



P4P2 – The Journey so far

What we are doing about our findings

We've made these areas our priority and two projects have been established that will focus on reducing self harm in secure and local division inpatient units and reducing assaults on staff within our Specialist Learning Disability division. If successful, consideration will be given to rolling out the interventions across all relevant services.

We're the only Trust in the P4P2 programme addressing these areas and the only Trust using Design Thinking to address both issues in a coordinated programme.

How did we do it?

The project team interviewed staff and service users, visited other services and researched proven approaches. Emerging themes were explored with ward leadership teams who then developed their own potential interventions, carefully assessing each for its feasibility and its likely impact on incidents of self-harm and assault.

How will we measure success?

Impact will be monitored over six to twelve months until there is enough data to compare and contrast interventions.

Measures include the frequency and severity of incidents following implementation of the interventions, and ongoing engagement with end users throughout the implementation process. The trust wide Patient Experience report, which monitors changes in service user perceptions of, and satisfaction with, their care and treatment will also be monitored.

The project also includes measures cost effectiveness. We're working with TRA Stanford to adopt an approach known as Value-Driven Enterprise Risk Management or VDERM. This takes into account the full range of costs involved in implementing the selected interventions and balances them against savings.

Examples might include reducing dependence on temporary staffing solutions as wards develop more clinically-effective alternatives to enhanced observations. Inpatient lengths of stay may also reduce as service users develop more positive coping strategies for dealing with psychological distress. And staff sickness absence may reduce owing to fewer assaults and resultant injuries.

Once firm conclusions can be drawn regarding relative cost and clinical-effectiveness, a definitive set of interventions will be considered for roll out across all relevant inpatient wards within the Trust.

TRA Stanford are also working in conjunction with Oxford University to evaluate the overall combination of Innovence Pulse and Design Thinking across both UK and US cohorts.



Learning what doesn't work is vital

Programme Director Tim Riding says learning early on what doesn't work as well as what does is vital in providing the trust's vision for perfect care and reducing costs.

"Prototyping, testing, feeding back and adapting at the start of the process rather than, as is often the case, after significant investment of time and resource, improves care, is more effective and saves money."

While the project team has provided the impetus, ward managers are the real champions of change.

Tim highlighted how: "Their role is key, they have to drive this and make sure the elements are all implemented. These are not always high level interventions, some are quite basic, but it's vital that they take account of the evidence, both national and from colleagues and service users; that they make sure everyone knows their role and is given the support they need to play their part in managing and reducing risk."

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Case study: Self Harm Project

Self harm is a complex issue. Although NICE guidelines are in place the body of evidence is not robust and staff can feel under pressure to make the 'right' decision when supporting someone who self harms. For example limiting the means to self harm may reduce incidence but exacerbate a stressful situation and increase the severity of self harm at some point in the future.

The project team is working with four wards: Dee Ward at Clock View and Harrington Ward at Broadoak Unit (both women's acute mental health wards), Poplar Ward at Scott Clinic, (women's medium secure ward) at Arnold Ward at Ashworth Hospital (male high secure ward). Each ward has identified a unique set of actions that when combined will reduce levels of self harm on their ward. Better understanding of what makes people self harm and alternatives to self harming, training to increase confidence, and greater consistency across nursing shifts and handovers.



Case Study: Violence Reduction Project

A project to reduce incidents of assaults within our Specialist Learning Disabilities Division (the service had the highest rate of assaults on staff in the country in 2015) has seen rates fall steadily in the three months since the project began.

The approach includes:

- Strengthening preventative strategies in Positive Behaviour Support plans, including having a summary version of otherwise lengthy documents, so that staff can see at a glance the current plan of care.
- A series of seven enhanced de-escalation workshops;
- Adopting Restorative Practice (similar to restorative justice – where the victim and perpetrator meet to explain how the experience has made them feel and why it may have happened – only with more of a focus on repairing relationships and planning to avoid any recurrence.)

Workshops will be evaluated and a qualitative evaluation will determine staff and service user experiences of restorative practice.