

# YORKSHIRE AND HUMBER NEWSLETTER 5



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



At the last Yorkshire and Humber Network meeting on the 13th October 2015 we started off with some presentations. First we had staff and service users from Waterloo Manor present about their monthly group “Risky Business” where they talk about all things risk. They started this group as part of meeting the CQUIN requirements and it has been a really interesting group talking about a wide range of subjects which you can read more about on pages 10 and 11. The second presentation was from staff and service users from Cheswold Park Hospital in Doncaster. They presented information from the Benchmarking Tool that they have been working on. Some information about the data they have been collecting can be found on pages 12, 13 and 14

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 about the Benchmarking Tool and next steps, including information about a research project on the Tool which can be found on page 2

We had another 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.

After the break we did some group work to look at Blanket Policies on Searches and this can be found on pages 8 and 9.

The Planning Committee for the Yorkshire and Humber Conference has its first meeting on the 18th November! If you would like to be involved do let us know :-)

And we finished off as usual with the Round Robin which can be found on pages 16 and 17

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### Yorkshire and Humber Network Agenda

13<sup>th</sup> October 2015 10.30 – 13.00

- Welcome and Introductions
- Presentation 1 Waterloo Manor Risky Business**
- Presentation 2 Cheswold Park Benchmarking**
- Update on Benchmarking Tool Research Project
- Update from Commissioners
- Group work - Creative thinking** - Blanket restrictions on mandatory searches
- Yorkshire and Humber Conference



**6. Group work - Creative thinking** - Blanket restrictions on mandatory searches

7. Yorkshire and Humber Conference



**8. Round Robin** – update from you and Newsletter

Date of next meetings: 15<sup>th</sup> January 10.30 – 13.00



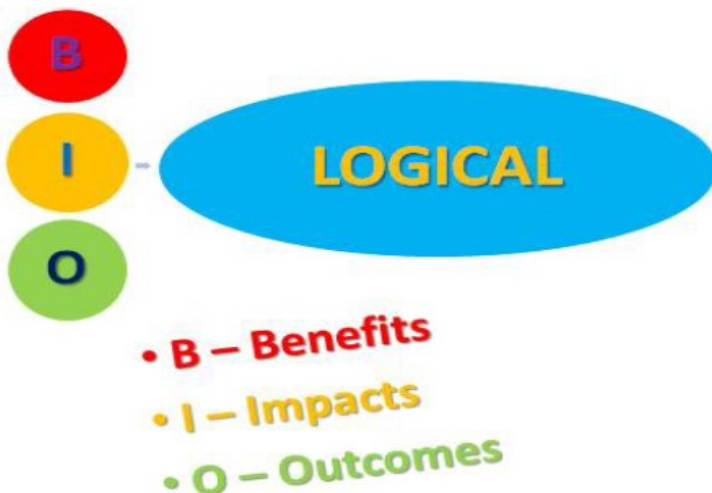
## The Benchmarking Tool Research Project

We wanted to pilot the Benchmarking Tool and make steps towards getting the tool validated with a view to it potentially becoming a CQUIN in the future. We are really pleased that we have started working with Manchester University to look at this and a student on the Forensic Masters program at the University of Manchester called Ann Holvey is now in the process of doing a research project for her dissertation on the Benchmarking Tool. She will be doing a literature review and creating a database for everyone's data to be collected as well as doing some thematic analysis of the data. The project will initially focus on 5 of the 10 areas—Risk, Carers, MDT, CPA and Recovery, and we will be asking services to concentrate on those areas as a priority for getting information back to us. We are excited about this project and where it could lead in the future.

Each service has nominated an individual who will act as a point of contact for the research department and send in data each month, and we would like to take this opportunity to thank you all for your support with this. We hope to have some initial findings to share with you all at the Yorkshire and Humber network Conference in May!

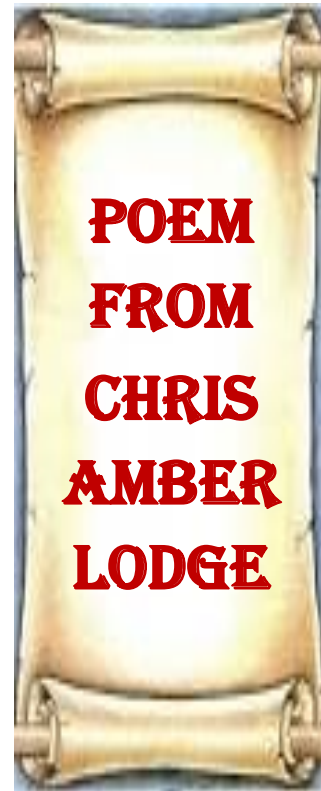
### Benchmarking Tool

### Reviewing Involvement Structures



# Motivation and Inspiration Corner

If you eat a lot of chips  
They go past your lips  
Straight to your hips  
Like a sea full of ships  
And your clothes get full of rips  
And end up on some tips  
Or thrown in skips  
And your pants give you nips  
So your need to get to grips  
And stop eating too many chips.



Send us things that inspire you!!!

# POETRY FROM RICHARD

## FOREST LODGE

### The Sea of Myself

A treacherous sea throws me

This way and that

Pitched and tossed on waves of anxiety

Carried on currents of stress

Awash with nervous tension

Pounded onto the shore

A personality broken and bruised

Clawing my way slowly up the beach

Tired, fatigued, exhausted

Then still, then still

Then my eyes open

A nightmarish dream

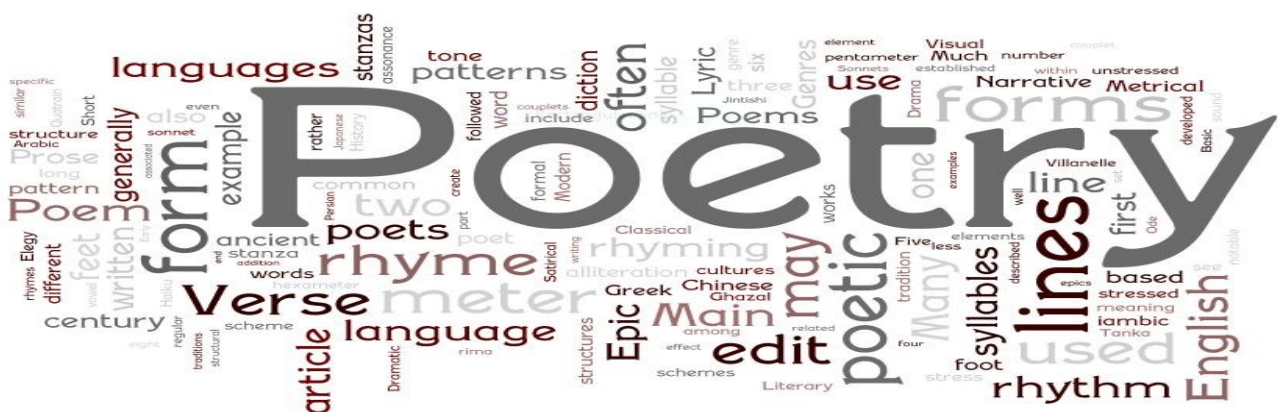
And as I look around

Reality takes hold

The day begins

And I start to drown

In the sea of myself



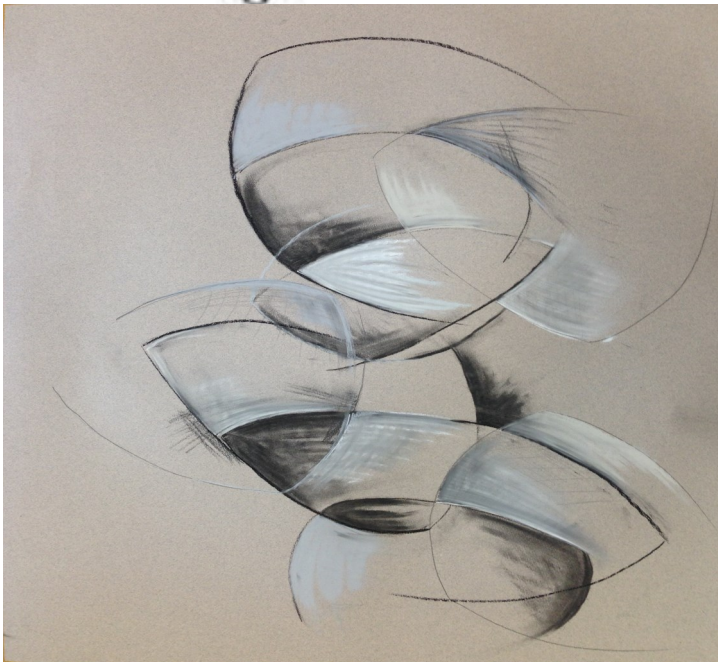
## Mellow

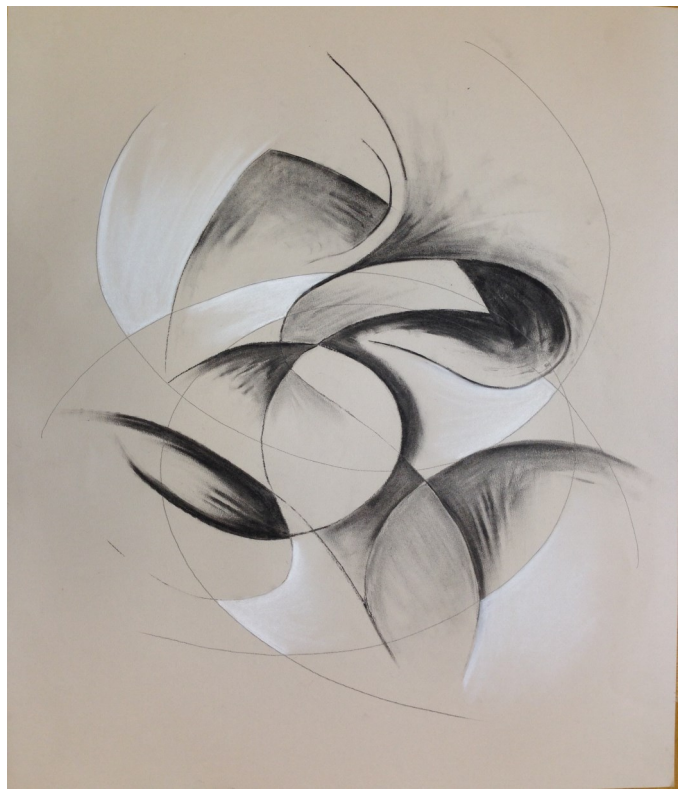
Autumn, autumnal,  
When you feel that first chill,  
And the wind is still.  
The leaves are falling.  
There's a robin calling  
Colours, burnt orange  
Red Russet, Green Gold  
To yellow.  
The sun shines and all is  
Softly merging mellow.  
The mist and the murk.  
A years growing yields it's work.  
The season comes in  
Nonchalantly, subtly, the atmosphere,  
The ambience, the air pervades  
A tangible difference,  
Without a care.  
The rich aroma,  
Sweet scent of decay.  
Fungi mushrooms in all shades and sizes and colour  
Is Autumn's way  
The creeping up of night.  
Berries ripened all beautiful  
To our sight.  
Horse chestnuts new  
Shiny rich brown  
Like polished wood.  
All is wonder as the year turns to slumber.  
All is good All is good  
And thank God because we should!

Thank  
you



**Artwork  
from Mark  
Clifton  
House**





Thank You

# BLANKET POLICIES ON SEARCHES GROUP WORK

We looked in the group work at how people feel about having blanket policies on searches within hospitals. We wanted to consider whether this is something that should continue as a blanket policy or whether it should become more individualised. We asked everyone in their groups to have a think about what the issues are with having a blanket policy around searches first of all, and then to come up with two possible standards that should be in place around searches.

We then worked as a whole group to come up with some points that everyone felt could be in a policy about searches.

## What are the issues?

### Positives

For safety and security

Keeping other patients

safe

Assessed on an individual basis

### Negatives

Agreement/consent

It affects the therapeutic relationship

Patients progress may be affected

Body strip search - feel uncomfortable

Not trusted

Being made to get out of bed

Focus on historical risk

It unsettles people

Always 2 people

when searching

Different levels of

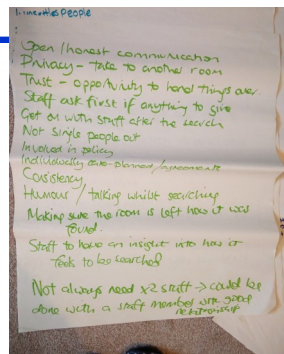
searches

Can service user read policy

To be made aware of rooms and searches and why they are done

Is it effective or not effective?

Better understanding



## 2 standards which should be

### in place

Agreed care plan

To inform the service user prior to the search being carried out.

Individualised policy rather than blanket policy

Room to go back to how it was

Good sense of humour

Involved in search policy

Involved in staff training

Open honest communication

Privacy—take to another room

Trust—opportunity to hand

things over to staff—ask first if anything to give

Get on with staff after the search

Not single people out

Individually care planned/agreements

Consistency

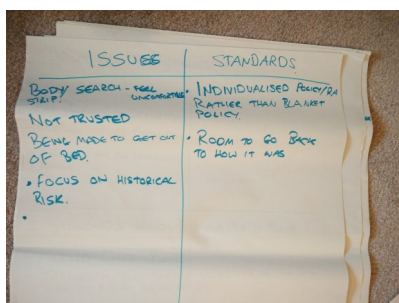
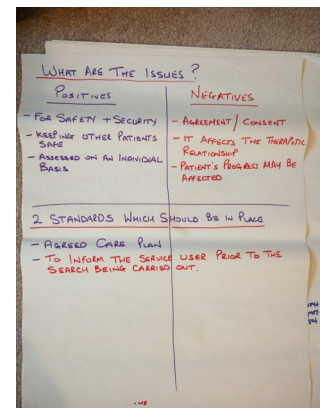
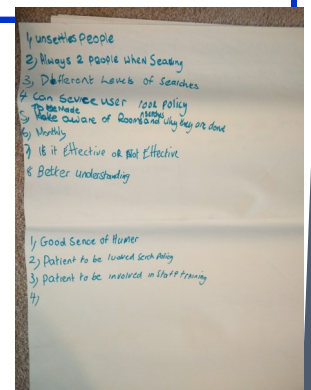
Humour/talking while searching

Making sure the room is left how it was found

Staff have an insight into how it feels to be searched

Not always need 2 staff -could be done with a staff

member with a good relationship





## Search Policy

10 minute warning

Advanced statement/care plan into process of individualised search

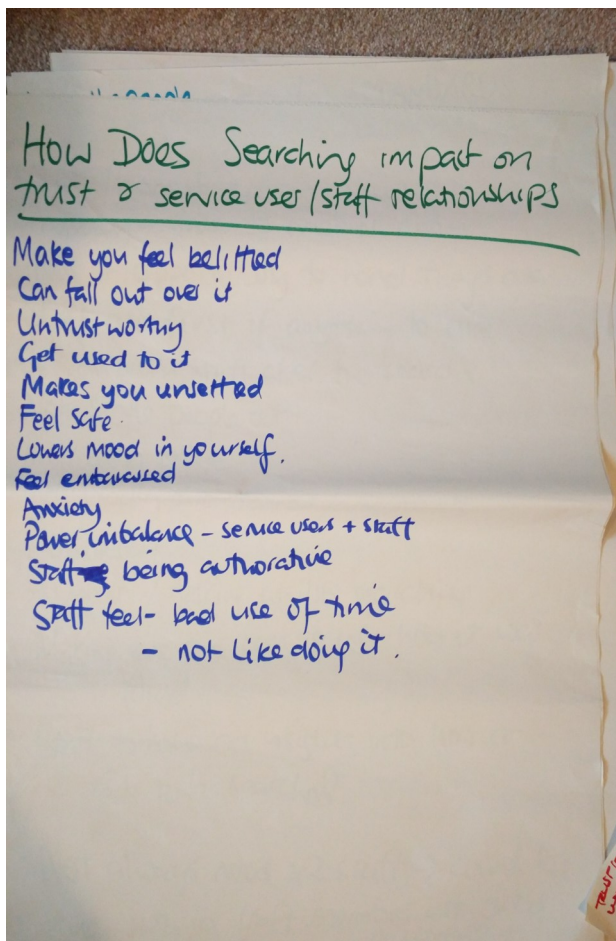
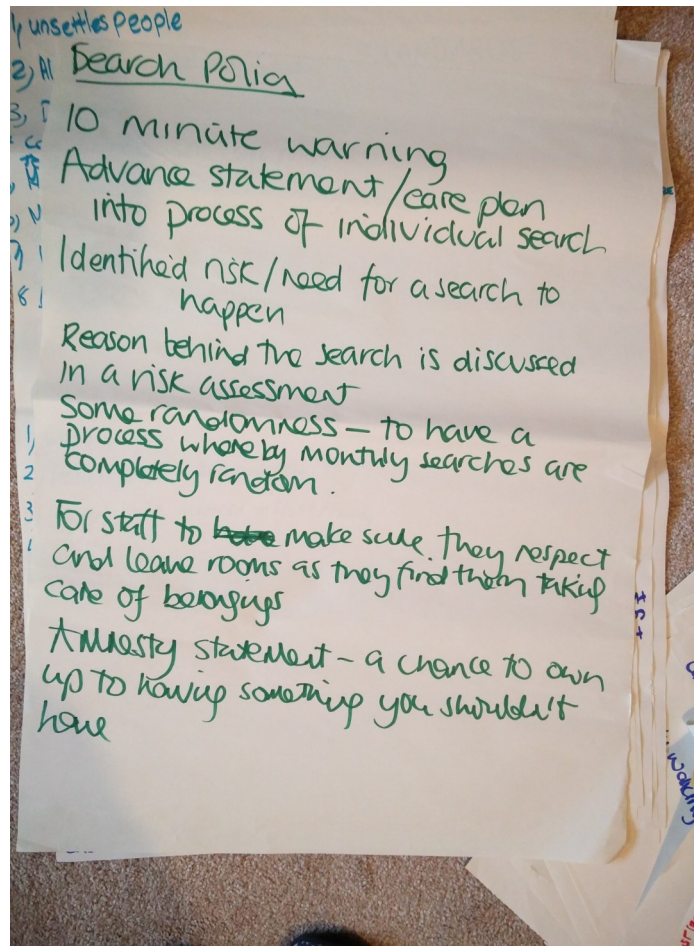
Identified risk/need for a search to happen

Reason behind the search is discussed in risk assessment

Some randomness—to have a process whereby monthly searches are completely random

For staff to make sure they respect and leave rooms as they find them when taking care of belongings

Amnesty statement—a chance to open up to having something you shouldn't have before search takes place



### How does searching impact on trust and service user/staff relationships

Make you feel belittled

Can fall out over it

Untrustworthy

Get used to it

Makes you unsettled

Feel safe

Lowers mood in yourself

Feel embarrassed

Anxiety

Power imbalance—service user and staff

Staff being authoritative

Staff feel—bad use of time

Not like doing it

# WELCOME TO

## 'RISKY BUSINESS'

### INTRODUCTION




Waterloo Manor is a 56 bed independent hospital which is part of the Inmind health group. It is a gender specific service working with women who have complex mental health needs. The hospital is made up of low secure and rehabilitation services within the same grounds.

- Low secure~ 33
- Locked Rehab~ 18
- Open Rehab~ 5

[www.inmind.co.uk/waterloo-manor](http://www.inmind.co.uk/waterloo-manor)

### WHY DID WE START THE GROUP?

- The 2014/2015 CQUIN Requirement was to offer Collaborative Risk Training which was originally offered as a PowerPoint on all the wards and was led by the Psychology Team.
- After the training we offered a drop-in session to gain feedback on the training and offer a bit more discussion.
  - The Feedback was that the training was 'wordy' 'difficult to understand' and 'needed more pictures'.
- During this session we found ourselves talking about risks around Waterloo, the community and life in general. 
- The group was introduced as a way to continue these discussions



### WHY DID THE CHICKEN CROSS THE ROAD?



A FEW SECONDS BEFORE

THE CHICKEN CROSSED THE ROAD  
(thecomedy.net.com)

### 'RISKY BUSINESS'

#### 'making risk everyone's business'

- To discuss risk
- To problem solve risk
- To share ideas and get people talking about risk
- To make risk easier to understand
- To develop risk training

CONVERSATIONS AND ACHIEVEMENTS

- Why do we use MAPA?
- Eating sweets! The risks...
- Risks of making a cup of tea
- Hot drinks on the wards- how can we minimise the risks
- Top 10 tips for new staff starting- reducing the risks
- Road safety and how to cross
- Concerns about male staff
- Beauty cupboard access times
- Collaborative risk assessment benchmarking tool
- 42/51=score 2
- Q2 CQUIN reporting
- Improved training with service user led training
- 'The' Busy Road
- Mixing of the wards

CROSSING 'THE' BUSY ROAD



MIXING OF THE SERVICES; LOW SECURE AND REHAB

Mixing of the Wards- what are the Risks?

- Being upset when saying goodbye
- Some people are more well than others
- Altercations/disagreements
- Being scared of people you have never met
- Intimidated of shouting
- Personality clash
- Staff not handling situation well
- Environment

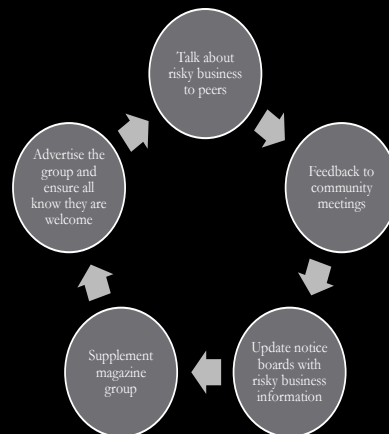
What are the positives of the wards mixing?

- See old friends/people we have lived with
- Make new friends
- Share experiences
- Can see people move on and how good it can be
- Positive role models

How can we mix safely?

- Everybody should be assessed before mixing to make sure they are well enough
- Small introduction meeting first
- Set ground rules
- Have the same staff at each meeting
- Have a neutral meeting place

HOW DO WE SPREAD THE WORD OF 'RISKY BUSINESS'



WHAT'S NEXT FOR 'RISKY BUSINESS'?

- Further development of the collaborative risk training package
- Developing the service user role in risk training
- Delivering the new and improved risk training
- Develop a risk assessment as part of ward round feedback
- Make 'the' road safe!!
- Continue the group
- Continue to spread the word
- Continue to make risk everyone's business



Thank you Waterloo Manor!

# Cheswold Park—Benchmarking Tool

## Action Plan and Review



### CHESWOLD PARK HOSPITAL BIO (Benefits /Impact/Outcomes) MODEL ACTION PLAN

OVERALL AUDIT RESULTS				
		KEY		
		3	Standard Fully Implemented	
		2	Action in Progress	
		1	Recommendations agreed but not yet actioned	
		0	Recommendations never actioned	
STANDARD	MENTAL HEALTH PATHWAY	PERSONALITY DISORDER & MSU PATHWAY	LEARNING DISABILITY AND ASD PATHWAY	
1. INVOLVEMENT STANDARDS (54 Max)	45/54			
2. RECOVERY STANDARDS (24 Max)	21/24			
3. CPA STANDARDS (60 Max)	52/60			
4. MDT STANDARDS (60 Max)	38/60			
5. COLLABERATIVE RISK ASSESSMENT (48 Max)	31/48			
6. SUPPORTING CARER INVOLVEMENT (27 Max)	20/27			
7. LEAST RESTRICTIVE PRACTICE & TECHNOLOGY STANDARDS (27 Max)	16/27			
8. RECRUITMENT & SELECTION (30 Max)	21/30			
9. MEANINGFUL ACTIVITY (30 Max)	16/30			



BIO MODEL - 6 MONTH IMPROVEMENT PLAN					
STANDARD AREA	SPECIFIC ACTIONS	MEASURABILITY	ACHIEVABLE & REALISTIC (YES/NO)	TIME FRAME FOR COMPLETION	ACHIEVED RED/AMBER /GREEN
INVOLVEMENT STANDARDS (54 Max)	Community meetings to be attended by a mixture of health disciplines including the pathway manager / decision maker to enable direct discussion and collaborative solutions to issues raised. This does occur but needs to be consistent across the service.	Attendance by ward management and observation on a monthly basis.  Patient feedback.	Yes	July 2015	
RECOVERY STANDARDS (24 Max)	Service users to clearly understand which outcomes are pathway critical i.e. what they must achieve to progress to the next level of care. This is a standard which would prove challenging to audit, however discussions need to be held with individual multidisciplinary (MDT) teams to decide how this could work and be recorded.	To be decided following agreement on the implementation with individual MDT teams.  Patient feedback.	Yes	October 2015	
CPA STANDARDS (60 Max)	Authors of Reports to attend the patient's CPA meetings.	Audit to take place through liaison with Mental Health Act office.	Yes	July 2015	
MDT STANDARDS (60 Max)	Patients to have access to ward round summaries 24 hours prior to their ward round (on a fortnightly basis). This can be	Audit to take place a period of time after implementation.	Yes	August 2015	



	delivered in paper form and nurses to have a discussion with patients the day before their ward round to reflect on the ward round summary and any progress made.  For patients to be in ward round for the full duration of the meeting. Any third party sensitive information can be discussed at the end.	Patient feedback.			
COLLABERATIVE RISK ASSESSMENT (48 Max)	To ensure the collaborative approach to risk assessment with patients is put in to practice alongside this year's CQUIN.  E- Learning packages to be made available for all staff.	Clinical audit. Patient feedback.	Yes	October 2015 (consideration needs to be given to CQUIN targets too)	
SUPPORTING CARER INVOLVEMENT (27 Max)	For a 'Carer's Cabinet' to be formed alongside the Social Work department. This will run like the Service User Involvement Team (S.U.I.T) meeting and one carer will represent from each ward. They will have involvement in event planning and some involvement in positive changes within the service.	Carer feedback.	Yes	July 2015	
LEAST RESTRICTIVE PRACTICE & TECHNOLOGY STANDARDS (27)	Patients have access to mobile phones, and the policy is restrictive in the sense that it doesn't promote individual risk assessment (a one fits all approach). To	Policy reviews. Patient feedback.	Yes	July 2015	



Max)	challenge this policy and see if amendments can be made to support individual risk assessment and encourage positive risk taking.  More internet access for patients, with strict control measures, under supervision at ward level. Proposal to be put forward to clinical risk meeting.				
RECRUITMENT & SELECTION (30 Max)	Patients to be <u>more</u> involved in the advertisement process (ie: open days).  Patients to be involved in orientation to the service. Given policies that restrict access past secure doors, careful discussion would need to occur with Senior Management Team (SMT).	Patient feedback.	Yes	October 2015	
MEANINGFUL ACTIVITY (30 Max)	Patients to have identified hobbies/interests lists, and for this to be routine practice on admission.  More meaningful activity to happen at ward level, facilitated by both nursing staff and activity coordinators.	Patient feedback.	Yes	July 2015	



WHOLE DINNING EXPERIENCE (24 Max)	Dining environments to be improved. Seating arrangements and decor to be made more appealing to our patients and make it more of an environment where people will enjoy their meals. Patients will be actively involved in making decisions of how they want their dining rooms adjusting.	Patient feedback.	Yes	October 2015	
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Please turn over for Cheswold Park's Action Plan Review

# Cheswold Park Action Plan Review

STANDARD AREA	SPECIFIC ACTIONS	Action in Progress
INVOLVEMENT STANDARDS (54 Max)	Community meetings to be attended by a mixture of health disciplines including the pathway manager / decision maker to enable direct discussion and collaborative solutions to issues raised. This does occur but needs to be consistent across the service.	MDT community meetings occur on a monthly basis, more so on Esk & Foss. More work required on prompting Aire's MDT to attend the meetings allocated monthly before ward round. List of dates to be sent out to MDT.
RECOVERY STANDARDS (24 Max)	Service users to clearly understand which outcomes are pathway critical i.e. what they must achieve to progress to the next level of care. This is a standard which would prove challenging to audit, however discussions need to be held with individual multidisciplinary (MDT) teams to decide how this could work and be recorded.	Person centred care is at the forefront of all care delivered on the mental health pathway. Outcomes are decided in MDT meetings and CPA meetings on an individual basis. To be identified within MDT care plans.
CPA STANDARDS (60 Max)	Authors of Reports to attend the patient's CPA meetings.	Authors are generally rostered to work following the implementation of a more flexible non-fixed rota pattern.
MDT STANDARDS (60 Max)	Patients to have access to ward round summaries 24 hours prior to their ward round (on a fortnightly basis). This can be delivered in paper form and nurses to have	We have a newly promoted Senior Staff Nurse on Aire ward. Her main focus is MDT standards across the

	<p>a discussion with patients the day before their ward round to reflect on the ward round summary and any progress made.</p> <p>For patients to be in ward round for the full duration of the meeting. Any third party sensitive information can be discussed at the end.</p>	<p>pathway and improving these. To date, the MDT summary templates have been amended to incorporate more positive documentation as well as risk documentation. The ward rounds are summarised to patients when completing the prior to ward round forms usually the day before ward round. Foss ward have patients in attendance at ward round throughout their ward round. The MDT's for Esk and Aire ward have had this idea introduced and she will be focussing on implementing this before October.</p>
COLLABERATIVE RISK ASSESSMENT (48 Max)	<p>To ensure the collaborative approach to risk assessment with patients is put in to practice alongside this year's CQUIN.</p> <p>E- Learning packages to be made available for all staff.</p>	<p>This year's CQUIN around Collaborative Risk Assessment is around the implementation. The pathway's clinical lead is already developing tools to demonstrate collaboration between the patients and the risk assessors. This is</p>



		<p>already evidenced within the HCR-20 risk assessments prior to last year's CQUIN.</p>
SUPPORTING CARER INVOLVEMENT (27 Max)	<p>For a 'Carer's Cabinet' to be formed alongside the Social Work department. This will run like the Service User Involvement Team (S.U.I.T) meeting and one carer will represent from each ward. They will have involvement in event planning and some involvement in positive changes within the service.</p>	<p>The Carer's Cabinet (led by the Social Work Team) had interest from 5 families. A coffee afternoon has been arranged in September inviting them all in to discuss the structure etc and implementation dates. Practice Development Nurse to work towards inviting carers to regional service user involvement events (CQUIN carer involvement meeting).</p>
LEAST RESTRICTIVE PRACTICE & TECHNOLOGY STANDARDS (27 Max)	<p>Patients have access to mobile phones, and the policy is restrictive in the sense that it doesn't promote individual risk assessment (a one fits all approach). To challenge this policy and see if amendments can be made to support individual risk assessment and encourage positive risk taking.</p> <p>More internet access for patients, with strict control measures, under supervision</p>	<p>The mobile phone policy has been reviewed by the PDN for the MH pathway and a patient from Calder ward. The proposals were presented at Clinical Risk by the patient in June 2015. The policy is awaiting approval.</p> <p>The MH pathway proposed that patients</p>

	at ward level. Proposal to be put forward to clinical risk meeting.	<p>have access to a laptop across Aire, Esk &amp; Foss ward. Laptops agreed in principal and awaiting access via IT department.</p> <p>There are cost factors in relation to internet connections for patients. They will remain with access only within the computer room. No funding agreed at clinical risk for ward based internet access with staff support/supervision.</p>
RECRUITMENT & SELECTION (30 Max)	<p>Patients to be <u>more</u> involved in the advertisement process (ie: open days).</p> <p>Patients to be involved in orientation to the service. Given policies that restrict access past secure doors, careful discussion would need to occur with Senior Management Team (SMT).</p>	<p>Patients are involved in open days.</p> <p>Patients continue to be involved in the interview process.</p> <p>Candidates are not screened via the DBS system and the hospitals are not currently willing to let patients escort them around the ward areas past the secure doors.</p>

MEANINGFUL ACTIVITY (30 Max)	<p>Patients to have identified hobbies/interests lists, and for this to be routine practice on admission.</p> <p>More meaningful activity to happen at ward level facilitated by both nursing staff and activity coordinators.</p>	<p>The MH pathway has an activity coordinator. She spends time focussing more across the pathway (Aire, Esk &amp; Foss). She records meaningful activities that have been undertaken &amp; offered. Ward trips have become more frequent. Many trips planned for the summer months. Patients were involved in the decision making.</p>
WHOLE DINING EXPERIENCE (24 Max)	<p>Dining environments to be improved. Seating arrangements and decor to be made more appealing to our patients and make it more of an environment where people will enjoy their meals. Patients will be actively involved in making decisions of how they want their dining rooms adjusting.</p>	<p>Improvements are under way. Three individuals have been nominated to work with the service users on seeking what they want their dining room to be decorated like. Aire ward patients have chosen a music theme that spans across the 1960's to the 1990's, so that patients of all ages can relate to the music eras.</p>



*Thank You!*  
Cheswold Park!

## 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.

Patients getting involved in interviews for all disciplines  
Involvement in outdoor space (smoke free area)

Choices given in pathway

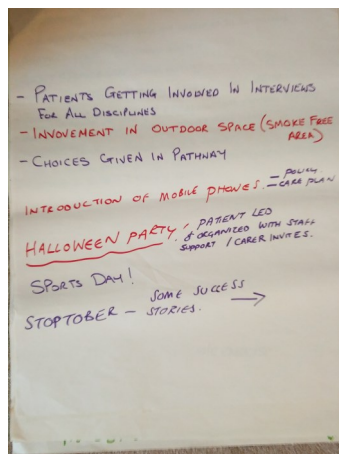
Introduction of mobile phones

- policy and care plan

Halloween party! Patient led and organised with staff support / carer initiatives

Sports day!

Stoptober—some success stories



### Clifton House

Well established Out and About groups with opportunities to access a variety of community locations

Full time Healthy Living Advisor has opened up opportunities to access

more physical health activities.

Re-established links with community services as part of the vocational pathway

Raised £85 at our Macmillan coffee morning

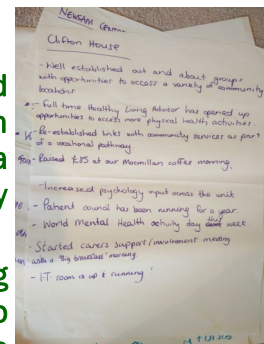
Increased Psychology input across the unit

Patient council has been running for a year

World Mental Health Day activity this week

Started carer support/involvement meetings with a "Big breakfast" morning

IT room is up and running



### Stockton Hall

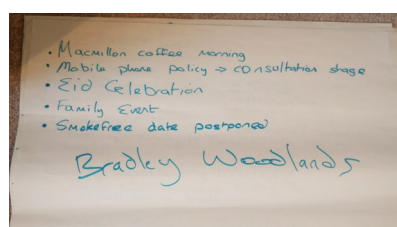
We have re-established our Service User group – this now meets monthly and is open to anyone. It has identified a number of project groups which report back into the meeting. The Hospital Director attends the group as do a number of other senior managers.

We have had a number of events which have been planned and organised by the social reps group –these have included a hospital wide BBQ to celebrate 30 years for Partnerships in Care; we also had a Macmillan's coffee morning where we raised £203; we had a production of Oliver with the patients being involved in painting the scenery as well as taking on a number of challenging roles.

We continue to work collaboratively with patients around risk assessments and patients are now starting to get involved in the completion of the HCR20 risk assessments.

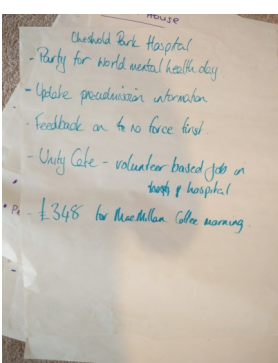
We have a weekly 'Stub it Out' smoking cessation group to encourage and support both staff and patients to give up smoking. We are actively following Stoptober.

### Garrow House



### Forest Lodge

### Moorlands View



### Cheswold Park

Party for World Mental Health day

Update pre-admission information

Feedback on no force first

Unity Café—volunteer based job in hospital

£348 for Macmillan coffee morning

### Cygnets

### Amber Lodge

### Newhaven

### Newton Lodge



## Humber Centre

### Walking Group

Patient experience workshop. To work around the hospital (kitchen, painting, decorating, maintenance, Portering, woodwork—32 interviews

Allotment—produce used in hospital kitchen

Courtyard garden designed and worked on by service users

Summer fayre/Christmas fayre

Carers and service user coffee mornings

Macmillan coffee morning £223.01

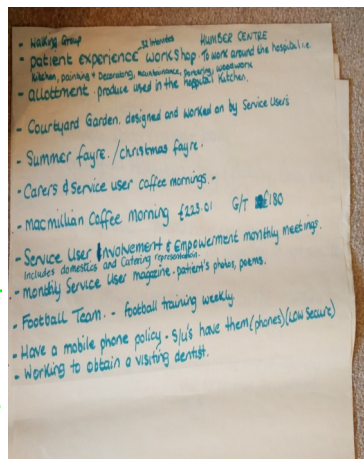
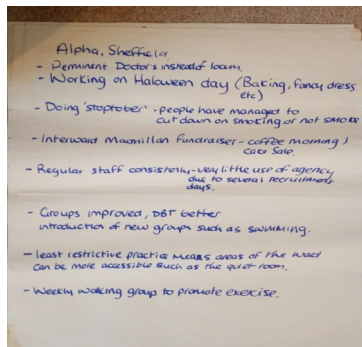
Service user involvement and empowerment monthly meetings includes domestic and catering reps

Monthly service user magazine—patients photos and poems

Football team—football training weekly

Have a mobile phone policy—service users in low secure unit have them

Working to obtain a visiting dentist



## Bretton Centre

Carers day—medication leaflets produced with service users perspective shown to trust board.

Macmillan coffee morning  
 "Journey man" service users performances given to carers (service users returned to take part)

More nursing led groups at weekends

Joint risk assessment—completed  
 -Training delivered to new staff with service users

Courtyards update—abstract art

Benchmarking tool has begun

Smoke free by the 1st December

More staff trained for the gym—got our staff member back

AC appointed - interviewed by service users

## Alpha Sheffield

Permanent doctor instead of locum

Working on Halloween day—(baking, fancy dress etc.)

Doing 'Stoptober' people have managed to cut down on smoking or not smoke

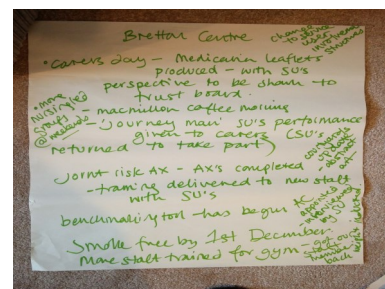
Inter-ward Macmillan fundraiser—coffee morning and cake sale

Regular staff consistently—very little use of agency due to several recruitment days

Groups improved—DBT better, introduction of new groups such as swimming

Least restrictive practice means areas of the ward can be more accessible such as the quiet room

Weekly walking groups to promote exercise



## Newsam Centre

World Mental Health day

Baking stalls, workforce leads attended, cloth cat music

Strong links with community agencies

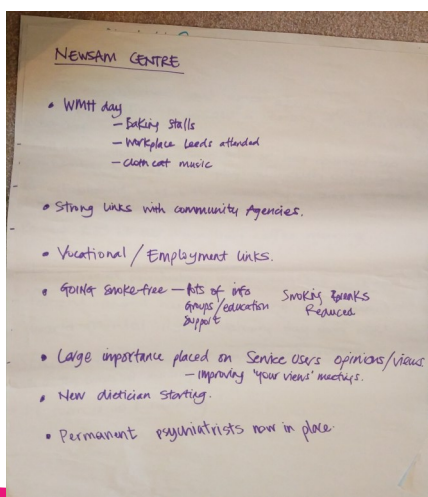
Vocational/employment links

Going smoke free—lots of info, smoking breaks reduced, groups education, support

Large importance placed on service users opinions/views—improving your views meetings

New dietician starting

Permanent Psychiatrists now in place



## Waterloo Manor

WISH fundraiser £542—afternoon tea and sponsored walk

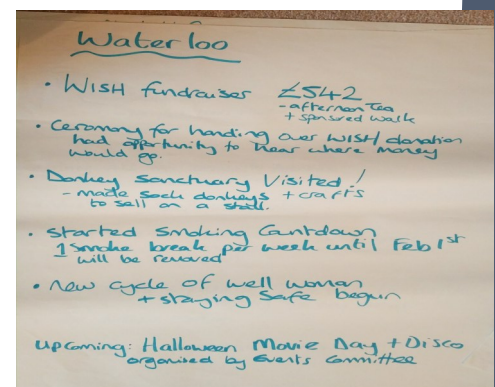
Ceremony for handing over WISH—had opportunity to hear where it would go

Donkey sanctuary visited!  
 Made sock donkeys and crafts to sell on a stall

Started smoking countdown 1 smoke break per week until February 1st will be removed.

New cycle of Well woman—staying safe began

Upcoming: Halloween movie day and disco organised by events committee



## Bradley Woodlands

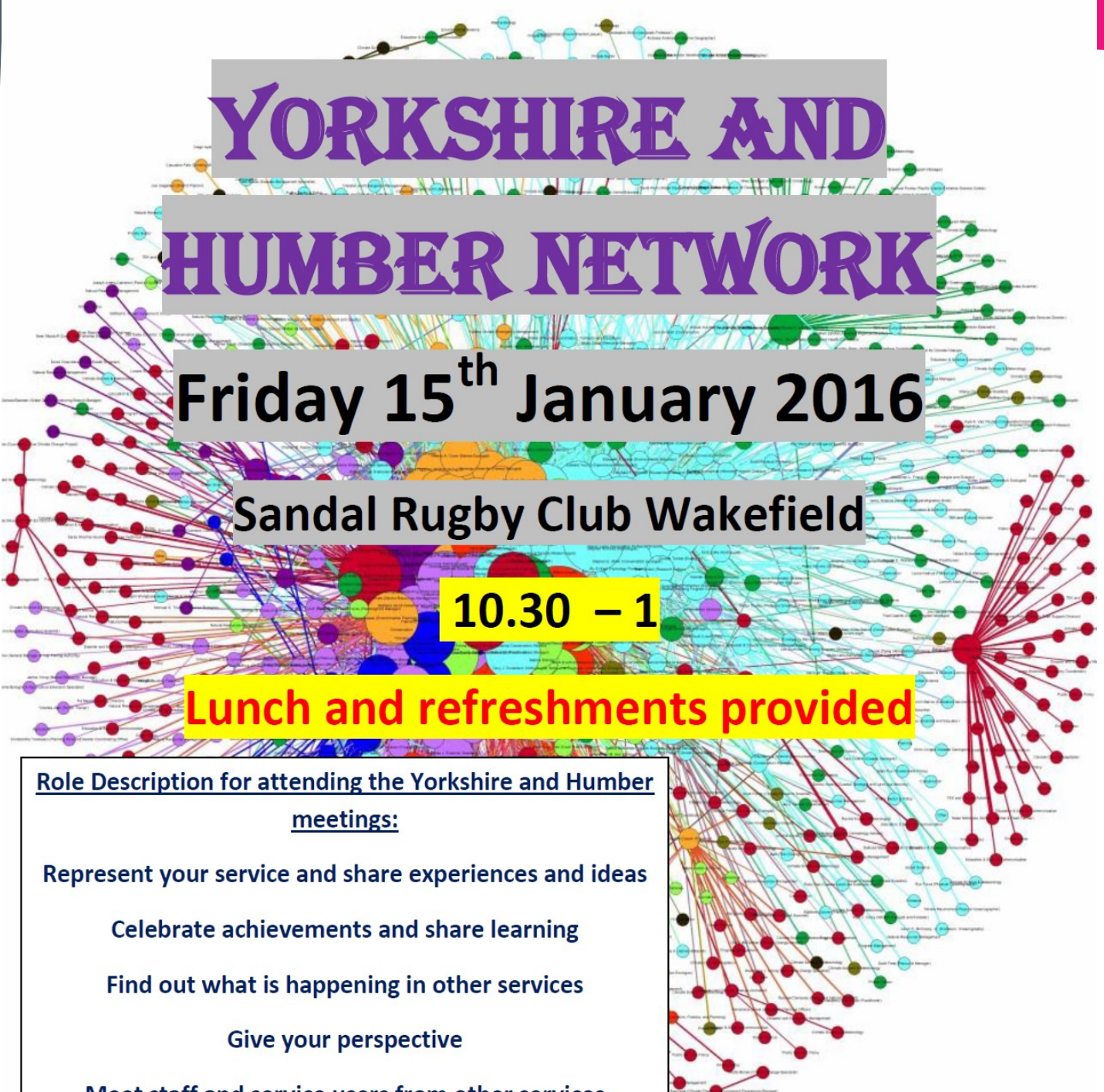
Macmillan coffee morning

Mobile phone policy—consultation stage

Eid celebration

Family event

Smoke free date postponed

A complex network diagram with numerous nodes of various colors (red, blue, green, purple, orange) connected by thin lines, forming a dense web. The nodes are of varying sizes and are scattered across the page, with a higher concentration in the center and right side.

# YORKSHIRE AND HUMBER NETWORK

Friday 15<sup>th</sup> January 2016

Sandal Rugby Club Wakefield

10.30 – 1

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



# 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)