

National Audit on the Management of Violence

Protected Therapeutic Time

(an area of practice that has improved as a
result of taking part in the audit)

Project team

- Kirsty Norbury, Ward Manager
 - Ward 20 – female adult acute @ Burnley District General Hospital
- Linda Hardy, Ward Manager
 - Conway ward – male adult acute @ Blackpool Victoria Hospital
- Modern Matrons (at both hospitals)
- Pam Tester, Audit Facilitator
- Sarah Beattie, Local Security Management Specialist

Module one

Lancashire Care
NHS Trust



“our survey said...”

You don't take
my concerns
seriously
enough

You don't know
what my trigger
factors are

How long
will I be
observed
for?

I am not given an
opportunity to
discuss my
experience of the
violent incident

You don't ask me what
I want to happen
should I become
violent

I don't know
why I have
been
admitted



Protected Therapeutic Time (PTT)

What is it?

- PTT is time that is secured during the day in which ward staff engage with service users, in a way that is meaningful. The time that PTT commences is 10am-12pm
- PTT provides service users with relevant information about services and recovery
- PTT is carried either on an individual basis or with groups
- During the group session Nursing staff address a recovery model approach focussing on the following aspects of mental health care:
 - Stress Vulnerability
 - Self management of symptoms and distress
 - Staying well plans
 - Health promotion and general health education

How Did PTT Evolve?

PTT at Burnley has been based on work carried out by Nick Bowels, a senior lecturer at Bradford Community Health NHS Trust and other work carried out by the Sainsbury Centre

The approach he developed is called “refocusing”

The aim of refocusing is as follows

- To increase the individuals sense of personal control and responsibility
- Reduce demands on the the environment and provide a more relaxed therapeutic environment for both service users and nursing staff.
- To provide an increase in the level of support to service users.



How we have implemented PTT (1)

- Clinical Governance and New Ways of Working
- Multidisciplinary agreement to go ahead with PTT
 - Consultant in-patient psychiatrists
 - Crisis home treatment team
 - Modern matron
 - Ward managers
 - In-patient service managers
 - Community mental health team managers
 - Administration staff
- This means that Nursing staff do not take any telephone calls, accept any visitors to the ward that are not involved in PTT. Service users become the priority during the allocation of these two hours.
- All ward handovers are carried out at 9am therefore there is no Doctors rounds between 10am-12pm unless booked in as a C.P.A which is then part of the services users PTT.

How we have implemented PTT(2)

- Service Users Needs Identified
- Training on the purpose and benefits of PTT to staff
- Therapeutic Group Sessions Delivered
- Multidisciplinary input
 - Pharmacy
 - Dentistry
 - Occupational Therapy
 - Dietetics

The Programme

Once the program of groups were established, the programme was then taken back to the Clinical Governance team for their consultation and agreement and a date for implementation and review was set.

An example of the program is as below:

<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>
The CPA process & Mental Health	What is stress?	Looking after our physical health	Relaxation	Healthy lifestyles



How Does PTT Relate to the Management of Violence and Aggression?

- A reduction in the build up of frustration and aggression
- Better coping strategies
- Relapse trigger signs addressed
- Ownership, outcome and consequences of behaviours
- Greater structure to the day
- Better access to independent support (advocacy, making space)



Any questions...?