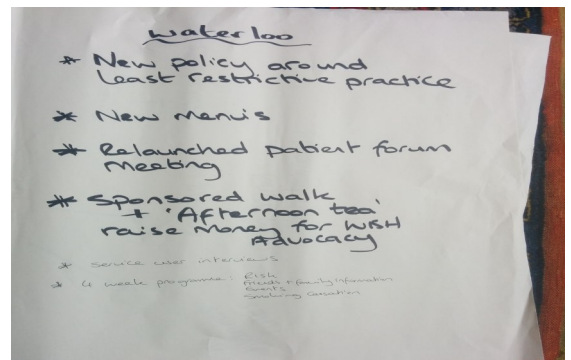
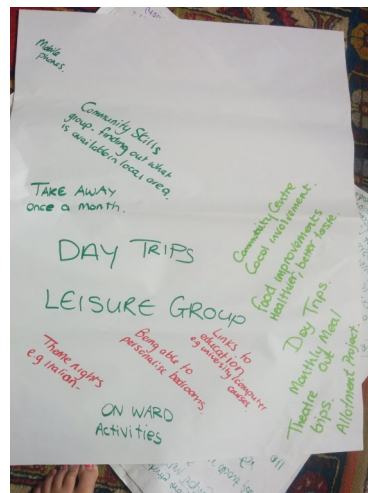
Amber Lodge



Alpha Sheffield

Waterloo Manor

New policy around least restrictive practice
 New menu's
 Relaunched patient forum meeting
 Sponsored walk and afternoon tea - raise money for WISH advocacy
 Service user interviews
 4 week program—risk, friends and family information, events, smoking



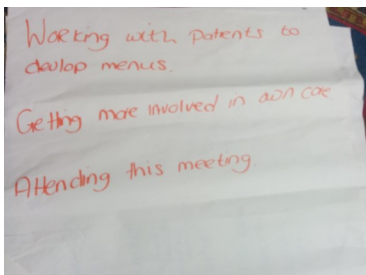
Bretton Centre

Working with patients to develop menus
 Getting more involved in own care
 Attending this meeting

Service user jobs and involvement
 Transitions—in house transition team
 Smoking cessation
 Support—practical
 Tactile—multi sensory
 Experience—baking bread
 Activities on acute ward
 Service users and staff developed
 Running
 Groups—walking, gym, beginning links

Cheswold Park

Wathwood



Moorlands View

Newhaven



YORKSHIRE AND HUMBER NETWORK

Tuesday 13th October 2016

Friday 15th January 2016

Sandal Rugby Club Wakefield

10.30 – 1

Lunch and refreshments provided



Best
Practice



GET
INVOLVED!

Yorkshire and
Humber Network

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