

YORKSHIRE AND HUMBER NEWSLETTER 14



At the last meeting on the 15th February we started the meeting with a presentation from LYPFT about their training around Sharing Lived Experience. A summary of this can be found on pages 2, 3 & 4.

We then had a look at the CPA standards to check everyone was happy with them, these were signed off and have been sent out for everyone to use. This is on pages 5, 6 & 7.

After lunch we heard from the commissioning team about all of the service review work that is taking place. We also did some group work looking at a new step down protocol that is being developed about what needs to be in place for people stepping down from Medium to Low secure. This is on pages 9, 10 & 11. We had our usual fun team building activity this time facilitated by Waterloo Manor and a few photos from this are on page 12.

We then had a break and finished the meeting with the new Just Vote CliKka Pads! These are a new anonymous voting system where the results come up on the screen in real time, we plan to have lots of fun with these in up coming meetings!

Finally our usual agenda item of the Round Robin can be found on pages 14, 15 and 16

Thanks for all your hard work!

Full presentations are now sent out separately so please check your email for these, or ask a member of staff to print a copy out if you would like to see these in full :-)

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Yorkshire and Humber Network Agenda

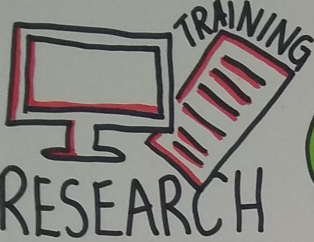
Sandal Rugby Club Wakefield
Thursday 15th February 2018 11 – 14.30

- Welcome and Introductions**
- Presentation – LYPFT**
- Sharing Lived Experience
- Group Work – CPA Standards Revised**
- Commissioning Team Update**
- Group Work – Step Down Protocol**
- Team Building! – Waterloo Manor**
- Just Vote! – Trying out the new CliKka Pads!**
- Round Robin – Update from you**
- Meeting Summary**

Next Meetings - Tuesday 5th May – Tuesday 4th September – Tuesday 4th December

LYPFT SHARED LIVED EXPERIENCE

SALLY-&-SAM



WHAT?
MENTAL HEALTH

PAST EXPERIENCE
LIKES
DISLIKES

FAMILY LIFE

BENEFITS
VALUED
HOPE

REDUCES STIGMA

BOUNDARIES

RELATIONSHIPS

NOT COMFORT-ABLE

MYTH BUSTING!

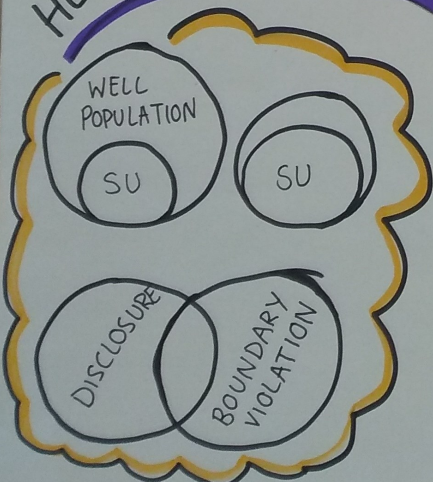
YES! ? NO!

I'VE BEEN THERE!

EFFECTS
HUMILIATION
LONELY
IM ON MY OWN

6 AREAS
RELEVANCE
COMFORT
CONFIDENCE
PREPAREDNESS
COMPETENCE
SUPERVISION

HELPFUL UNHELPFUL



YOUR CHOICE
CONSIDER

TAKE AWAY POINTS

BOUNDARY VIOLATION
CAN BE
NOT ALWAYS

Sharing Lived Experience in Practice

Sharing Lived Experience Project Group
– February 2018

Sally Rawcliffe-Foo & Samantha Ware

Acknowledgement to Jonny Lovell, PhD Student, University of York,
March 2017

Developing a Training Tool from the 'Sharing Lived Experience' research - From the moment we met Jonny to get the feedback from his research we included our service users, bring together a project group to convert the findings into something we can share across our Trust.

That initial feedback was quite intense with Jonny presenting a number of theories and models to support the findings taken from forensic mental health services both in England and Australia, however the essence was that people did find sharing experiences helpful and service users found sharing mental health experiences helpful.

There were lots of caveats, circumstances, contexts, etc. to be brought into consideration and these formed the headings for the decision framework as we certainly did not wish to be advocating 'baring your soul' but a measured and considered understanding of how sharing experiences can enhance the therapeutic relationship and on occasions this may also include sharing mental health experiences, either personally or indirectly and related to someone close to you.

The training comprises of a pre- training rating scale and then includes alternating examples of the research evidence with group work comprising of a section on myth busting and another on a range of scenarios designed to facilitate discussions and challenge our current thinking with the aim to make sense of where sharing lived experiences can be helpful in our work and what may constitute a boundary violation. The decision framework guides you through the considerations before sharing and overarchingly promotes the use of supervision as a mechanism to discuss any thoughts of sharing and the impact this may have both now and possibly in the future.

The training tool for delivery to staff across our Trust takes approximately 3 ½ hours but a shorter and compact version is delivered to students within the Recovery College prospectus. The research and the subsequent development of the Training tool has been presented to our Trusts Research Conference on 9th November 2017, the 5th Health & Justice Summit on 26th November 2017, our Trust Board on 1st February 2018, the Yorkshire & Humber Network on 15th February 2018 and will be presented to Releasing potential: Higher Education sector's contribution to adult and young people's mental health at the University of York St John in June 2018. The initiative has been entered for Trust award and 6 training events have been identified throughout 2018 for staff to attend.

We are happy to share our training pack with you please feel free to email Sally or Samantha at sally.rawcliffe-foo@nhs.net and samantha.ware@nhs.net

Sharing Lived Experience

Staff sharing difficulties – healthy food

Sharing of mental health problems (anxiety) – makes you feel like you're not on your own.

Horse racing – shared interest, led to a meaningful activity.

Sharing of films – discussing new films and interests.

Sometimes if you have shared something with a patient it does get picked up on by supervisors and you can get in trouble, however what you feel is appropriate to share can be different to what others think, (better training could be useful).

People disclosing what winds them up. i.e. loud ward.

Lose a friend or partner

Staff have previous mental health.
Staff sharing their own problems.

Sharing experiences that have been similar to mine – over sharing

Asking questions (not too in depth) that help you get to know that person/having conversations.

Staff sharing their mental health experiences – after felt pressure if it was ok to share. Benefits—normalising and outweigh the pressure.

Helpful to know we are all human.

Day to day experience to normalise situations, e.g. anxiety. Supporting through discharge process and share experiences of moving out from parents. Bereavement experiences.

A member of staff disclosed that mental health nurses have used the service. It made me feel better knowing it can happen to anyone.

Patient disclosing index offence to other patients. Had a negative impact on fellow peers.

Mental health problems

Experiences – problems

Likes/dislikes. Hobbies

Family life

Circumstances

CPA STANDARDS

CPA!

DEFINITION: THIS IS YOUR MEETING ABOUT YOUR CARE & TREATMENT & YOUR FUTURE RECOVERY GOALS IT WILL INVOLVE YOU & YOUR CLINICAL TEAM & TAKE PLACE EVERY 6 MONTHS



WHAT TO EXPECT

BEFORE

INVITATION LIST
Who do I want?

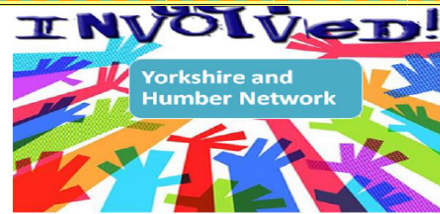
ON THE DAY

CHOICE TO CHAIR MEETINGS

AFTER

MORE REPORT TIME

CPA Standards



- What do you think the impact of using these new standards will be on practice?
- Will they help change CPA's for the better?
- Is anything missing?

Revised CPA Standards



Definition – this is your meeting about your care and treatment and your future recovery goals. It will involve you and your clinical team and take place every 6 months

Before

1. If there are any changes to your CPA meeting you will be informed
2. You can discuss and agree a plan for your meeting with a member of your team using the checklist provided, including who might attend.
3. You will be given the choice to have an advocate at your CPA meeting
4. You will see your reports before your meeting and have a chance to comment
5. You will have the support to present your own views how you want to
6. You can chair your own meeting or choose someone from your team

On the Day

7. People who write the reports or their representatives will be at your meeting
8. People will summarise their reports, talk directly to you and use straight forward language
9. You will be involved in developing your CPA care plan - this will be agreed at your CPA meeting
10. You have the choice to be involved in all of your CPA meeting. You matter

After

11. You will be given a copy of your CPA care plan
12. Your CPA care plan will be shared with people involved in your care. You can choose who else you would like to share this with.





CPA Checklist

| Timescale | Please ensure the following checklist is completed before the CPA | Yes / No | Reason if not completed |
|---|--|----------|-------------------------|
| <i>If this is a CPA for a Transforming Care service user where there is also a CTR taking place then please refer to CTR and CPA pack instead</i> | | | |
| 2 months before | Discussion with service user about who might attend. Send invites | | |
| 2 months before | Ensure service user is aware of the choice to have Advocacy support on the day – invite as necessary | | |
| 1 week before | Discuss and agree a plan for the meeting with service user using this checklist: <ul style="list-style-type: none"> - Choice of room where possible - Agree agenda for the meeting - List of attendees - Order refreshments - Discuss support required - Support service user to prepare own views how they want to | | |
| 1 week before | The service user should be given copy of reports and have chance to comment | | |
| 1 week before | The service user to have the opportunity to speak with the responsible clinician about the CPA meeting | | |
| 1 day before | Service user to visit the room to check it is ok. | | |
| 1 day before | Give service user option to chair own CPA or choose someone from their team | | |
| On the day | Service user is able to arrive at the CPA early to welcome people | | |
| On the day | Discuss and agree the CPA care plan in the meeting with the service user, including who they would like their report to be shared with | | |
| On the day Revisit if needed | Someone from the service user's team to complete Questionnaire with service user to ensure that the standards are being met. | | |
| Within 2 weeks | The completed CPA care plan is shared with the service user within 2 weeks of the CPA, in a way that they can understand. | | |
| MDT meetings | Ensure goals and actions are followed up at these meetings over the 6 month period | | |



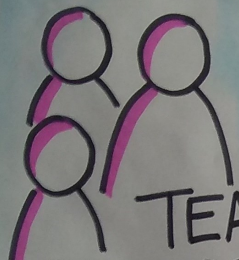
CPA Standards Questionnaire

| Standard to be achieved | Yes / No / Comment |
|---|--------------------|
| 1. If there were any changes to my meeting I was informed. | |
| 2. I was able to make a plan for the meeting with a member of my team using the checklist provided. | |
| 3. I was offered the support from an advocate for my CPA meeting | |
| 4. I was able to see the reports before the meeting and given a chance to comment | |
| 5. I was supported to present my own views how I wanted to | |
| 6. I was given the choice about who chaired my meeting | |
| 7. People who wrote the reports (or their representatives) were at my meeting | |
| 8. People summarised their reports, talked directly to me and used straight forward language | |
| 9. I was involved in developing my CPA care plan - this was agreed at my CPA meeting | |
| 10. I was involved in all of my CPA meeting | |
| 11. I was given a choice about who I wanted my CPA care plan shared with other than my care team | |
| 12. I have been given a copy of my CPA care plan | |



COMMISSIONING UPDATE!

- MICK BURNS

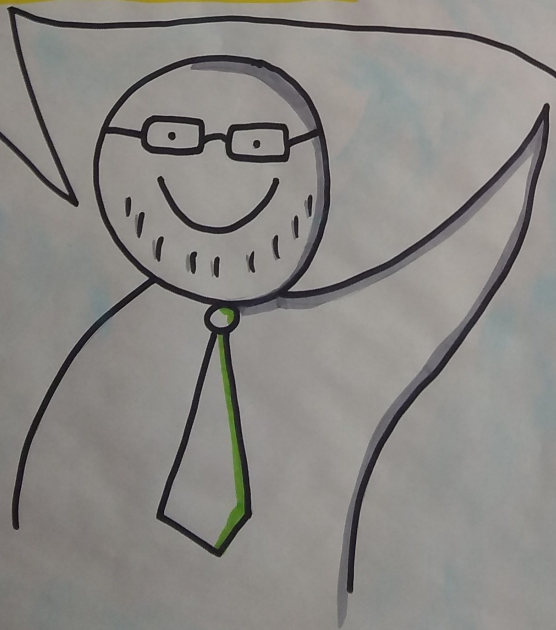


TEAM CHANGES

RITA THOMAS

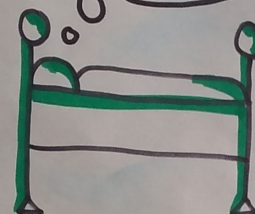
NEW HEAD OF MENTAL HEALTH

HI, IM MICK BURNS



FINALLY HAD INTERVIEWS

HOW MANY BEDS?



REDUCE BEDS

ACCOMODATE APPROPRIATELY

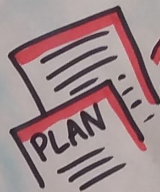
NHS



TEAM TO ATTEND NETWORK

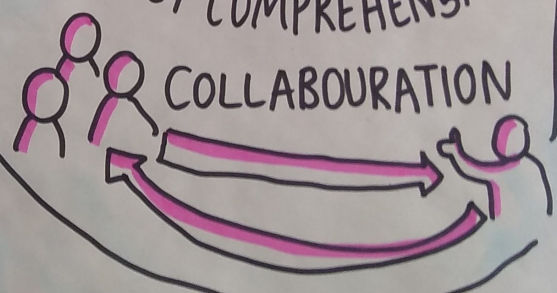
LOOKED AT:

WORKSTREAMS



MOST COMPREHENSIVE

COLLABOURATION



Step Down Protocol



- **General feedback – what do we think?**
- **What do you think would be important to include in a service user version?**
- **Any creative ways a service user version could be presented?**

Step down
protocol -
our
thoughts

Is more guidance than 'can this person be safely managed in low secure?' needed?

Define significant incidents – violence? Seclusion? Restraint?

If someone is incident free for 3 – 6 months, should they be 'skipping' low secure?

Apart from additional 'security features', what specialist treatment is there that can't be accessed in lesser security?

Difficult to create a service user version, as people would want concrete what they need to do to move on – individualise

Kept informed.

Escorted/unescorted leave.

Engaging with clinical team.

Medium secure service being in contact with low secure early in the step down process.

Doing work to prepare for moving on.

Creative leaflet – with colour, pictures, easy read version

Improvement – risks on paper can sound negative. Add in protective factors.

Treatment goals.

What to expect from a low secure service, e.g. restrictions

Instead of 'insight' using terms such as 'understanding'

No jargon

Leaflet is generalised – must be open to individual care pathways

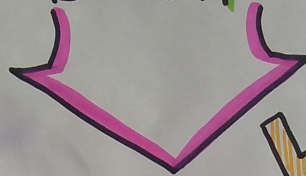
Make clear don't always have to meet all points

How person feels about possible move – who can talk to – must be involved in process

Info about service they might be going to

STEP DOWN PROTOCOL

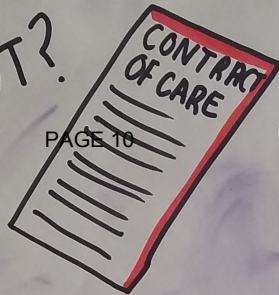
FEEDBACK



LESS WORDY - MAKATON

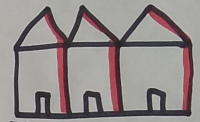
ENOUGH DETAIL - MAYBE TOO MUCH?

DOES IT SPELL IT OUT?



PAGE 10

WHAT'S THE ROUTE TO COMMUNITY



WHAT DO I NEED TO DO?

X MAY NOT BE AN OFFENCE

IMPORTANT TO INCLUDE



? WHAT TO EXPECT IN
LOW SECURITY



CREATIVE WAYS

FLOW



PICTURES

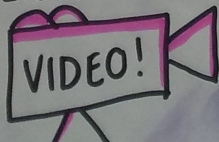
CHART

JOURNEY!



AVATARS

PERSONALISED



VIDEO!

ANIMATION

IMAGINEER

Professional version to sit inside policy.

Enough detail

Progress onto continuing care does this exist in every service?

Scope for expanding document to include within MSU admissions.

What needs to be included in a service user version - simplified/accessible language

Risk factors – risk too high – even in absence of incidents

Meaningful activities – important to keep occupied and mind off mental health

Service user version – use of animation – forensic standards of OT

Simple – less jargon

Education around MSU and LSU

Goals to achieving step down

It's a good basic framework with 8 simple points for patients to work towards which have sub headings within them.

Service user version

Less wordy and much more simple language – No Jargon!

Bullet pointed goal steps for patients to personalise

Could be written like a care plan/assessment

Pictures/more colourful

Makaton/Braille version

Videos/animations

IT passport like e-learning?

Newsletter

T N E W A W M W B W U W I W L W D W I W N W G
 - WATERLOO MANOR



JUST VOTE

A B ~~C~~ D

FAVE COLOUR?

8MPH

FAVE DAY?
 TEA!
 12 Mil
 AT BEACH

ONE MEAL?

D

1 & 6

CLICKA
 1 2 3
 4 5 6
 PADS
 1 & 6

FAVE WORKSHOP
 5



Just Vote



Just Vote!



“Clikka Pads” Practice

Approximately, how many cups of tea are drunk daily in the UK?

1. 88 Thousand
2. 165 Million
3. 239 Thousand
4. 12 Million



What would be your favourite day?

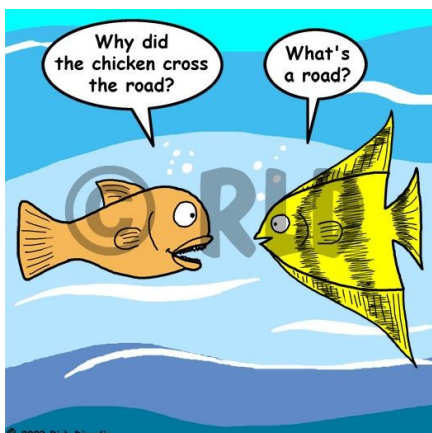
1. A trip to a Theme Park
2. Time relaxing at the beach
3. Binge watching your favourite films/TV series
4. Taking part in or watching sport
5. Long walk in the countryside
6. Learning something new
7. Working
8. Spending the day in bed!!!
9. I don't care as long as it's with family/friends



Download from [Dreamstime.com](https://www.dreamstime.com)

Why did the chicken cross the road?

1. To get to the other side
2. To get away from unfunny jokes
3. Freedom
4. It was being chased
5. To meet new chickens
6. To confuse humans for eternity
7. It was part of their Recovery Journey



Group Work—Round Robin

ROUND ROBIN

Develop MDT panel Pre admission A Transfer between wards - contact LHM in hospital cases for community working STP working in Garsby

Get me out of here for 2 in probation

Handmade Christmas cards

Car park produced at MW.

Completed MDT cards

BWLSH

Blethen

2 weeks of Christmas activities a bit from therapy sessions

Restrictive Practice Meetings Case - 10/11

Volunt GH work

Social Media

Plan for LYNFBES

Process paper on layout of days at

PANCAKE HEAVEN

BWLSH

New Recor College Sp term.

Art Craft Jewellery making

NEW OT Activity Planner. having groups/leave groups

Sci-fi Social Group

Skype Visits

Peer relations

Brunch GARROWH

RAID Training for staff

BWLSH

Healthy Living Group GARROW H

Garrow One - ones

By RE NAME OF WISPLEY APRIL

RAID Training for staff

BWLSH

Holidays to Redmire (log cabin)

Film club

BU BUILDING WORK

New OT Programme.

BWLSH

Fortnightly Creative music group

College Courses GARROW HOUSE

LAUNCHING MISSION FIT

BWLSH

Staff ARE BRILLIANT

GH CAT GROUP DBT GROUP

New OT

Volunteering Roles.

N-LOGGE

Group Activities

Involvement in recovery plans + risk assessments

Theatre Group Performance

christmas party

Family / carer involvement walk.

March.

N-LOGGE

Takeaways!

N-LOGGE

Christmas meal.

Mind charity event

Staff + Patients as a collective lose balls then checked will donate Elbow to mind

Recovery college being finalised

Recovery college interview skills workshop (Plans on interview panel)

No blanket restriction on search after leave

Internal unsupervised movement policy being finalised

more OT

- Ice skating

- Dance

- Healthy living

- Tea 2

Re-launch of DBT

Shortlisted for NSUA finals

- Owl stand by you

- Wiparding world of hater

Art gallery - gallery 2

Increased Cyclation 18 hours non stop

WLM -> LONDON CIN

WELCOME PACK BEING DEVELOPED

HUMBER CENTRE INFORMATION DVD BEING DEVELOPED

HUMBER CENTRE REFURBISHMENTS CURRENTLY BEING PLANNED

Safewards has begun - getting to place

RE - LAUNCHED CAREERS SUPPORT GROUP

FUNDING SECURED FOR NEW GYM EQUIPMENT

Art gallery - gallery 2

Wiparding world of hater

WLM -> LONDON CIN

WELCOME PACK BEING DEVELOPED

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Art gallery - gallery 2

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WLM -> LONDON CIN

Group Work—Round Robin

Cheswold Park

Smart TV & internet access on wards

Mind Charity Event – staff and patients as a collective lose 1000lb then Cheswold will donate £1000 to MIND

No blanket restrictions on search after leave

Recovery College – interview skills workshops (patients on interview panel)

Internal unsupervised movement policy being finalised

Skype visits

Restrictive Practise meetings (staff and patients) are reviewing patient driving policies in abundance

Sci-fi Social Group

Garrow House

1:1 support

Group activities - walking group, baking, relaxation, music group

CAT Group

DBT Group

Involvement in recovery plans and risk assessments

Healthy Living Group

Holidays to Redmire (log cabin)

Fortnightly Creative Music Group

Peer relationships – peer support group

Social meal

Volunteer work— setting up charity shop

Saturday brunch

Snoozelan room (sensory)

College Courses

Film Club

Staff are brilliant

Out and about

Staff Psychology

Just amazing

Monthly theme days

New OT

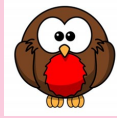
Saturday brunch



Group Work—Round Robin

Moorland View

Get me out of here at 2
Recovery College
Men's Talking Group
DIY Group in production
Produce paper on length of stay at MV
Power of MDT working
Transition / Therapy Team
Carer pack produced
Identify areas for community working
STP working on capacity
Develop an MDT processing
Pre-admission Assessment
Transition between wards assessment
Café pilot at LMH
Bought new gym equipment
Planning LYNFEST III

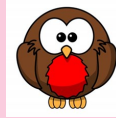


Bretton Centre

Two weeks of Christmas activities – a break from therapy sessions
New Recovery College Spring Term – Art, Craft, Jewellery making
NEW OT Activity Planner (walking groups, leisure group)

Humber Centre

Welcome Pack being developed
Information DVD being developed
Refurbishments currently being planned
Re-launched Carers Support Group
Funding secured for new gym equipment

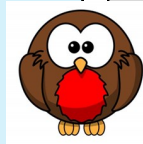


Waterloo Manor

Cyclathon – 18 hours non-stop (WLM to London)
Increased animal therapy
Safewards has begun
Getting to know me books
Growth tree in visitors area
Photo board
Art Gallery (Gallery 1)
Pancake Day – sweet v savoury debate
Hey Ocarina!
Pond building
Shortlisted for NSUA Finals
'Owl Stand By You'
Wizards World of Waterloo
RE-launch of DBT
More OTs, new team, new programme (ice skating, dance, healthy living, tea party)

Bradley Woodlands Low Secure

2 x new OTAs
Valentine's Day Pizza Day
Christmas Panto
Launching Mission Fit
New OT programme
Revamped MDT agenda
Pancake Heaven
RAID Training for staff
New company
Building work
Revamp of Hospital in April



Newton Lodge

Takeaways
Christmas Meal
Family / Carers involvement walk (March)
Volunteering roles
Terms of reference for community meetings
Theatre Group Performance



Stockton Hall

Recovery College spring term launched and going well
Christmas Carers Event for over 100 carers and patients
New Involvement Strategy
Merging shop and café

**Calendar of
Involvement Events
for 2018 at Sandal**



Yorkshire and Humber Network - 11-2.30

-Tuesday 8th May

Tuesday 4th September - Tuesday 4th December

CQUIN Groups

Reducing Restrictive Practice – 1.30-3.30

Final date to be rearranged

Recovery College – 1.30-3.30

Thursday 22nd March - Thursday 31st May

Tuesday 25th September - Tuesday 11th December

Y&H Recovery and Outcomes 11 - 2.30

Thursday 15th March



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

YORKSHIRE AND HUMBER NETWORK



2018

Tuesday 8th May

Tuesday 4th September

Tuesday 4th December

Sandal Rugby Club Wakefield

11am – 2.30pm

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

Goodbye for now!



But we'll

