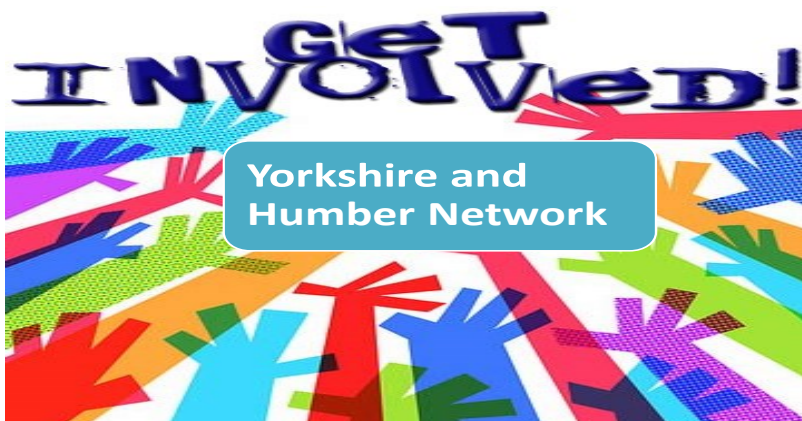


YORKSHIRE AND HUMBER NEWSLETTER 6



Thank you to everyone who contributed!



At the last Yorkshire and Humber Network meeting on the 15th January 2016 we started off with some presentations. The theme was Meaningful activity and we heard from the Humber Centre about all their different apprenticeship opportunities—you can find more information about this on pages 8 and 9

We then heard from a service user from Cheswold Park about some of the activities that they do there—including Cheswold’s got Talent! Further information can be found on page 6.

And we also heard from Amber Lodge about the introduction of Mobile Phones onto the unit and this can be found on pages 10 and 11

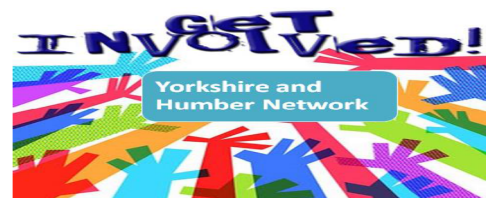
We had some group work to look at our Annual Report 2015/16. We asked everyone to reflect back on the last year so that we could put everyone’s views into our annual report. This can be found on page 7

We had an update from Mick Burns about commissioning, and this is a regular feature of the meetings now as everyone has found it really useful.

And we finished off as usual with lunch and the Round Robin which can be found on pages 12 and 13

TIME CHANGE

New time!!!
Future meetings will be held from 11am—3pm



Yorkshire and Humber Network Agenda

15th January 2016 10.30 – 13.00

1. Welcome and Introductions
2. **Presentation 1**
3. **Presentation 2**
4. Update on Benchmarking Tool Research Project
5. Update from Commissioners



6. **Group work - Creative thinking** –

7. Yorkshire and Humber Conference



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

Date of next meetings:

Inside this Issue	
The last Yorkshire and Humber Network meeting	1
Conference! Celebrating a decade of Involvement!	2 & 3
Art work and Article by Tracey from Stockton Hall	4 & 5
Presentation from Cheswold Park	6
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Presentation from Humber Centre	8 & 9
Presentation from Amber Lodge	10 & 11
Round Robin—service update	12 & 13
Poster for next meetings	14
Poster for Newsletter	15



Yorkshire and Humber Involvement Network Present a Conference

Celebrating a Decade of Involvement

Where and When?

Date: Tuesday 24th May 2016

Venue: National Coal Mining Museum, Caphouse Colliery, New Road, Overton, West Yorkshire WF4 4RH

www.ncm.org.uk

This unusual and exciting venue, one of the few remaining accessible coal mines in England, along with the presentations and workshops that will fill the day; will ensure that the conference stands out in the memory of the delegates. This venue is central for all of the secure services in Yorkshire and Humber and is accessible for people around the country by rail and road, with ample parking.

Map to NCM



Why?

This conference is to celebrate a decade of regional involvement in secure services. The Yorkshire and Humber Network brings together service users and staff from 16 services that includes both NHS and private organisations providing low and medium secure care. The Network is about sharing best practice and collaborative working to improve the experience and quality of support that people receive.

Key Points of the Day

Keynote speaker - Dr Amanda Bertram

Benchmarking Research Tool

Music

Workshops

Ian Callaghan, Rethink Mental Illness

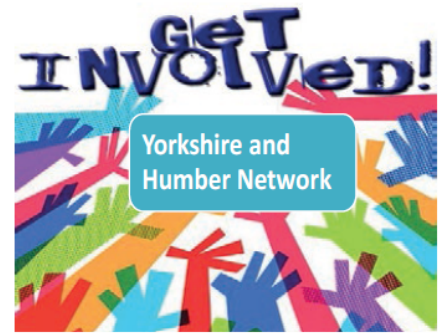
Celebrations and fun!

Contributions Welcome

There will be no market stall due to limited space - however all services in the Yorkshire and Humber Network are invited to contribute in the following ways;

- Information about initiatives from your service you would like to share; this will be added to goody bags for attendees.
- Contributions towards a music CD to be played over lunch.
- Any artwork that people would like to be shown over lunch (on a screen).

Deadline for submission of any contributions - 18th March 2016 via email to: events@cygnethealth.co.uk



Agenda

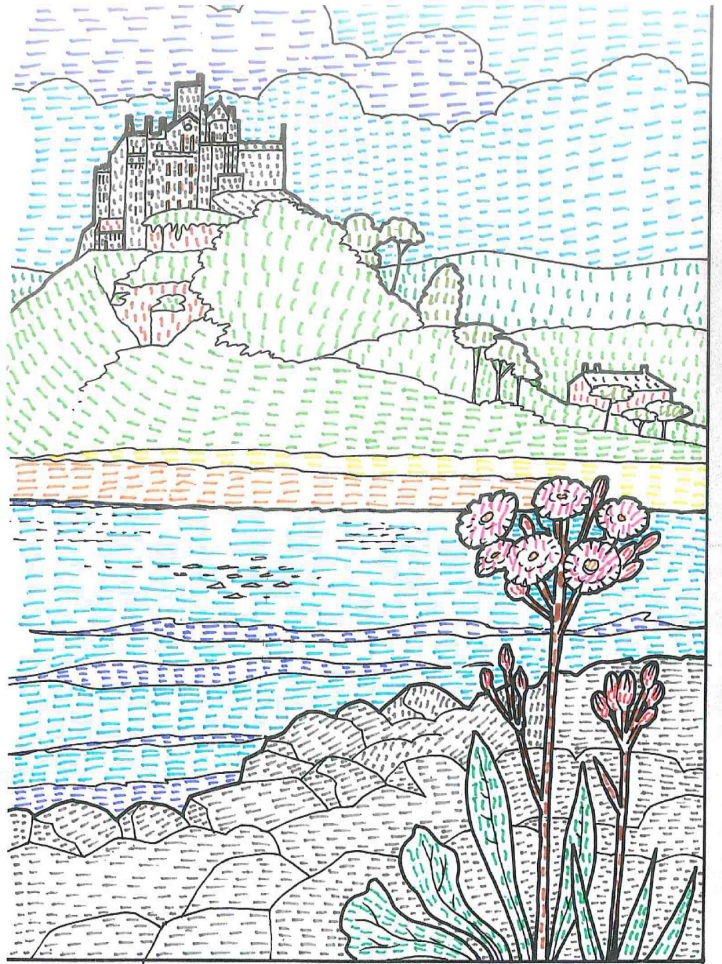
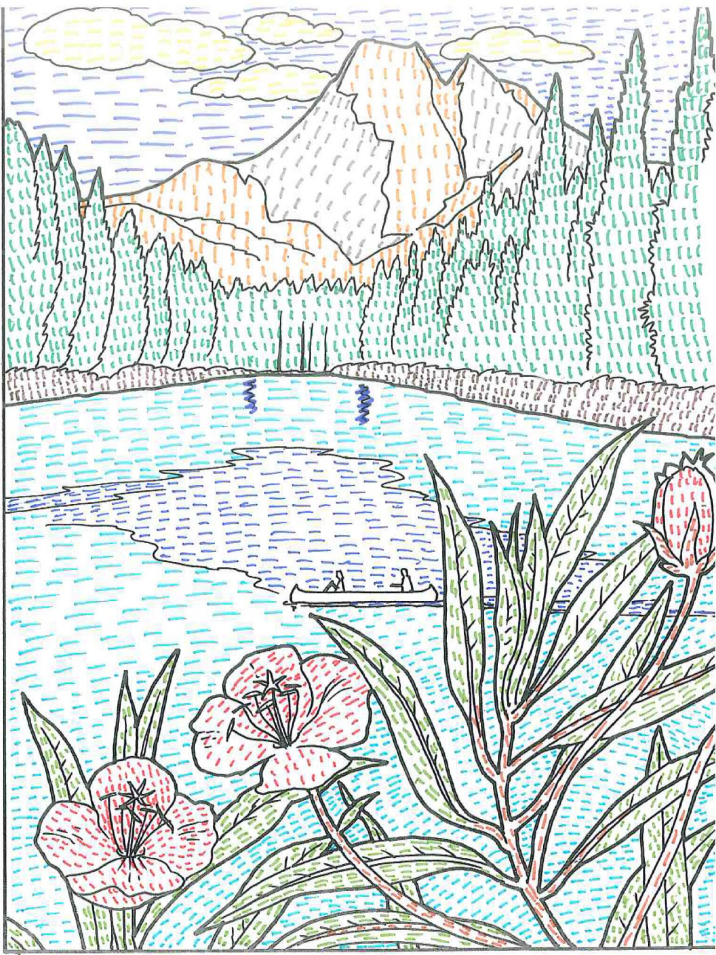
9.00	Arrival/Registration and Refreshments
Morning Session	
10.00	Laughter Yoga
10.10	Conference Introduction and Opening Holly Alix and Jo Harris Yorkshire & Humber Involvement Leads
10.30	Key Note Speaker Dr Amanda Bertram Psychological Skills Mentor, Chimp Management
11.15	Refreshment Break
11.30	Update on Benchmarking Research Tool Anne Holvey University of Manchester
12.15	Choir Performance Moorlands View
12.30	Lunch Break
Afternoon Session	
13.30	Workshop 1 - delegates to choose from; 1. Laughology , Humber Centre 2. Music Improvisation , Moorlands View and Cygnet Health Care 3. Relaxation Sessions , Cygnet Health Care 4. Underground Coalmining Tour , National Coal Mining Museum
14.30	Workshop 2 - delegates to choose from; 1. Laughology , Humber Centre 2. Music Improvisation , Moorlands View and Cygnet Health Care 3. Relaxation Sessions , Cygnet Health Care 4. Underground Coalmining Tour , National Coal Mining Museum
15.30	Ian Callaghan Recovery and Outcomes Manager, Rethink Mental Illness
16.00	Balloon Activity
16.30	Closing Remarks and Conference Close

For details on how to register for places please visit:
www.cygnethealth.co.uk

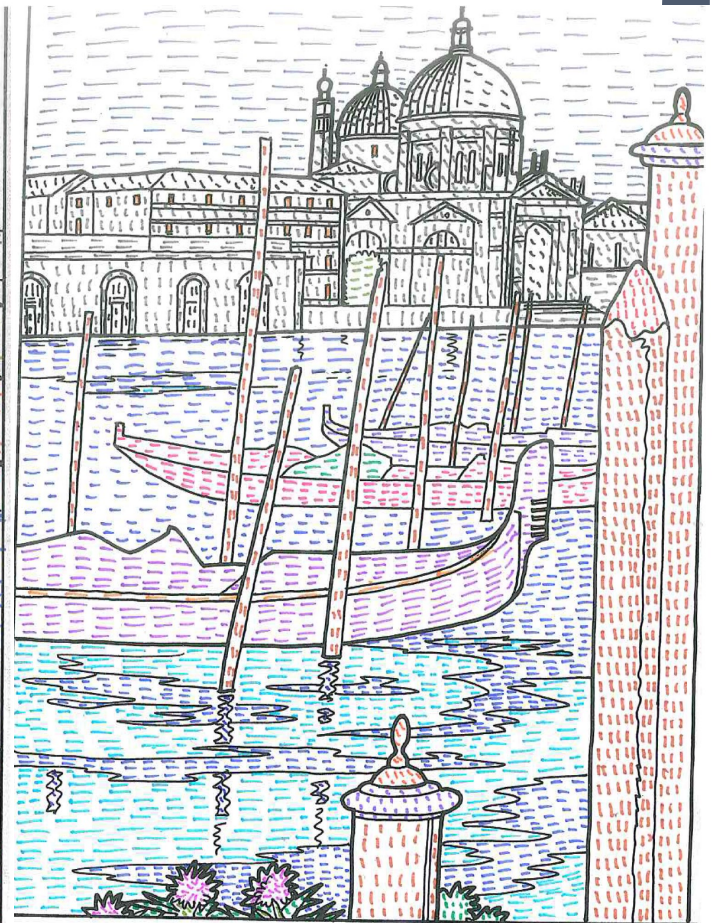
Alternatively you can email:
events@cygnethealth.co.uk

Please include details of your preferred workshop choices

or call
0114 2793353



Art work by Tracey from Stockton Hall Hospital



In the morning of the 22nd of the December I woke up and I was scared to death because we were doing a pantomime of Cinderella for all of the hospital to watch. We had been rehearsing for this for a number of weeks which took lots of hard work. Myself and some other service users were pacing up and down the ward with nerves, we were feeling sick.

We had to do a dress rehearsal before we did the live show; we had to improvise with the costumes. Mine needed a button putting on it, one of the men needed a new dress because the one that he was wearing was not the right one to make him look like a woman, to solve this he put socks down his dress to appear more like a women.

There was a lot to do to get everything right and to have everybody in place when I opened the show. I was scared prior to the panto when I saw the audience, but I kept calm and carried on. I played Buttons and narrated the pantomime, I worked hard to remember all of my lines and had to encourage the audience to get involved, I really enjoyed being on the stage.

A service user from my ward played Cinderella and it was very hard for her, she did have a lot to do but she did a good job. Despite all the lines that she had, she was able to remember them all of the way through and we were proud of her. My other peer played the fairy godmother and she was very good in her role play, she performed amazing and she brought light to the show.

Two staff members played Cinderella's ugly sisters, what can I say, they were so funny they made us all laugh. The men that were playing the ugly sisters had a tool box with all their goodies in, it had lipstick, blusher, talcum powder, mascara and some other things that they would have if they were women. They were dressed funny and they acted funny, they acted a scene where they put they make up on and that put smile on all of our faces. I think that they made my day.

There were lots of was people behind the scenes helping the pantomime to go ahead, they had to do the music and the backdrop and also film the show, it could not have happened without them.

By Tracey from Stockton Hall Hospital



THANK YOU!

Art work and article
both by Tracey from
Stockton Hall Hospital

Cheswold Park Hospital

Firstly on behalf of me I would like to wish you all a merry Christmas and happy new year.

It is my role as a spokesman for my ward and Cheswold park hospital, to clearly and concisely to make sure the needs and wants are met, and any concerns patients have or staff, are addressed by me to the appropriate people. Any issues will be addressed appropriately by making our voices heard.

At Christmas, my ward and other parties involved in the Macmillan cancer charity had patients and staff participating in a baking competition raising £ 541.45 and was successful.

Patients recently did a cooked meal for staff and patients recently did a cooked meal for staff and patients, which I participated in, cooking Christmas dinner. Some patients do gardening, taking pride in neatly mowed lawns and trimming.

Other activities patients do are computers, days out, walks, sports including football, tennis, cricket, swimming, badminton, lifting and doing weights. Other activities include cooking, bingo relaxation and coffee mornings, breakfast club.

Every 2 weeks community ward meeting, where recently patients were asked their input and opinions on how the ward should be refurbished regarding to what sofa's they would like. The patient chose beige and neutral colours. Patients are also going to have the opportunity to design a feature wall and decorate it themselves.

The hospital also held a talent competition, Cheswolds got talent. I came third, singing a stone roses song, Adored. That's it thank you.

By Damien from
Cheswold Park



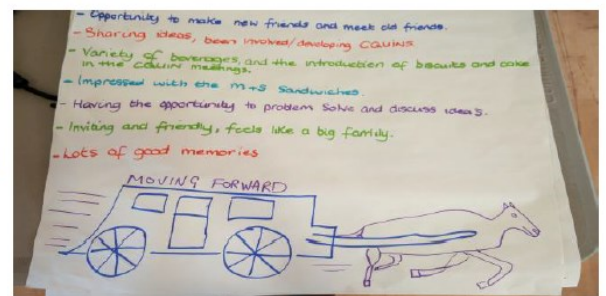
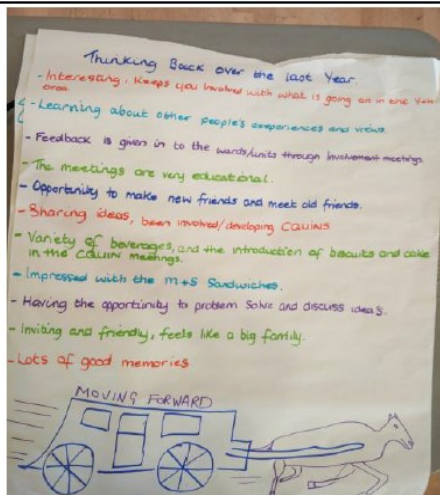
Group work for the Annual Report

At the last Yorkshire and Humber Network meeting we asked everyone to write down what has been useful and interesting in terms of all the things we have been looking at over the past year—both when we come to your services and when you come to Sandal. Here are some of the things that you all shared with us. These have been put into our annual report so thank you all for your contributions!

Yumber in review – Carer Involvement, Least Restrictive Practice – why? Benchmarking tool, Smoking Cessation, Collaborative Risk Assessment, Networking, Good laugh and fun 😊 Clarity, Supporting each other, sharing ideas, sandwiches, MDT standards, meeting new people, Retro Biscuits, Best Practice.



Interesting, keeps you informed about what is going on in the area. Learning about other people's experiences and views. Feedback is given in to wards/units through involvement meetings. The meetings are educational. Opportunity to make new friends and meet old faces. Sharing ideas, being involved/ developing CQUIN's. Variety of beverages, and the introduction of biscuits and cake in the CQUIN meetings. Impressed with the Marks and Spencer sandwiches. Having the opportunity to problem solve and discuss ideas. Inviting and friendly, feels like a big family. Lots of good memories. Moving forward.



Sharing ideas. Working collaboratively, meeting with other services. Friendly atmosphere. Learning new things. Putting things into perspective, making improvements. Patient's success stories. Feeling supported. A chance to be heard. Nice to see Holly and Jo for other service users to meet them during community meetings. Nice to be part of it, to see positive ideas develop and continue to improve. Up to date information on CQUIN's so we know what to work towards. Know where we stand as a service. Learnt something about Recovery Colleges.

Sharing good practice, chance to be passionate about making hospitals better, positive things happening at the hospital, planning together with other services, patients having choices, helping making decisions about how hospitals run, visiting other services, feeling involved and valued, sharing individual experiences patients and staff, building and maintaining relationships "haven't met patient for 8 years", making our services more open, sharing good points, smoking/sharing policy, can do approach, patients doing presentations, building confidence and presentation skills.

Supported work experience

Humber NHS Foundation Trust

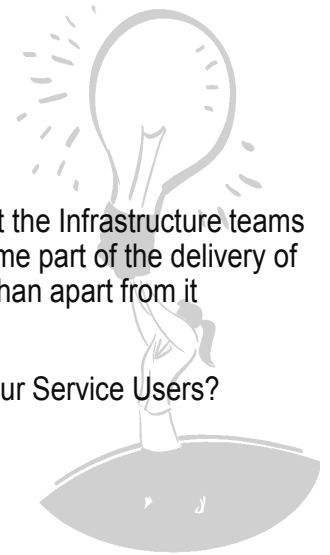


Humber **NHS**
NHS Foundation Trust

How it all started

We initially looked at how to get the Infrastructure teams (Back Office services) to become part of the delivery of Trust Services rather than apart from it

What could we offer to our Service Users?



Aim of Project

To create opportunities to allow service users to engage in meaningful work with positive experiences and the opportunity to develop new skills actively supporting people's recovery and bring in benefits to the Trust and other service users

Focus Group for Service Users

The service users said

- They wanted to learn
- They wanted to gain experience
- They wanted to get into a daily routine
- They wanted a reason to get up in a morning
- They wanted to gain self esteem
- They wanted meaningful activity
- They wanted to have a uniform – to feel part of a team



Recruitment of Staff

Paul and Steve from our Estates Team became involved

- An idea of painting and decorating was put forward

Benefits to Staff

- Experience of training people
- Experience of team building and interaction with others
- An opportunity to gain further qualifications



Recruitment of service users

Benefits to service users

- Team building and interaction
- A general understanding of a trade
- Adhering to time keeping, good work ethics and a structured environment
- Sense of pride and achievement on completing tasks

Pilot course content

A training manual was developed for both staff and service users covering

- An overall understanding of painting and decorating
- Team building and interaction with others
- One to One bespoke training for individuals

Did it work?

- YES!!
- The Initial pilot was very successful
- 6 services users have gone through the course to date
- More service users are already asking to be part of the next phase of this new and exciting project

Where we are now

- The Unit Manager has requested the service users continue painting the rest of the ward.
- Work has already started this week on
 - 7 bedrooms
 - Dining room
- Requests are now being received from other Ward Managers for their areas to be part of the project

Moving Forward

- Staff are undertaking the TAQA Certificate. This will enable assessment of service users to gain further qualifications
- Regular Steering Groups to identify further cohorts

Future Aims of Project

- To develop into a trust wide project
- To develop and increase the opportunities for services users
- To encourage work placements in other support services
- To promote the philosophy of service users and staff working together,

Mobile Phone Use

Forensic Services – RDASH
Amber Lodge
15/1/2016



Forensic Services

RDASH Policy

- AMBER LODGE LOW SECURE SERVICE OPERATIONAL PROCEDURE
- POLICY FOR MANAGEMENT OF MOBILE PHONES AND OTHER DEVICES CAPABLE OF STORING, MANIPULATING, RECORDING OR TRANSFERRING PERSONAL DATA



Forensic Services

Mental Health Act Update (2007)

- Low secure services are for people detained under the Mental Health Act who, because of the nature of their illness and the level of risk they present to themselves or others, can not be safely supported in a less secure setting.
- Sections applicable in Low Secure Units
- Section 36
- Section 37
- Section 37/41
- Section 3
- When supporting patients detained under the Mental Health Act practitioners should be aware of and work with the Guiding principles of the Act:
- Least restrictive option and maximising independence
- Empowerment and Involvement
- Respect and Dignity
- Purpose and effectiveness
- Efficiency and equality



Forensic Services

Principles of Mental Capacity Act (2007)

- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedom.
- The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions.



Forensic Services

CQC Standards and Outcomes

Reg 9 Outcome 4

Care and welfare of people who use services

People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Reg 11 Outcome 7

Safeguarding people who use services from abuse

People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.

Reg 16 Outcome 11

Safety, availability and suitability of equipment

Where equipment is used, it is safe, available, comfortable and suitable for people's needs.



Forensic Services

C-QUIN MH1 2015/2016

- Collaborative Risk Assessments

The provision of an active engagement programme to involve all secure service users in a process of collaborative risk assessment and management

Working in partnership in contracting with patients and nursing staff.



Forensic Services

Amber Lodge Risk Management

- Risk assessment practice is dynamic and flexible and should respond to change.
- Risk management should be proportionate to the risk identified, potential impact and subject to on-going monitoring and review.
- The goal is to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop these deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted.

A Positive Approach to Risk & Personalisation: A Framework



Forensic Services

Record Keeping

- The recording of risk assessment and plans for risk management should be proportionate to the probability of the risk and the impact (or severity) of the risk. It should record any mitigating actions undertaken.



Forensic Services

Record Keeping

- Risk identified.
- • Legislative framework followed (where a legislative issue is indicated).
- • Record of advice and guidance sought.
- • Record of meetings held with individuals,
- their carers, families, other agencies and other interested parties.
- Record of the views of all parties, including unresolved differences.
- Record of issues considered and rationale for plan development.
- Record of plan agreed including identification of lead responsibilities for all elements.
- Record of the sign off of the plan.
- Agreed arrangements for review.



Amber Lodge Forensic Services

- When a patient's mobile phone has been removed due to a breach of contract, the MDT will allow the opportunity for a second chance to demonstrate learning and improved behaviour. However, these decisions need to consider risk of harm to self and others alongside least restrictive practice. Where possible opportunities for positive risk taking should be taken as long as appropriate adjustments to care plans are made collaboratively with the patient, their nursing team and the MDT. However, if the decision is made that the risk of harm to self or others is too great and mobile phones access needs to be restricted then the mobile will not be returned. In this situation clear and sound reasons must be provided.



Contract

- **Patient name:**
- **Named nurse:**
- **Please tick the concern that resulted in the mobile phone being removed**

Breach of rules

- And:
- Behaviour posed an increase in the patient's vulnerability to exploitation
- Contact with past victim or concerns regards them being a future victim
- Behaviour linked directly to risk of offending
- Behaviour is offence paralleling
- Behaviour is a specific feature of a concern for the individual patient (e.g. absconding)

How many times have they breached the rules of the mobile phone contract:

- Once
- Twice
- 3 and more times

Considerations:

If only breach of rules (and it is less than 2 occasions that the rules have been breached) consider the following.

(Tick all that apply)

- Is the patient clear as to the rule that they broke
- Have they considered a plan to prevent the same situation occurring again
- Has the consequence been sufficient to motivate compliance with the contract
- Have collaborative changes being made to the care plan to prevent future breaches.



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.

Not long 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.

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.

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.

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 McMillan'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 around risk assessments and patients 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.

Bretton Centre

Clifton House

Moorlands View

Waterloo Manor

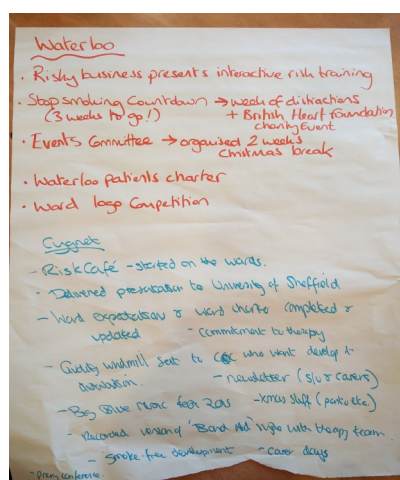
Risky business presents interactive risk training

Stop smoking count down—week of distractions and British Heart Foundation charity event 3 weeks to go!

Events committee—organised 2 weeks Christmas break

Waterloo patients charter

Ward logo competition



Bradley Woodlands

Xmas events—competitions, quizzes, parties, games, food

New years eve party

Developing MDT involvement

Charity events

Working towards becoming smoke free

Xmas calendar and card competition

Attended transforming care event in Birmingham

Waiting on technology policy

Carers events

Newsam Centre

Cygnets Bierley

Risk café—started on the wards

Delivered presentation to University of Sheffield

Ward expectations and ward charter completed and updated

Commitment to therapy

Quality windmill sent to CQC who want to develop it

Newsletter for service users and carers

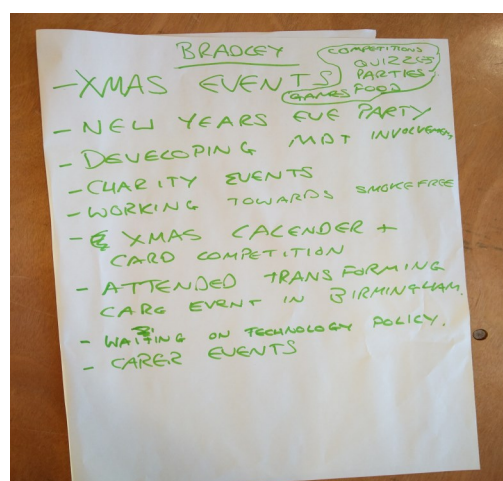
Big blue music fest 2016

Xmas stuff—panto etc.

Recorded version of band aid single with therapy team

Smoke free development—carer days

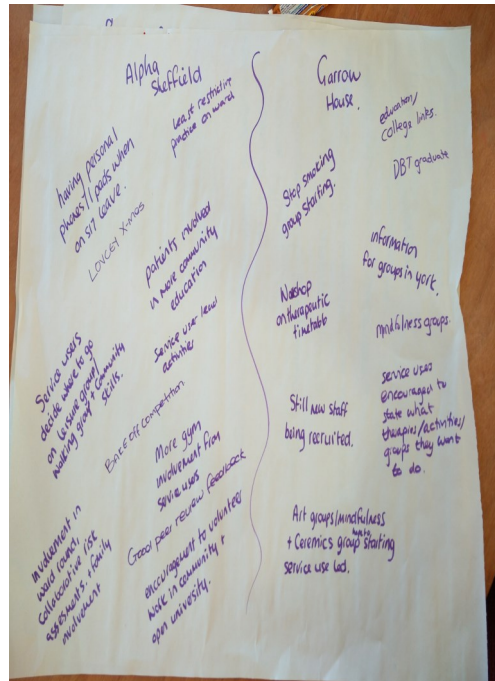
Priory conference



Forest Lodge

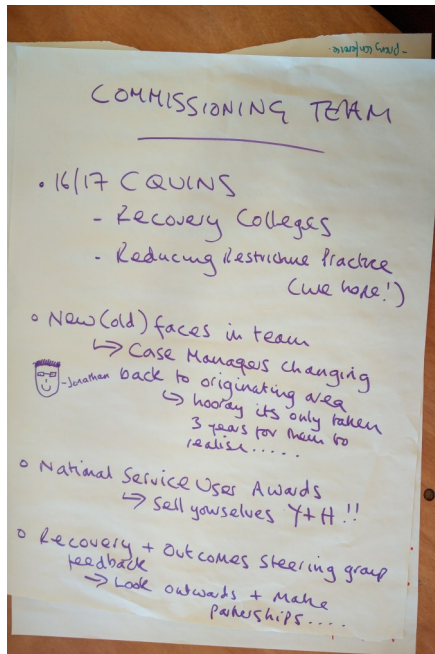
Garrow House

- Stop smoking group
- Workshop on therapeutic timetable
- Still new staff being recruited
- Art groups, mindfulness and ceramics group starting—service user led
- Education/ college links
- Information for groups in York
- Service users encouraged to state what therapies/ activities/ groups they want to do
- DBT graduate



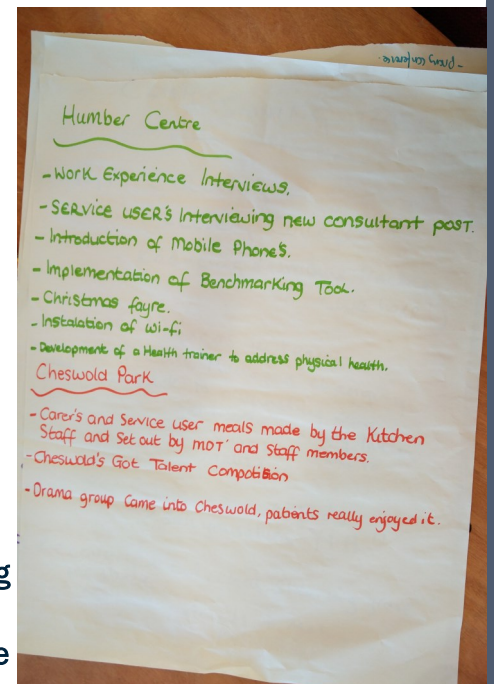
Alpha Sheffield

- Having personal phones/ iPads when on leave
- Lovely Christmas
- Least restrictive practice on wards
- Patients involved in more community education
- Service user led activities
- Bake off competition
- More gym involvement from service users
- Good peer review feedback
- Encouragement to do volunteer work in community and open university
- Involvement in ward rounds, collaborative risk assessments and family involvement
- Service users decide where to go on leisure groups/ working group and community skills



Commissioning Team

- 16/17 CQUINS
- Recovery colleges
- Reducing restrictive practice (we hope!)
- New (old) faces in the commissioning team—case managers changing
- Back to originating area—Hooray! It's only taken 3 years for them to realise....
- National service user awards—sell yourselves Yorkshire and Humber!!
- Recovery and Outcomes steering groups feedback—look outwards and make partnerships...



Cheswold Park

- Carers and service user meals made by the kitchen staff and set out by MDT and staff members
- Cheswold's got talent competition
- Drama group came into Cheswold—patients really enjoyed it.

Humber Centre

- Work experience interviews
- Service users interviewing new consultant posts
- Introduction of mobile phones
- Implementation of benchmarking tool
- Christmas fayre
- Installation of Wi-Fi
- Development of Health trainer to address physical health

Wathwood

Newhaven

Amber Lodge

Newton Lodge

**From
Mark at
Newton
Lodge**



*Thank
you*





Calendar of Involvement Events for 2016 at Sandal Rugby Club

All dates in order

**8th April, 27th April, 31st May, 8th June, 1st July, 5th July, 6th
September, 28th September, 1st November, 4th November,
6th December**

Yorkshire and Humber Network 11-3pm

8th April, 1st July, 4th November

Recovery and Outcomes 11-2.30pm

8th June. 28th September. 6th December

CQUIN meetings 2-4pm

Reducing Restrictive Practice –

27th April, 5th July, 1st November

Recovery College - 31st May, 6th September

GET INVOLVED!

Yorkshire and Humber Network

YORKSHIRE AND HUMBER NETWORK

Friday 8th April 2016

Friday 1st July 2016

Friday 4th November 2016

Sandal Rugby Club Wakefield

11am – 3pm

Lunch and refreshments provided

Role Description for attending the Yorkshire and Humber meetings:

- Represent your service and share experiences and ideas
- Celebrate achievements and share learning
- Find out what is happening in other services
- Give your perspective
- Meet staff and service users from other services
- Take back and share what you have learnt with people in your service



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