Yorkshire and Humber Newsletter

A little bit about us

Holly		Jo
- Music, laughing, pink	Likes	- Shopping, Birthdays, sparkle
- Mushrooms	Dislikes	- Coffee
- Playing guitar, cooking for friends	Interests	- Afternoon tea or a cuppa with friends
- Recently changed surname from Fletcher to Alix (used to be middle name!)	Funny fact	- Recently changed surname from Wright to Harris (just got married!)

Role

Meeting with people and hearing about all the work that they are doing

Inspiring people and hearing about new ways to get motivated

Developing ways of improving experience of patients and staff

Involving people in this and the bigger picture – strategy

Finding ways to do this which makes sense in the real world—not just doing things that are supposed to be right

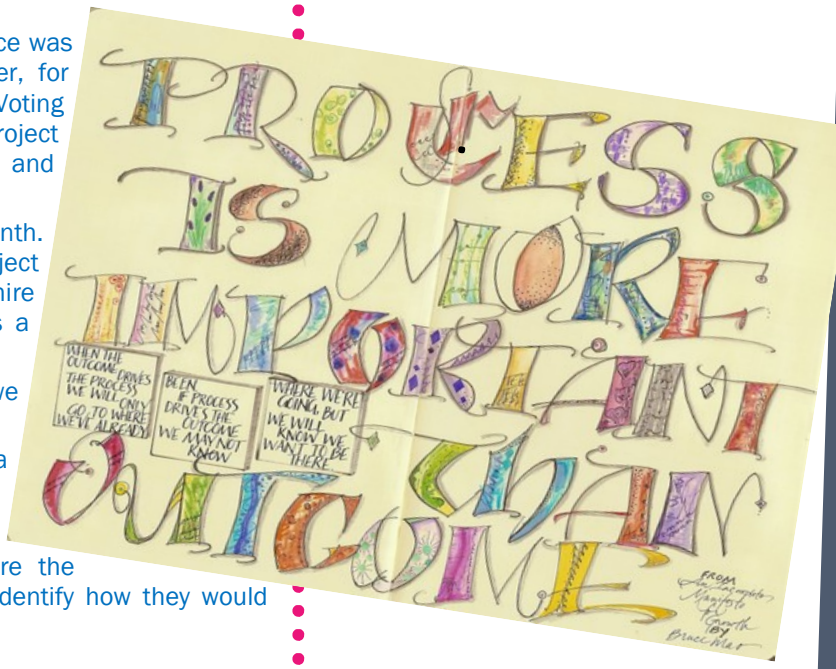
Having fun and a laugh along the way - the process is more important than the outcome.

So that's us; Holly and Jo—sometimes known as Jolly—which is definitely better than Ho!

Inside this Issue

Process so far

- We initially met with all the services to find out their priorities.
- We then held workshops with staff and service users across Yorkshire and Humber such as the Afternoon tea event and the Recovery and Outcomes group to identify further priorities.
- Most priorities for services were joint ones. A preference was expressed for sharing and developing things together, for workshop style learning, and sharing best practice. Voting took place to narrow down the joint priorities into 3 project groups, MDT standards, Involvement in Recruitment and Selection, and Reviewing Involvement Structures.
- Each project group has been meeting every month. Services have prioritised attendance at different project groups. 2 CQUIN groups meeting bi-monthly. Yorkshire and Humber Network every 3 months. Each page is a summary of each project group so far.
- Some services have had individual priorities that we have supported them with also.
- Three project groups have now worked to develop a tool/product that can be shared with all services.
- The next phase is the implementation phase.
- We will go around all the services again and share the product/tool for each project group with them, and identify how they would each like our support with the implementation of these.



B
I
O

LOGICAL

- **B – Benefits** (Project Groups)
- **I – Impacts** (Anticipated Impacts for stakeholders)
- **O – Outcomes** (Tools/Products)
  - MDT Standards
  - Involvement in Recruitment and Selection
  - Reviewing Involvement Structures
  - 2 CQUIN Groups
  - Yorkshire and Humber Network

Motivation/Inspiration

Supporting Carer Involvement CQUIN Group

1. What is difficult about involving carers?

Confidentiality
Distance/travel
Visiting times/areas
Lack of information
Reluctance to engage
Lack understanding
Financial implication
Communication

2. What would help involve friends & families?

Right support
Flexibility
Education
Community leave
Named link
More information
Family therapy
Carers event
Translators

3. What do you do already that is good?

Carers Assessment
Family room
Information booklets
Welcoming
Staff training
Deals with local accommodation
Events & Forums
Flexible visiting times
Recovery courses
Newsletter
Skype
Transport
Invites to MDT/CPA
Staff support

Carers Pack in development (Clifton House)

WHEN –

- On admission

FORMAT –

- Easy read
- Bullet points
- Easy to find information
- Pictures,
- Website/YouTube
- DVD – families who can't visit can see, using voice over of service users linked to family – helpful

INFO/CONTENT – identify:

- Named nurse (one person contact)
- Consultant name
- Ward telephone number
- Visiting hours
- Where visits can take place – ward, garden, community
- How to book off ward visiting room
- Sectioning procedures – how and when leave is given

What?

How are carers involved?

1. In my care

Meetings (CPA, care team.)
Contact (phone, letter, face to face)
Advice and support
Family work
Provide information
Care planning

2. In service development

Members council
Relatives days
Visitors room
Evaluation tool/Feedback/Questionnaire
Discuss service development
Formal and informal forums
Suggestion box
Carers forum/coffee morning

3. Individual Carers Support

Carers assessment
Advocacy
Flexible visits unit, community, home
Support group/ formal support
Information sessions/leaflets
Telephone contact
Meeting members of clinical team
Open attendance at CPA and MDT
Strong social work input

So What and Now What?

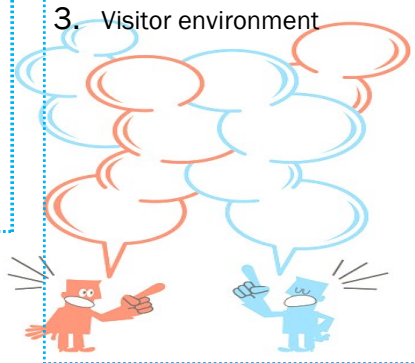
What do services want to do?

Overnight stays in B&B/hotel with family
Mediation between families/extended family
Communication book in reception area
Ensuring drink facilities are available
More information available to families
Supply information in a different formats
Flexible visits
Satisfaction questionnaires
Carers forum
Help with ravel costs
Skype
Introduction to the service
Formalising what we are already doing
Collecting data
Model of practice
Use of electronic media/technology
Family days

Where are services in relation to developing a satisfaction tool?

Services are at different stages
Existing tools need reviewing
New tools being developed
Some haven't developed yet
Carers and service users involvement in development varies across services
What should be included to ensure it meets the CQUIN?
Needs to be meaningful and drive improvement
Consider points raised in the bulletin
Ensure it addresses the service that is being evaluated – not too general
Broken down into sections

1. First impressions
2. Involvement in care
3. Visitor environment



Collaborative Risk Assessment CQUIN Group

Where are we up to?

What is going well/what are the barriers?

Service Users told what is in Crisis Plans

Working with teams to create plans

Called safety planning instead of risk

Designing training packages

Motivation and interest to be considered.

Barrier – having access to the appropriate program on the computers

Information from one of the wards about MDT is projected onto a screen so that everyone in the MDT (including the service user) can see it, to be able to discuss and come to an agreement around risk working collaboratively.

Identify S/U risk from their perspective.

Shared Pathway is used to identify risk with service users.

Behaviour support plans used to help identify triggers and risk

Talk to staff before any leave, I can tell them how I feel and I have the opportunity to re-arrange my leave.

Trust in the staff on my ward.

Risks are written on section 17 – but only 'revoke if mental health becomes worse' – this should change to ask service user what they feel is their own risk when going out on section 17 leave.

Risks are identified by service users i.e. voices through TV/radio, if this happens then both parties are aware that items can be removed until the risks are under control.

Barrier – service user understanding, easy read, sign language, braille, pictures. INDIVIDUALISED.

Not everyone is included in risk assessments

Care plans

Meet up with patients and talk about HCR-20

Sometimes the patient doesn't want to come

There is a lack of training

Trying to focus on positive things

Joint Training

How do we make this meaningful?

Practicalities

Biscuits, tea, coffee, cake

Deliver the training in small groups – to encourage discussion

Training sessions no more than an hour

Deliver the training off the ward

Service users to be given the opportunity to deliver own training sessions

How do we advertise the session, make it appealing?

Training design team

Invitations to attend training

Looking at the time – what else is on?

15 minute break, coffee, tea, comfortable seats, no interruptions

Protected time

Same time every week

Make some posters – advertise the session

Understandable language – avoid jargon

Make it simple

Not long so people don't get agitated

Project focus group

Questionnaire feedback

Goody bags – bookmarks, notebooks, pens, water etc.

Certificates

Format

Training where roles are reversed

Scenarios

Ensure that everyone knows what is meant by the term "risk"

Team building exercises

Using funny clips e.g. Laurel and Hardy scenes

Making it fun and available to everyone

Role play – staff being the ones that are carrying out an activity then being asked by the service users to identify the risks in the activity.

Practical work

Ground rules for training

Content

There must be an outcome, how this has changed my risks, be able to us the training when moving on.

Individualised, have a baseline understanding about risk; through the training process identify how other individuals see their own risks and how to deal with them. Everyone is different.

Using community activities, road safety, social integration to identify and amend your own risk/risks.

Individual preference

Collaboratively working

Role reversal

Help you to get out

Visual

Scenarios

Ask people what risk they want to look at

Make it clear it is not personal, won't be asked to talk about themselves in the training.

Make it INTERACTIVE

Hand outs, freebies

Interesting

Team building

Presentation with pictures

Help and support

Gender specific/people with similar risks

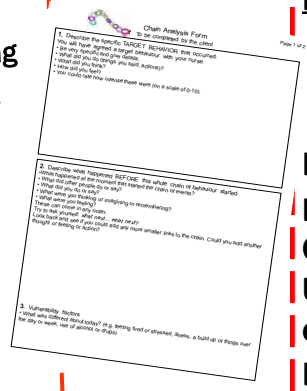
MDT Standards Project Group

Perfect MDT

Before

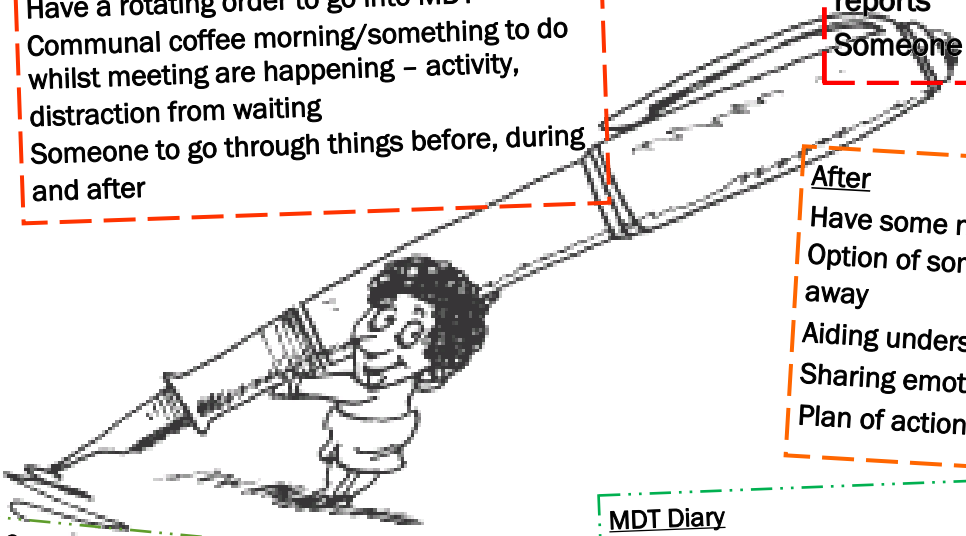
Service user see reports before the meeting
Service users to complete their own report
Chain analysis completed by service users
Everyone to have their own MDT book
- Write down discussions
- Requests
- Decisions
- Part of MSP – maybe called My MDT

Timeslots – keep to time?? Time to aim for??
Choose who I want in my MDT before I go in
Meet with my named nurse before to discuss what is going to be discussed – if not named nurse then someone from my care team
Have a rotating order to go into MDT
Communal coffee morning/something to do whilst meeting are happening – activity, distraction from waiting
Someone to go through things before, during and after



During

In MDT from the BEGINNING – with coffee/tea/biscuits etc.
No decision about me without me
Named nurse/someone from team present
Choose where to sit (musical chairs)
Using Recovery tools as a basis for discussions
Link in with MSP and CPA
Option to have an advocate present in MDT. Advocate present on the ward during MDT if possible
Be addressed directly
Choice about order of summaries/ reports
Someone to take notes/take own notes



After

Have some notes of discussion
Option of someone to talk to about it straight away
Aiding understanding and memory
Sharing emotions good and bad
Plan of action – shared with whole team

Overall

Book idea
Someone to spend time with before during and after
Frequency
Only seeing doctor in MDT – No access in be-tween
Who is the decision maker?

MDT Diary

Requests for upcoming MDT
Reflection on the week
Feedback/emotional reaction from MDT – concerns
Give your side of the story - any thoughts and, incidents
Personalise diary
S17 feedback – good/bad
Use it to take notes during MDT

MDT Questionnaire

Reviewing Involvement Structures Project Group

Information

Priorities

* Mapping of own involvement systems and structures
* Ways to promote involvement
* Decrease jargon to involve service users

Anticipated Outcomes

* To get an idea of where services are at and what is wanted

Motivating service users and staff to get involved

Priorities

* Motivation of people for involvement i.e. As reps etc.
* Sharing and using ideas to motivate myself and others to get involved in different things

Anticipated Outcomes

* Workshop style sessions in services – to increase skills of people involved and raise confidence to develop resources and ideas

Approaches to involvement

Priorities

* Consistency through different levels of involvement and decision making
* Refresh service's internal involvement strategies
* Network of experts… know who to approach
* Peer reviews would be very beneficial to take forward more involvement from patients into services
* Identify involvement leads for all services to provide better involvement provision

Anticipated Outcomes

* To share and develop learning packages for good involvement practice

Sharing good practice

Priorities

* Networking and workshops
* Opportunities to talk to people from different units and find out what they do
* To share and develop new ways to do things we struggle with
* Sharing good practices
* Find out how other hospitals work
* It's good to hear about what goes on at other hospitals and so should be more meetings
* The overall service between hospitals should improve
* Share resources
* Those who are doing well to show others what they are doing to help them improve. This will overall improve services

Anticipated Outcomes

* To develop and maintain systems to share ideas and practice as well as opportunities to meet to review progress

Learning / training packages

Priorities

* Accredited training courses for patients and staff
* Recognition for service user involvement – qualification for CV

Anticipated Outcomes

* Formal and informal learning package for developing, sustaining and reviewing involvement systems

Benchmarking

Priorities

* Review and recommend good practice – peer review networks
* Improvement of services which is beneficial to service users
* More information about how we are doing and what we can improve upon

Anticipated Outcomes

* Benchmarking tool and recommendations of methods to use it

Involvement in Recruitment and Selection

Benefits of involvement in this process:

Service Users

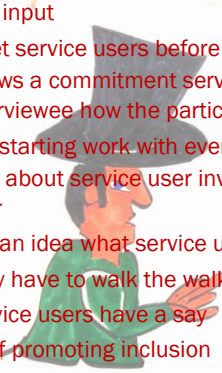
Good communicator – able to choose staff
Able to ensure the right skills, interest in patients
Able to demonstrate – 'group values e.g. running groups – recovery processes
Able to direct what happens day to day – personal agency
To choose who comes to work with us
Gives a real position with real outcomes
Be included in decisions regarding care – very important
Can help choose who is going to join the staff team
Sense of feeling included in the decision making process
Gives an insight into what is involved in the process
Meet staff before they start work
Have a say in who works with me
Get to ask questions
Service users feel valued
Their opinions are taken seriously

Ideas for how to involve people

Open days
Designing and writing adverts
Shortlisting
Involved in writing the person specification
Showing around, interacting
Inductions
Job descriptions
Peers support
Integrating with staff and patients before starting
Attending community meetings
Taking part in interviews
Getting to know them
Team building exercises
Questions – have your say
Demonstration groups
Feeling valued and having a choice

Staff

Hear service user's experience of service during interview
Receive a strong message about the type of service that it is and that it values service user involvement and input
Meet service users before start working there
Shows a commitment service users and would show to interviewee how the particular organisation operates
Not starting work with everybody a new face.
Talk about service user involvement with a service user
Get an idea what service users are really like
They have to walk the walk, not talk the talk
Service users have a say
Staff promoting inclusion
Know if this is a role they really want
Get staff with right skills
Gives confidence in the process



Open day
Bookmark—involvement
Spending time with candidates
Involved in interviews
Journey to recovery
Chance to view applications
Wage for service users
Informal get together
Being shown around

Organisation

Service user's views are important
To show service values patients opinions
Promotes relationships in all aspects of organisation
Helps patients and staff to build a better relationship
Allows opinions from every source
Gives organisation a real position to work from to develop their involvement strategy
Staff has been assessed as having the right 'feel' as well as the right competencies and qualities. I.e. they fit
The qualities that people want from staff are shared
Confidence in recruits seen and recognised by everyone
Demonstrates service commitment to involvement
Helps get the right people for the job
Promoting empowerment in service users recovery
Being inclusive – everyone has a say

Case Study – Humber Centre

Being involved in the recruitment of a staff member
Involved in selection process
Observing candidates whilst performing group tasks
Observing interactions

1. Offers of interest to all wards to produce a panel of service users to be involved in the recruitment and selection process (max 6)
2. Shortlisting was carried out by staff initially. 40 candidates were identified from 142 applications
3. Potential candidates invited to a group work session (in the sports hall)
4. The team developed interactive games (i.e. building a tower out of spaghetti and marshmallows). This was to identify team work, communication, interaction skills, good listening

5. A group work session was carried out with the candidates around verbal and non-verbal communication. i.e. picking a sentence from an envelope and non-verbally telling the rest of the group what the sentence says.
6. The candidates are then separated into groups (6) and a staff member and service users have a sheet with the identified skill for the post. (These are timed (10 minutes) and scored throughout the session)
7. After the group sessions are completed, the service users and staff all get together for lunch and discuss everyone's results.
8. Time is taken to choose 4 staff to interview in a more formal manner.
9. The service users are involved in this process also.

We had a staff member time keeper. They had a drum and a stick, when 10 minutes were up the drum was banged.
This process is used when recruiting any grade of staff. It helps to know someone better than just an interview can.