

Celebrating Success Network QI Learning Pack

Cygnets Hospital Blackheath

Improving Engagement with Psychology Groups at Cygnets Blackheath

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15 % in 9 months.

Project Lead

Rabia Salahuddin (Senior Clinical Psychologist)

Lola Freedman (Trainee Psychologist)

Team Members

Eden Hawes (Quality Improvement Manager)

William James (Expert by Experience)

Caroline Hardwick (OT)

Howard Thomas (AP)

Stephanie Davantin (Psychology Student)

Embrace the change, value the impact

What are we looking to improve?

Attendance at the psychology group on a low secure unit was low, and sometimes scheduled groups had no service users. The service users presented with complex needs, including schizophrenia, personality disorders, substance misuse, and offending histories, which can make it difficult for them to fully engage in therapeutic interventions. Low attendance highlighted the need to explore barriers to engagement and enhance group accessibility, relevance, and therapeutic impact, increasing attendance and improving treatment outcomes.

How did we identify this problem?

This service aims to support service users in transitioning to a rehab or community setting. However, it was observed that many service users remained within the system for extended periods, and attendance at psychology groups was consistently low. Common reasons for non-attendance included being "in bed," "refused," "absent," or "not invited." Despite low attendance, most service users expressed that psychology groups were important to their recovery. Notably, one-third of service users reported that there was nothing about the groups they found unhelpful, highlighting a gap between perceived value and actual engagement. This discrepancy underscored the need to explore barriers to attendance and enhance group accessibility and relevance.

Who is in our project team?

- Rabia Salahuddin (Clinical Psychologist)
- Eden Haws (Quality Improvement Manager)
- Lola Freedman (Trainee Psychologist)
- William James (Expert by Experience)
- Caroline Hardwick (OT); Howard Thomas (AP); Stephanie Davantin (Psychology Student)

Who are the key stakeholders impacted by this project (internal/external)?

- Service Users
- MDT Members
- Expert by Experience

Service User involvement

Service-users have had an active role to play in a number of areas: providing feedback on group attendance through surveys, co creating the group posters, offering feedback on each PDSA, sharing view on existing groups and contributing ideas for development of new groups in community meeting, reflecting on effectiveness of group interventions informing ongoing service improvement.

By: Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

What measures have been identified for this project?

Outcome: Psychology Groups Attendance Data

Process: Service users to complete a full/shorter version of surveys in group, 1:1 session or ward rounds. Staff Online Surveys.

Balancing: To consider impact on incidents, recovery, restraint and other well-being data

What is our overall SMART aim?

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

What is our plan for data collection

- Psychology Group Attendance data to be collected for every session throughout project and plot on graph via a weekly average. This data will be coded to reflect reason for not attending ('absent from ward', 'in bed', 'refusal', or 'not invited')
- Graphs will be made to reflect changes in numbers of all categories.
- Service users to complete a full/shorter version of surveys in group, 1:1 session or ward rounds.
- Staff to complete online survey via Survey Monkey or on paper copies.
- Obtain written consent for all who completed the survey, constant reminder emails to staff, and promoting survey during meetings.

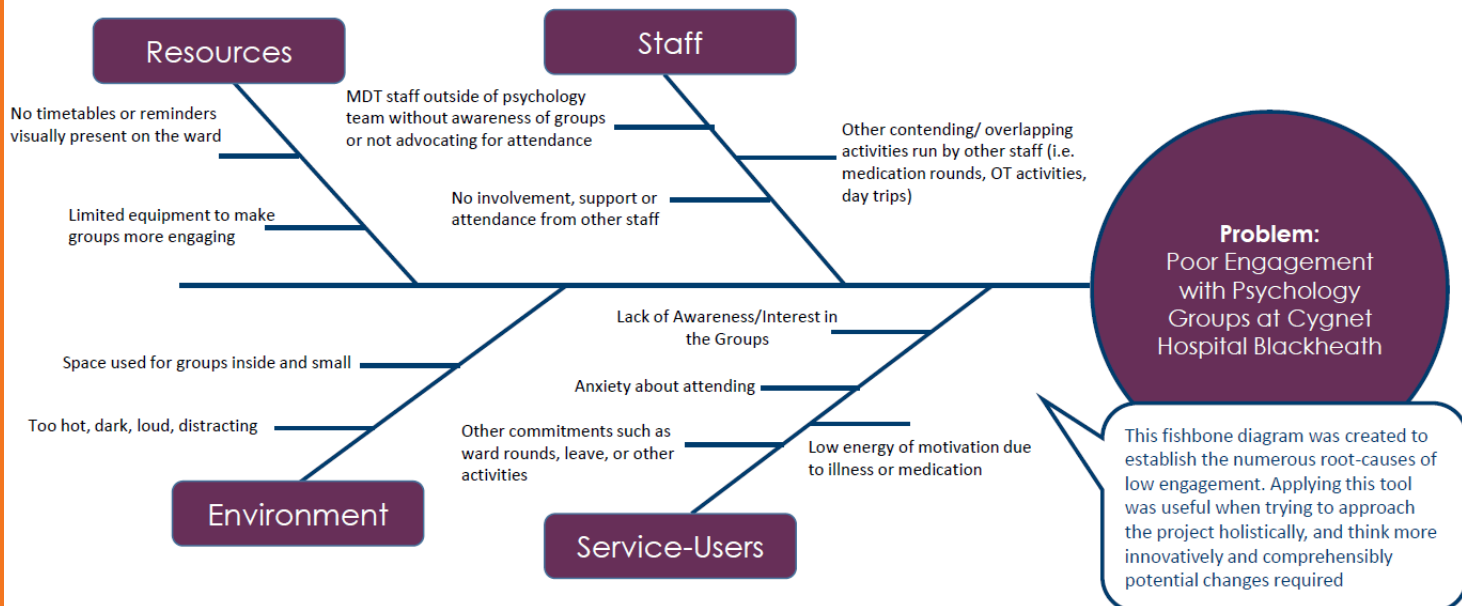
What does our baseline data show?

Low attendance in the psychology group reported by staff and SUs was associated with factors such as unvaried group content, long hospital stays, lack of motivation and interest, limited insight into the relevance and potential benefits of group participation, unescorted leave, session scheduled early in the day, and SUs being asleep during day time.

Group session attendance was 16% (124 participants). Refusal was the largest reason for non-attendance, accounting for 48%. Other reasons for non-attendance included 27% being in bed, 19% absent from the ward, and 6% not invited due to their mental state or behaviour deemed inappropriate for a group session at that time.

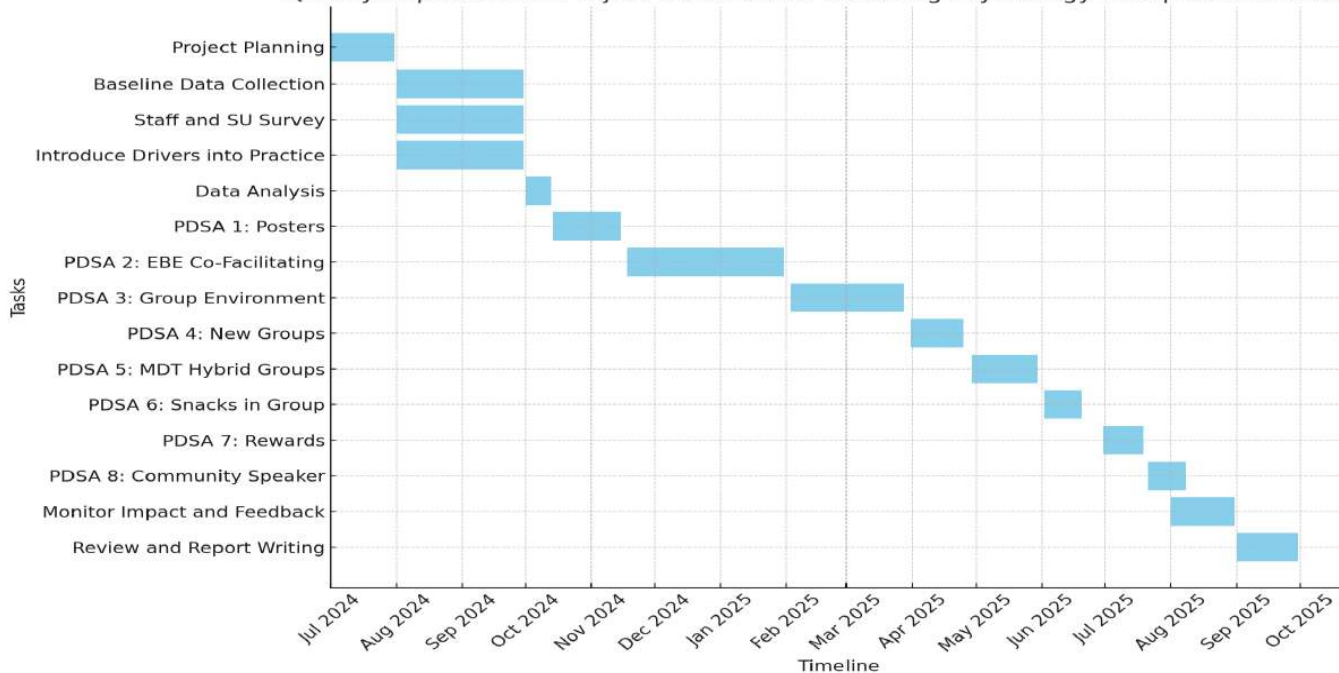
Fishbone

Problem Identification - Fishbone Diagram

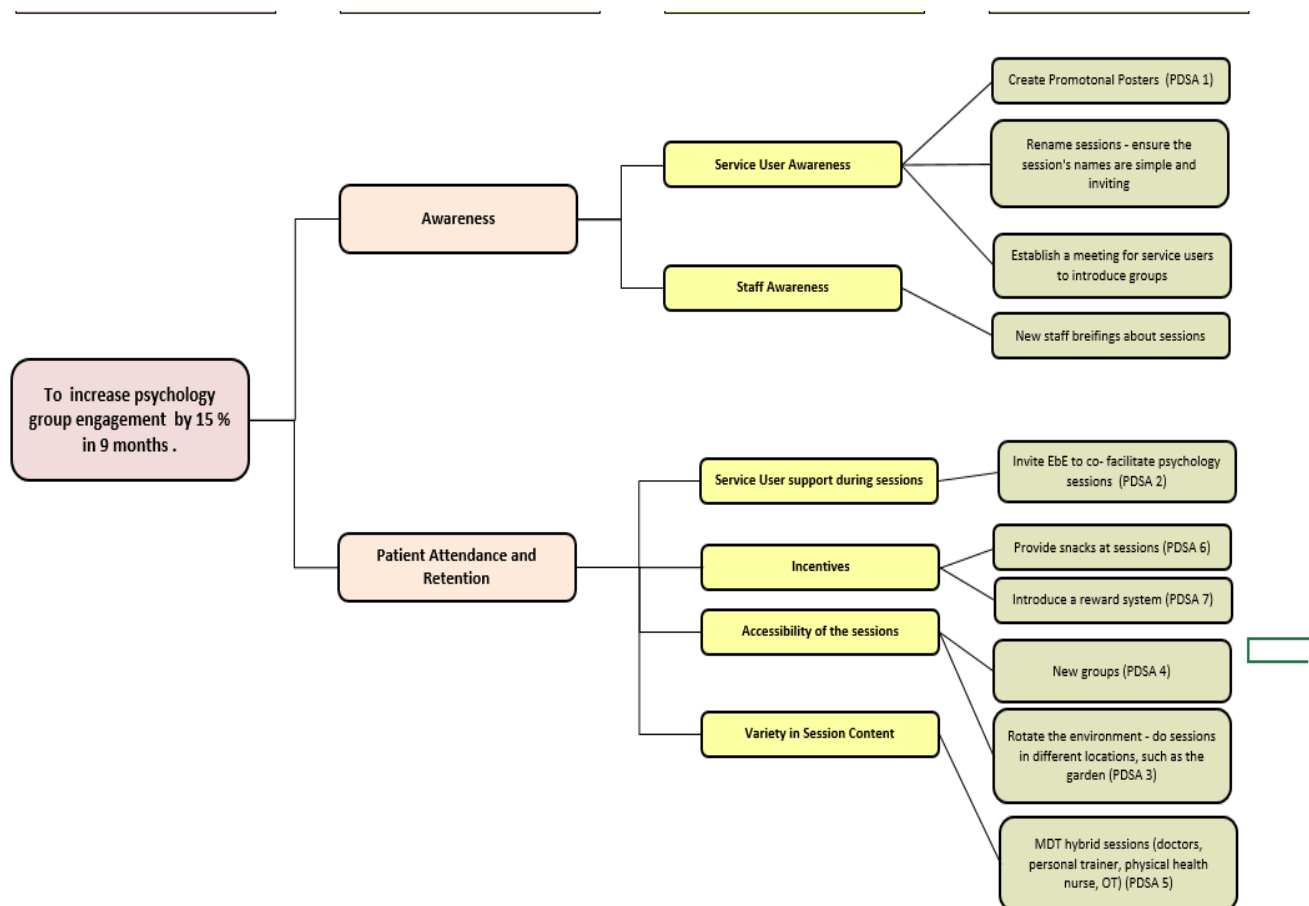


Gantt Chart

Quality Improvement Project Gantt Chart: Reducing Psychology Group Non-Attendance



Driver Diagram



What change ideas have we identified for testing through PDSA?

- Create promotional posters
- Expert by Experience co-facilitating psychology groups
- Change of group location (Communal lounge/Garden)
- Introducing new groups
- MDT Hybrid groups
- Provide snacks in the sessions
- Introducing positive reinforcement

By: Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

Project aim

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Change ideas

Promotional posters and white board communication

PDSA Cycle 1

Plan: It was decided that psychology team make and put up posters with the group aims and description in the dining room and on the psychology notice board for service users and staff.

Do: psychology and OT team team together will ensure the whiteboard outside the nursing office has been completed with groups schedule each day and inform service users of the changes in community meetings.

Study: To use psychology attendance data to measure the impact of the changes over a five-week period and by administering a short questionnaire to staff and service users after three weeks to gauge their awareness and opinions of the changes.

Act: To design the posters with services users and team members and incorporating SUs suggestions to ensure clarity and relevance of the information on posts. This will allow service users to be more aware of the groups. Once finalized, these posters will be strategically displayed to enhance service user awareness and engagement with the group.

Next Steps

To gather feedback from service users on the clarity, knowledge and understanding about the groups information on posters and to relaunch the posters to test what improves the engagement.

By: Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

Project aim

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Change ideas: Expert By Experience (EBE) co-facilitating group sessions

Plan: EBE co-facilitating the psychology group once a week. To ensure EBE feels comfortable and gains confidence, we will provide focused support and upskilling. This includes offering a pre-brief before each session to address any anxieties and a debrief afterward to discuss how it went. We'll also give EBE the group topic in advance, asking for his preferences and confirming his comfort with the material, which will help build his confidence and ensure a positive experience.

Do: EBE will start co-facilitating the psychology group once a week, receiving a pre-brief before and a debrief after each session to manage any anxieties. Prior to each group, EBE will also be given the topic to ensure comfort and preferences are considered. Furthermore, EBE will engage in conversations with Service Users (SUs) to gather feedback about the groups and encourage their participation. To boost SU engagement and provide learning and motivation, EBE will arrange 1:1 check-ins with SUs.

Study : Initially, the testing period for this idea was set for four weeks to measure engagement using psychology engagement data. Feedback from both the team and Service Users (SUs) was also to be collected on group topics, specifically exploring reasons for any lack of motivation to engage. However, due to Christmas holidays and staff annual leave causing several group cancellations, it was decided to extend the testing period by an additional five weeks to accurately assess the impact.

Act: Based on the extended study period and any insights gained, we will fully implement EBE's co-facilitation in the groups. This involves ensuring EBE continues to receive pre-briefs and debriefs, along with advanced topic information and preference checks. We will also maintain the process of EBE engaging with SUs for feedback and arranging 1:1 check-ins to further encourage engagement and learning, while continuously monitoring the impact on SU motivation and group participation.

Next Steps

- To maintain EBE's co-facilitation role in the group, using insights gained from the extended study period.
- Ensure EBE continues to receive pre-briefs and debriefs for group facilitation.
- Provide EBE with advanced topic information
- Maintain EBE's 1:1 check-ins with SUs to encourage engagement and learning
- Continuously monitor the impact on SU motivation and group participation.

By: Add Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

Project aim

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Change ideas: Change of Group Locations/Environment

Plan: To increase service user engagement and attendance in group sessions by conducting them in varied, less clinical environments, such as the TV lounge and garden for four week trial period. These new groups will be promoted in community meetings, discussed during ward rounds, and staff will liaise directly with service users to inform them about the new locations. The entire team will be responsible for communicating with service users and encouraging attendance, with the Psychology team taking lead. We predict that moving group sessions will lead to increased participation and a more relaxed atmosphere. We expect to see an increase in both attendance rates and positive service user feedback during the trial period.

Do: The testing period for this idea is set for four weeks. To measure daily attendance data for each group session using psychology engagement data, service user engagement, such as the level of conversation and participation, and to collect feedback directly from service users after the PDSA. We will also document any challenges we encounter, including issues like weather, noise, or scheduling conflicts.

Study: We noted increase in service user engagement during this PDSA cycle. It was noted that the TV lounge and garden were more suitable for informal groups. The new environment also provided an opportunity for socializing, which helped service users develop their social skills and self-confidence. They had fun playing board games and even had the opportunity to play other games like pool, which weren't available in a classroom-based setting. The refreshments were well-enjoyed, and service users felt independent in helping themselves. They also requested to play relaxing music on the TV and enjoyed the overall ambiance. A few sessions were conducted in the garden, and while service users liked the space and enjoyed mindfulness exercises in nature, the main challenge was the weather during winter and mobility issues for some service users who found it difficult to get to the garden.

Act: Based on the increased engagement, we will adapt our approach and continue the sessions in the TV lounge to provide an opportunity to engage those who have never participated and help them develop their socializing skills. Sessions in the garden will be conducted in the summer so service users can enjoy the weather, and we will make the necessary amendments to address mobility issues.

Next Steps:

- To continue holding sessions in the TV lounge and garden (in winters).
- To gather feedback from the service users.

By: Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

Project aim

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Change ideas: Introducing New Group

Plan: To introduce new groups in the summer timetable to address specific clinical needs, focusing on psychoeducation, coping skills, and emotional regulation offence-related work). To take feedback from SUs on the group they are interested in, making groups names concise and appealing. To support these groups, necessary resources such as flip charts and stationery will be arranged, and group protocol manuals will be prepared for both staff and Service Users.

Do: Based on the feedback from SU, the groups will be interactive, incorporating more visual aids, whiteboarding, and mindfulness exercises. Three groups a week "New Directions", Tools for Change and "Knowing me Knowing you" were designed. New directions, A key addition is the "Good Lives Model" intervention, specifically designed to address offending behavior, and the "Tree of Life" model will be used to help with emotion regulation. All the necessary resources and group protocol manuals were prepared for both staff and Service Users.

Study: The feedback from Service Users indicated a strong positive reception to the new, interactive group format. They found the visual aids particularly effective in helping them grasp new concepts, and noted that the increased interactivity made the sessions more engaging. A key outcome was the successful completion of the full "Good Lives Model" intervention by three SUs, who were subsequently awarded certificates for their commitment and achievement. This positive feedback and completion rate provides a valuable foundation for the next stage of the cycle.

Act: Based on the positive findings and consistent engagement of some Service Users, it has been decided to make the intervention-based groups a permanent part of the curriculum. These groups will now be designed as closed groups, adhering to specific inclusion and exclusion criteria, and will be based on a variety of approaches to address offending behaviors and psychosis

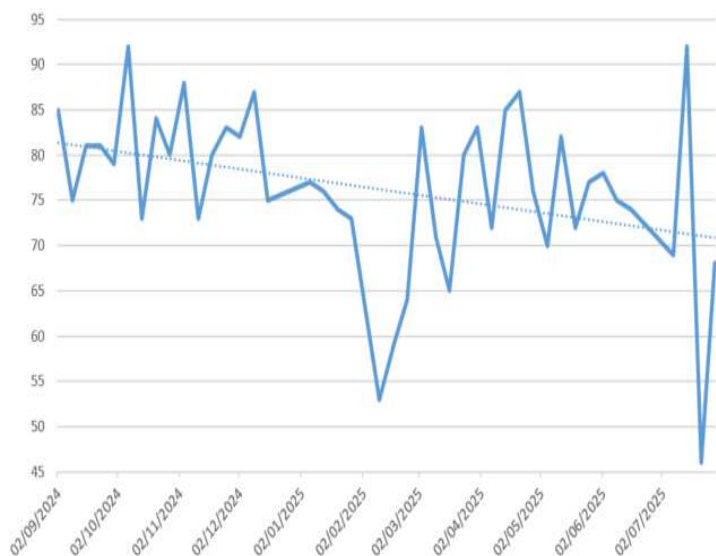
Next Steps

The next step is to share these findings with the Multidisciplinary Team (MDT) to communicate the successful outcomes and to collaborate on identifying suitable Service Users for the new, permanent closed groups. This ensures This ensures that the program is effectively integrated into the overall treatment plan and that participants are well-suited for the therapeutic model.

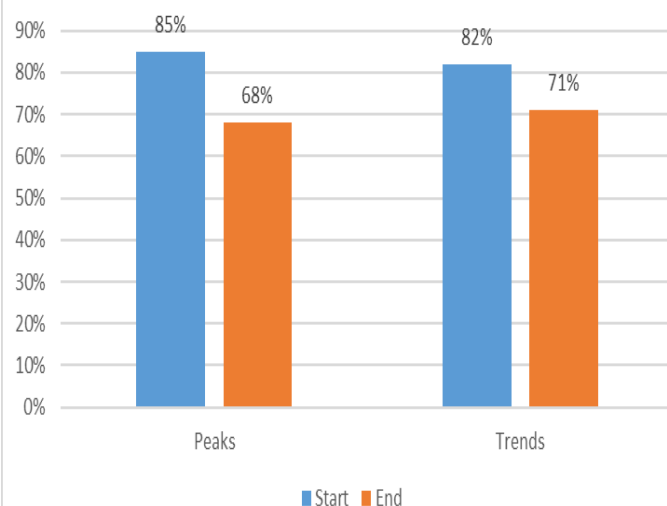
Project aim To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 10 months.

Data and Outcomes

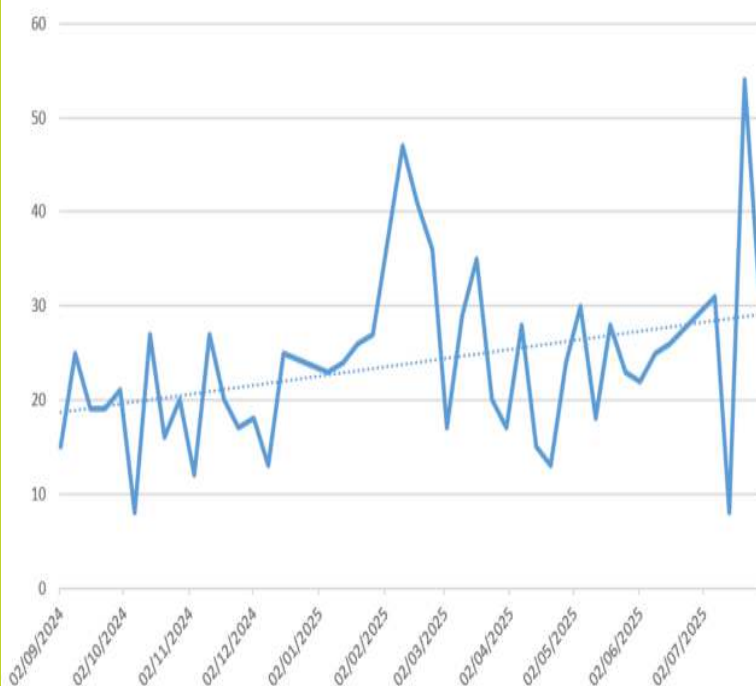
Percentage of Service users Declining Groups - Weekly Average (excluding 'absent' and 'not invited' service users)



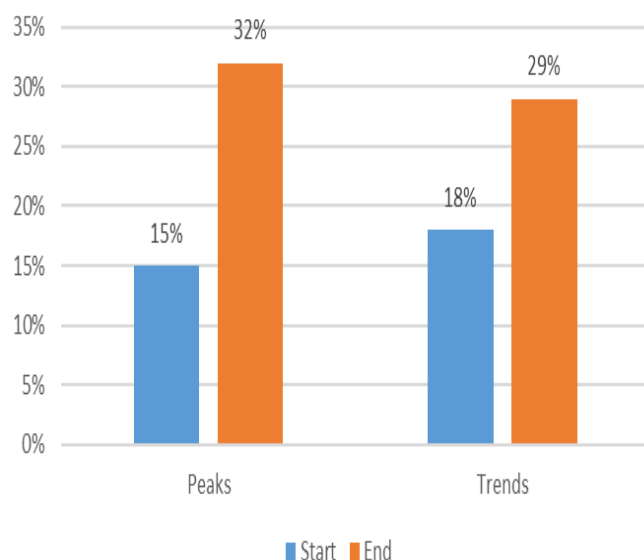
Percentage of Service users Declining Groups - Weekly Average (excluding 'absent' and 'not invited' service users)



Percentage Engaged (Attended and Partially Attended)



Percentage Engaged (Attended and Partially Attended)

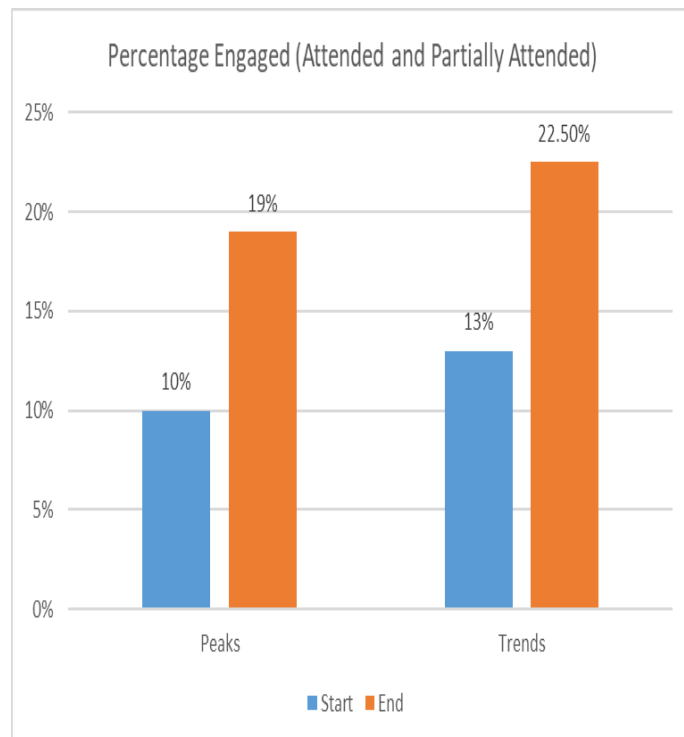
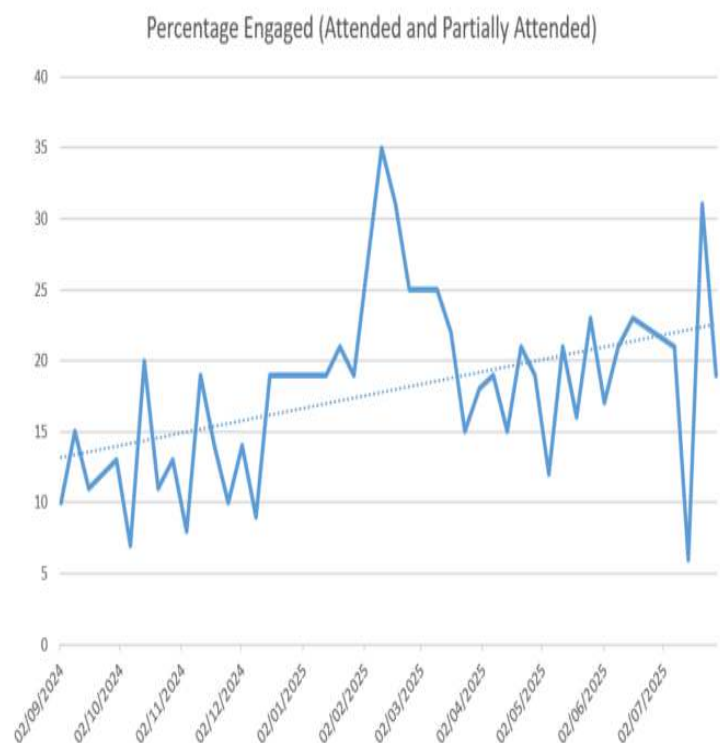
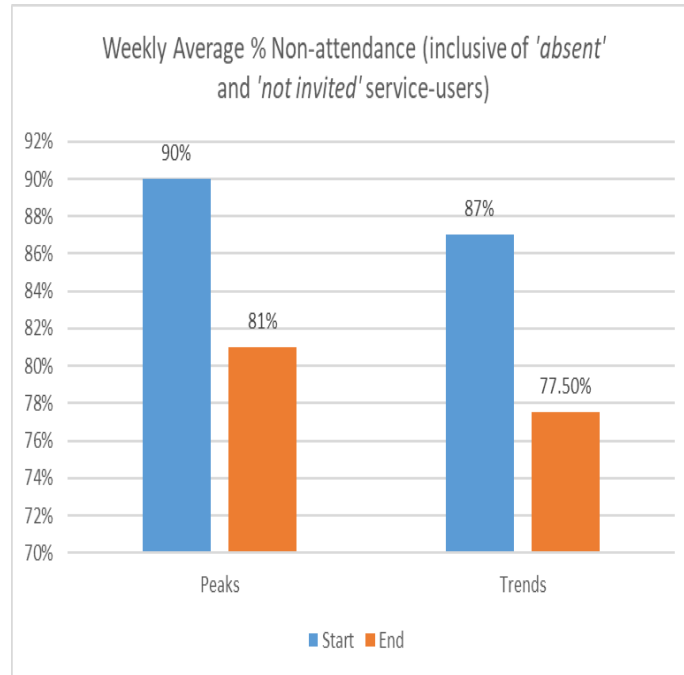
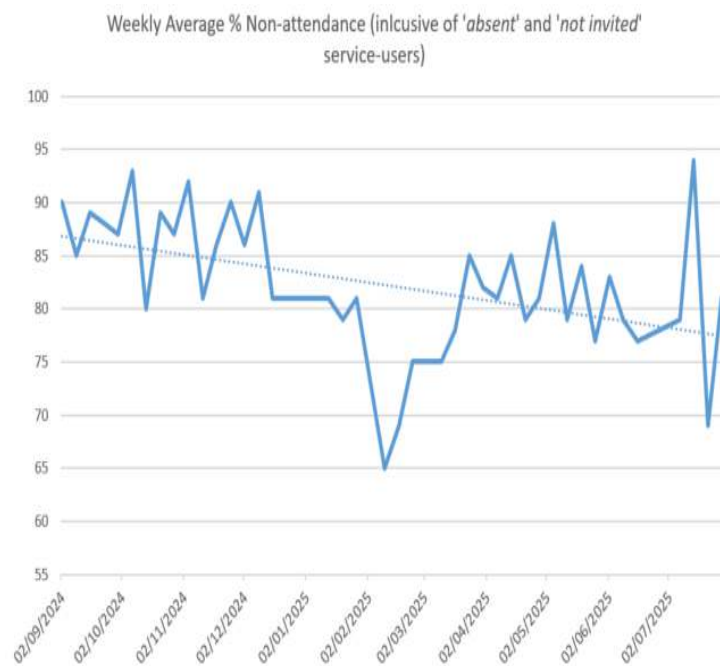


Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

By:

Project aim To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Data and Outcomes



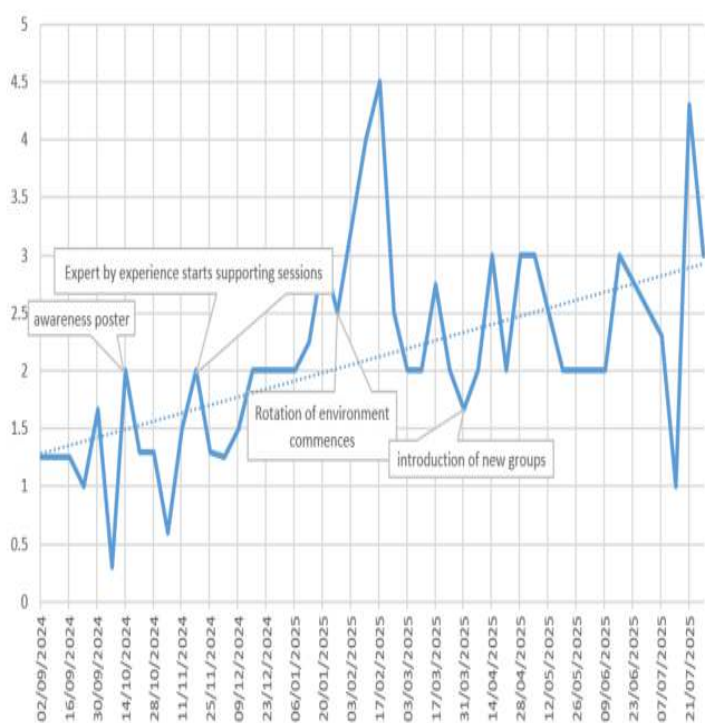
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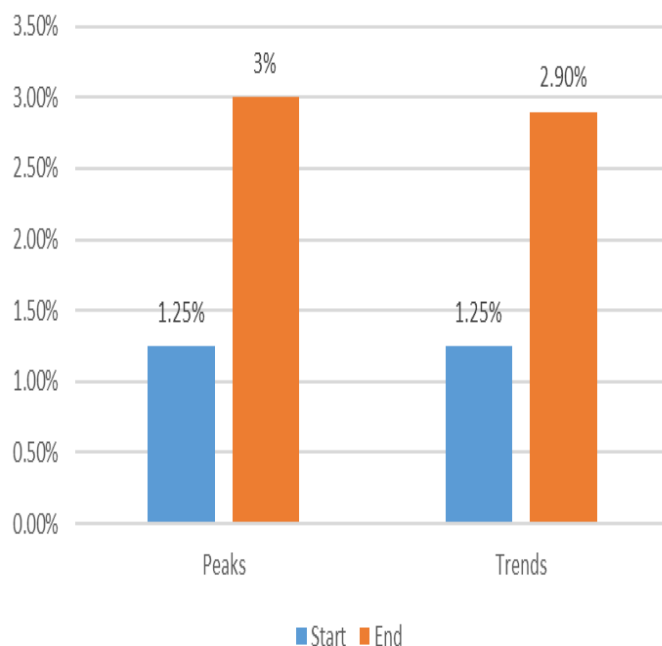
Project aim To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Data and Outcomes

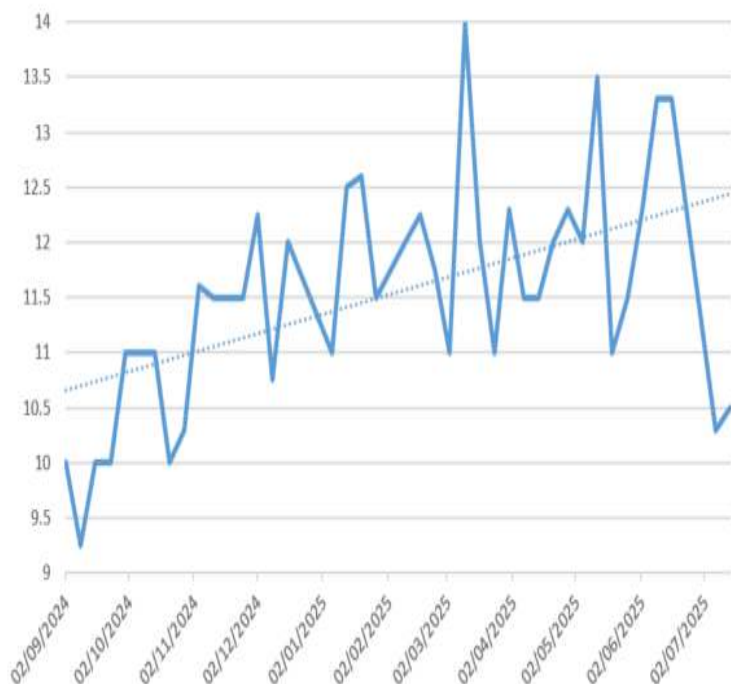
Number of Service Users attending groups (weekly average)



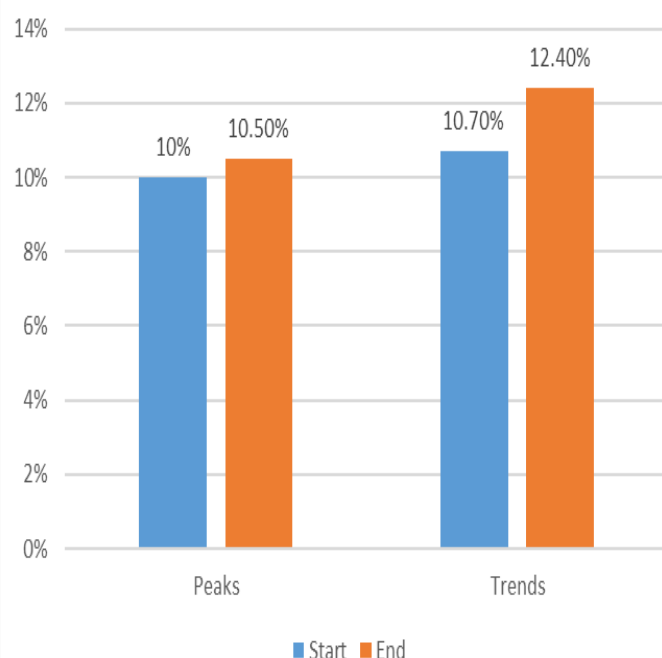
Number of Service Users attending groups (weekly average)



Patients invited to attend sessions



Patients invited to attend sessions



Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

By:

Project aim: To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

Data and Outcomes

- Over the course of the project, the average number of service users present during sessions increased.
- Due to improvements in accessibility and risk management of sessions, the number of patients invited to sessions has increased.
- Over the course of the project, the percentage of service users not attending sessions due to being absent, declining, or not being invited decreased.
- Over the course of the project, the percentage of service users not attending sessions due to declining only also reduced.

Throughout the project, a culture shift on the ward toward psychology groups was observed. More staff became aware of the timing, content, and benefits of the sessions, enabling them better to promote attendance and support risk management during group sessions. Notably, the project also examined the accessibility and timing of sessions to reduce the likelihood of service users being absent. As a result, the number of service users invited to attend sessions increased from an average of 10 out of 16 patients at baseline to 12 out of 16 by May 2025. However, the percentage of individuals declining to attend appears to have risen again, despite the average attendance remaining at 3 per session. Based on these points, a new graph was created focusing on 'non-attendance' rather than 'declined', to better illustrate improvements in the groups' accessibility and inclusivity (see attached). Additionally, qualitative data was gathered throughout the project to assess the quality of the groups and collect valuable insights from the service users attending the sessions.

Overall, this project improved the variety and relevance of session content, the co-production of session content, the support given to patients before and during attendance, the number of service users attending the sessions, and the number of service users staying for the entire session. Verbal and written feedback from service users about their insights into the benefits and quality of the groups will be collected during community meetings and after sessions to ensure they remain relevant and valuable for those on the ward.

Project aim: To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

What were are change ideas?

- Create promotional posters
- Expert by Experience co-facilitating psychology groups
- Change of group location (Communal lounge/Garden)
- Introducing new groups
- MDT Hybrid groups
- Providing snacks in the sessions
- Introducing positive reinforcement to the groups

What we achieved

Co-producing group posters and providing feedback, giving service users a clearer understanding of the group's structure and content.

The new environment provided an opportunity for SU to socialize and develop their social skills and self-confidence.

SU gained motivation, positivity, hope, and purpose in their lives from EBE sharing insights from his lived experience.

Service users felt a sense of ownership and accountability for their treatment plan by being involved in the new groups discussions . The interactive format and use of visual aids helped them grasp new concepts.

Sharing the PDSA cycles with the MDT helps to establish new methods for encouraging SUs group engagement.

Service users established motivation and a sense of achievement by acknowledging their involvement in their own care through positive reinforcement.

Service Users adopted coping skills learned during the groups to manage difficult and stressful situations.

SU gained a holistic understanding of the bio-psycho-social model approach in their recovery journey through MDT Hybrid groups.

Flexibility and integration of different locations normalized therapeutic process, reinforced a sense of purpose.

How are we sustaining and embedding this improvement?

The project's success and sustainability will be supported by verbal and written feedback from service users regarding their experiences and opinions about the benefits and quality of the groups. It will also involve Expert by Experience in co-facilitating sessions and offering support to those hesitant to participate through one-on-one check-ins, encouraging their involvement. The MDT will continue to deliver sessions to maintain varied and engaging content. Environmental aspects of the sessions will change periodically, including the use of outdoor spaces when weather allows.

What have we learned?

We learned that advertising the group by promotional posters and in the community meetings, ward rounds made the staff and SUs more aware of the timing, content, and benefits of the sessions. This allowed staff to better promote attendance and support risk management. Verbal and written feedback from SUs provided valuable insights into the group's quality and relevance. Moreover, we learned the importance of informal group settings, which promote socialization, and the MDT Hybrid groups helped SUs understand complex topics like brain function, chemical changes related to mental health, the role of medication in symptom management, the importance of physical activity, physical health checks, and learning daily living skills to help them reintegrate into the community.

By: Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)

1 Problem Identified

Attendance at the psychology group on a low secure unit was low, and sometimes scheduled groups had no service users.

Project Aim

To understand the barriers and facilitators to psychology group engagement on a low secure ward and increase engagement by 15% in 9 months.

2 Data Measured

Outcome: Psychology Groups Attendance Data

Process: Service users to complete a full/shorter version of surveys in group, 1:1 session or ward rounds. Staff Online Surveys.

3 Change Idea

- Create promotional posters
- Expert by Experience co-facilitating psychology groups
- Change of group location (Communal lounge/Garden)
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4 Outcomes

Over the course of the project;

- the average number of service users present during sessions increased.
- the percentage of service users not attending sessions due to being absent, declining, or not being invited decreased.
- Due to improvements in accessibility and risk management of sessions, the number of patients invited to sessions has increased.
- the percentage of service users not attending sessions due to declining only also reduced.

5 Learning

Overall, this project improved the variety and relevance of session content, the co-production of session content, the support given to patients before and during attendance, the number of service users attending the sessions, and the number of service users staying for the entire session. Verbal and written

Rabia Salahuddin (Project Lead), Eden Haws (QI Manager)