

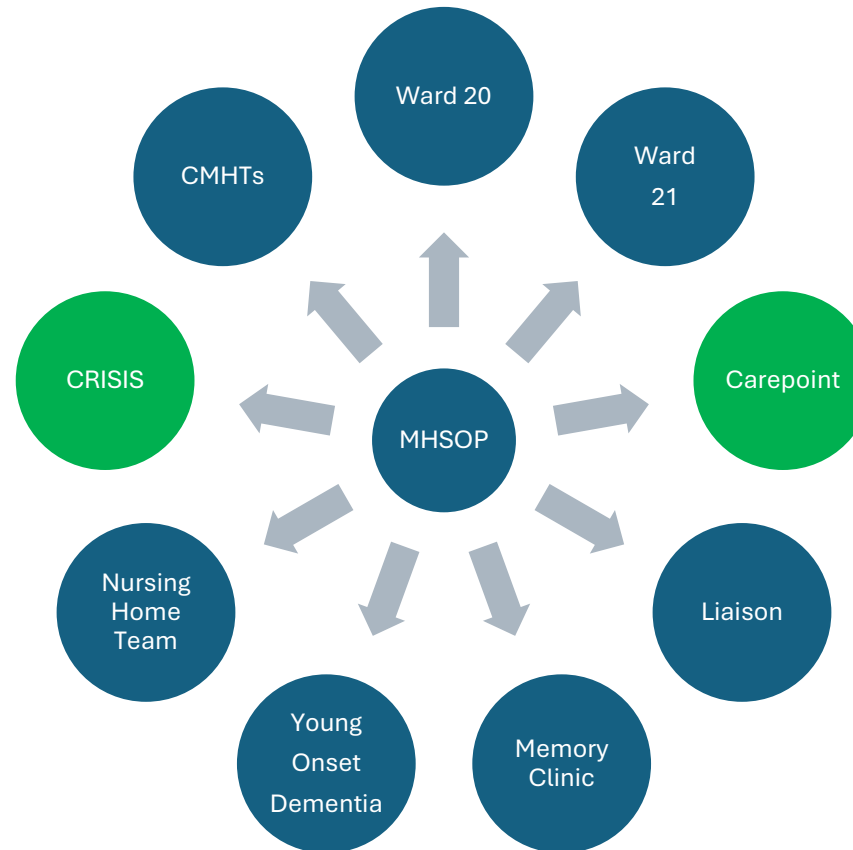
**THE
NORTHUMBRIA WAY****PEOPLE CARING FOR PEOPLE**

Giving Voice to Patients and Staff in an Out Of View Service – A Relational Approach

Staff Engagement and Improving Staff Experience / Measuring, Reporting and Acting – Using Insight for Improvement
Dr Chris Davison, Consultant Psychiatrist and Sheenagh de Silva Matron – Mental Health Services for Older People

Mental Health Services for Older People
North Tyneside
North East England

950 Active
Community
patients
350 Care
Coordinated high
need / high risk /
secondary care



28 IP Beds

Psychiatric
Liaison to
NTGH and
outreach to
intermediate
care

What was the starting point for Working with Teams?

Recognition from management team about:

- The complexity of patient group and intensity of the care environment
- Changes in staffing patterns and staffing levels due to sickness
- Processing the Covid experience
- A desire to support staff wellbeing and team resilience

Initial plan for Working with Teams Contact

Goal: To give everyone an opportunity to think relationally about the team

Relational Team Workshop

- This one-day workshop draws on a number of evidence-based theories which help us understand relationships and the complexity of caring for others, working in teams and being human!
- The workshop explores, for example, what might the relationship dynamic be when we deliver, receive and evaluate care
- It considers what drives us to behave in certain ways, often in an attempt to keep ourselves safe and discusses 'trauma attuned' therapeutic relationships and psychological safety at work

Workshop Relevance and Impact



Northumbria Healthcare
NHS Foundation Trust

Attendees were asked to identify how relevant the workshop felt to them/their team

98% of workshop attendees felt that thinking about relational aspects is central to my role in the team and how we provide patient care

Attendees were asked to identify the impact of the workshop focus 'thinking relationally' had on them,

88 % of workshop attendees felt that it has added to their theoretical understanding and will positively add to clinical practice/team working practice

What would helps us?

- Being asked – what we think, how we are, what we need
- Timely debriefs
- Checking in with each other
- Care swap/taking turns
- Regular clinical supervision
- Regular team meetings
- Move the communication board!
- Inter team working, e.g. shadowing CPNS
- Presence of senior managers



We are family... long relationships.....fulfilling job

NHSE Engagement



Northumbria Healthcare
NHS Foundation Trust

NHSE Engagement - Trustwide vs Team/BU % Agree/Strongly Agree or % Often/Always	Team Apr-23 [n=23]	Team/BU Apr-24 [n=24]	Difference Team 23 vs Team 24/BU
I look forward to going to work	43.5%	58.3%	14.9%
I am enthusiastic about my job	73.9%	79.2%	5.3%
Time passes quickly when I am working	78.3%	66.7%	-11.6%
There are frequent opportunities for me to show initiative in my role	65.2%	83.3%	18.1%
I am able to make suggestions to improve the work of my team/department	78.3%	83.3%	5.1%
I am able to make improvements happen in my area of work	65.2%	79.2%	13.9%
Care of patients/service users is my organisation's top priority	95.7%	91.7%	-4.0%
I would recommend my organisation as a place to work	82.6%	83.3%	0.7%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	87.0%	95.8%	8.9%
Employee Engagement Domain Average	74.4%	80.1%	5.7%

Developing patient-centred feedback for our Wards

Real Time Patient Experience Programme for all in-patient wards did not cover MHSOP wards as they did not fit the approach due to the nature of the patients on these wards

There was a lack of patient/carer voice and lack of understanding by staff outside of the service, of this specialised mental health service in an acute Trust

The location of these wards, at the back of the hospital and well away from other wards on the site, added an additional element of isolation

The Patient Experience Team identified an opportunity to introduce new, bespoke measurement initiatives to the MHSOP wards

Developing patient-centred feedback



Liaison with staff, patients and relatives to co-design new ways of measuring the patient and relative experience. We agreed on and tested out; ward observations, interviews with relatives, and structured interviews for patients with functional mental health issues



Feedback collated quarterly; reports contain detailed quantitative and qualitative data for Ward 21 (comparable data to medical wards); for Ward 20, comments from relatives and quarterly observation reports are provided



Circulated to chief exec, heads of nursing, GMs, OSMs, matron, ward managers and ward staff



Reports are detailed and lengthy, so graphics are produced for display on the wards



One Ward Observation was undertaken jointly with a member of the ward staff, but staffing pressures have impacted the ability to embed

Improvement examples

Issue	Action
Two dementia assessment wards (male & female) were merged into one, and split into male and female sections; ward observation highlighted cramped space on the smaller male section making it difficult to manage patients when anxious or aggressive in the communal areas	Observation helped support a decision to swap the male and female section around
No seasonal reminder on Ward 20	Calendar put up in corridor with date, season, weather and daily quote; seasonal banners and pictures also introduced for communal areas
Informal discussion with Ward 20 manager about staff stress and burnout and potential staff support from Experience Team: follow-up email from Ward 20/21 Matron	Offer of support through bespoke team workshops
Patients unable to use call bell; poor dexterity/sight loss/cannot reach as fixed to wall (ligature risk of cords)	Suggested using wireless doorbells and receivers- now been used successfully over time for several patients on Ward 21
Patient on Ward 21 not feeling involved in discussions	Consented for Coordinator to speak with ward manager; agreed patient be invited to the last part of MDT meetings to help her feel included
Relative comments: <i>“I was upset that she wasn’t wearing her hearing aids before- I used to be at her all the time to wear them at home, even though she used to take them off. They did some assessments and said that she was confused and disorientated; how could she be expected to answer their questions when she couldn’t hear properly? I understand that there is a link between dementia and hearing loss, so it’s really important that she wears them”</i>	Poster introduced for bedrooms of patients who wear hearing aids



WARD 20 (MALE)

Observation Results – June 2024

These are extracts from our ward’s most recent observation on 27th June 2024. They show how we perform in key areas of need for patients living with dementia.



ENVIRONMENT (its suitability for patients living with dementia)

The ward was clean, quiet, calm and welcoming; there were decorative flags for the Euro 2024 Football Championship and a Euro match guide displayed on the lounge wall



PERSONHOOD (treating patients as unique individuals)

A patient’s room had a poster to remind staff to check that he is wearing his hearing aids and that they are in working order



CARE (ensuring patients’ physical needs are met)

Patients were offered drinks and food, and encouraged where necessary; for example, a patient was reluctant to eat his toast, and a HCA took time to coax him to eat, without pressuring him, as they walked down the corridor



AFFIRMATION (acknowledging and responding to patients’ emotional needs)

A patient exclaimed; “I feel like an idiot”. This was acknowledged (rather than dismissed) by one of the HCAs, who responded; “how do you feel like an idiot?”, and she took time to try and understand his feelings



AGENCY (supporting patients’ independence and free choice)

Patients no longer have a meaningful way of choosing their meals. Food used to be delivered and served up on the ward, allowing patient to see, smell and sample/taste the food for themselves. Now, patients have to choose in advance; both patient choice and the dining experience have been lost



INTERACTION (Supporting a sense of self through relational and social interactions)

There were family members visiting at the time of the observation- they were relaxing with their loved ones in the lounge and garden, enjoying their time together.

WARD 20

Relatives' feedback Oct - Dec 2022

Comments from relatives:

I haven't completed the personal history book yet, but have given the staff information about his likes and dislikes

To start with, I visited every day, but now it's every other day so that I can have a bit of a break

I can get through fairly easily, but sometimes the phone isn't answered, particularly at weekends

I feel he is well looked after and the nurses are all very nice

Some of his clothes seem to have gone missing, which is frustrating as they are named

I'm just so grateful to everybody in here, so much so that I get emotional talking to the nurses

The only issue is that his room was changed; I wish they hadn't done it because it causes more confusion

The staff on this ward have been absolutely amazing; I can't fault anything

I've had more support in the five weeks he's been here than I've had in the four years I've been on this journey

Information isn't passed on from one ward to another; it's not good to rely on me for information, because I'm not medical

There's nothing they could do better except some of his clothes go missing or he's wearing other peoples' clothing

This is the first time that I know he is safe and well looked after, regardless of whether I visit

WARD 21

Patient feedback results Aug - Dec 2022

What our patients told us:



How our patients rated us:





Any Questions?

