

Your guide to relational security

SEE

THINK

ACT 2ND EDITION



Global learning

- Induction, on-ward learning, MDT development sessions, reflection.
- It's worth having a conversation with staff about risk; what incidents they're trying to avoid and what the consequences to those incidents can be.



Risk

- When a serious incident occurs in a secure mental health service, it can have devastating consequences.
- All types of health service carry risks but the risks in secure mental health services can include:
- The consequences of these types of incident are wide-reaching and can cause long lasting damage to patients, to staff and to other people in the community. They also seriously undermine:
- When these types of incidents *have* happened in services, they have often been found to be rooted in poor 'relational security'.



- Escapes**
- Absconds**
- Homicides**
- Suicides**
- Serious assaults**
- Intimidation/exploitation**
- Boundary violations**
- Trading/drug trafficking**
- Unexpected patient death**

- Confidence of staff & staff morale**
- Extended lengths of stay for patients**
- Progress to de-stigmatise mental health**
- Reputation of the organisation**
- Service income**
- Public confidence**
- Willingness of the community to engage**



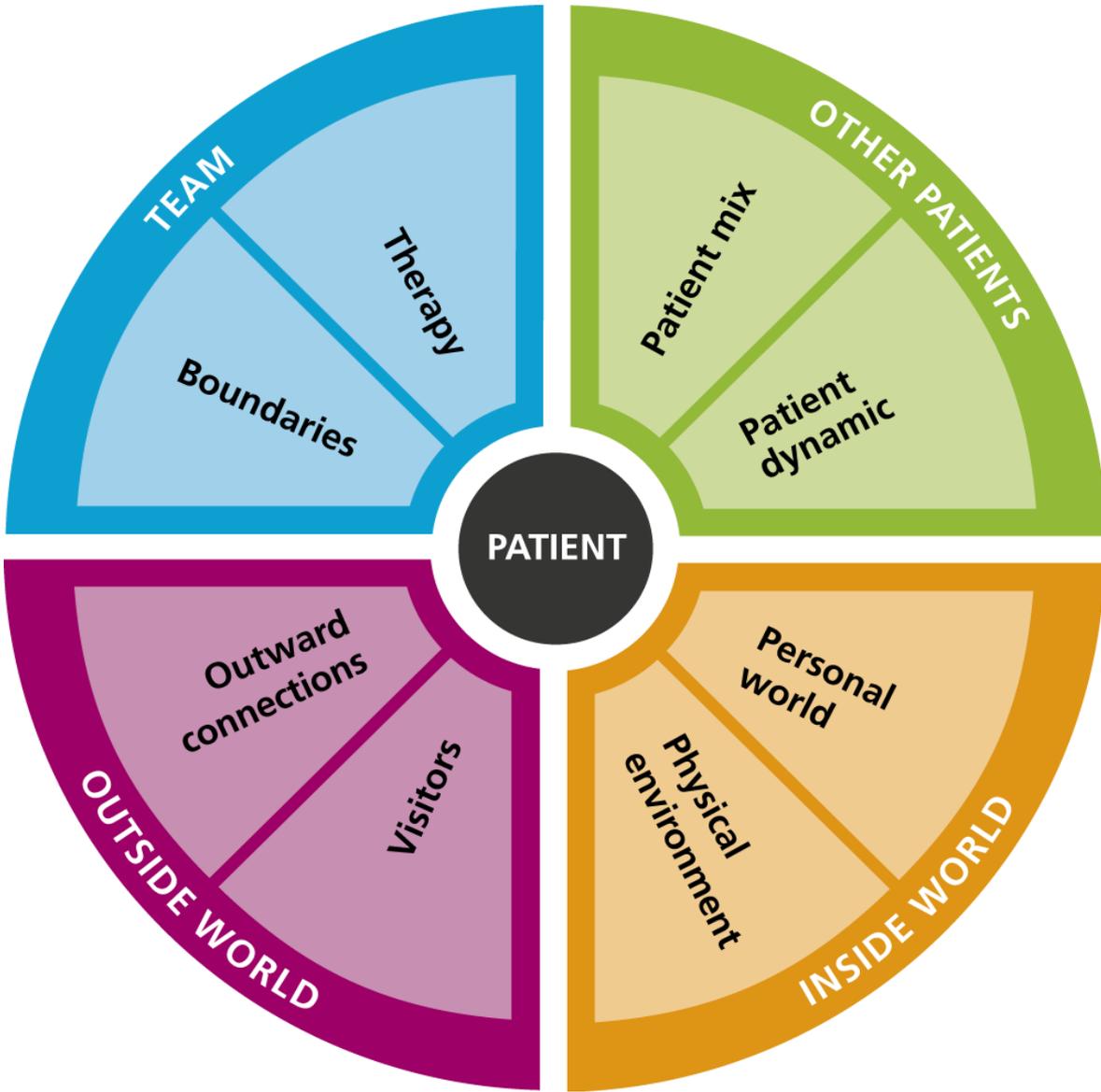
Global learning

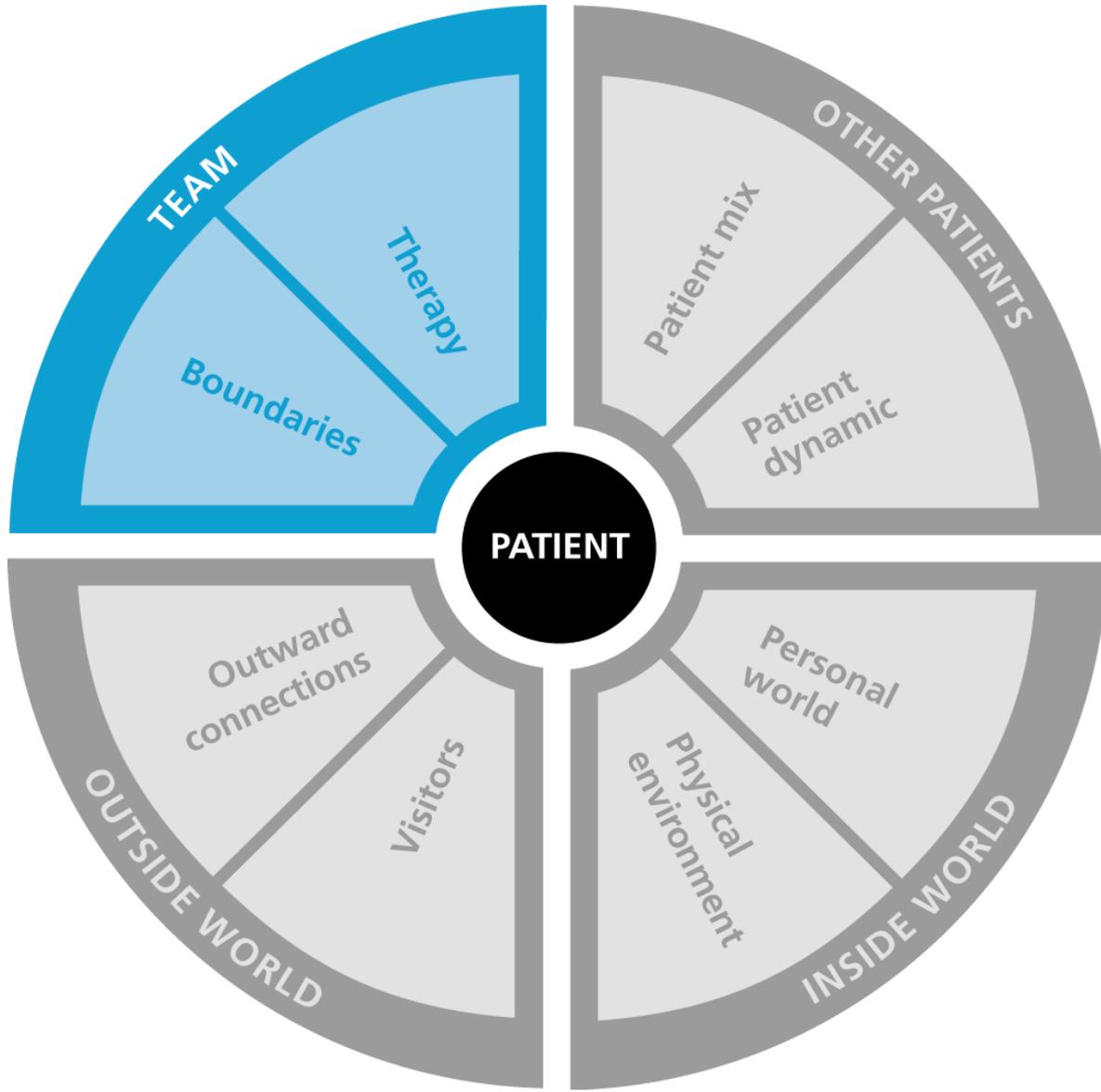
- Induction, on-ward learning, MDT development sessions, reflection.
- It's worth having a conversation with staff about risk; what incidents they're trying to avoid and what the consequences to those incidents can be.
- Remind staff about the profile of their role in relational security.

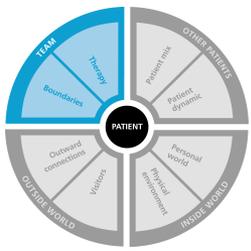


Global learning

- Induction, on-ward learning, MDT development sessions, reflection.
- It's worth having a conversation with staff about risk; what incidents they're trying to avoid and what the consequences to those incidents can be.
- Remind staff about the profile of their role in relational security.
- Include bank and regular agency staff.
- Include as many people as possible and run sessions that include domestic staff, catering teams, grounds, maintenance and administration.
- Include See Think Act in interview packs and ask some questions designed to find the right attitudes.







Boundaries

Find time to talk about the non-negotiable & negotiable boundaries.

Don't assume everyone knows what the rules are or why they exist.

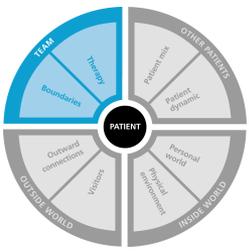
Dealing with social media & information outside the service.

We have a problem with racism in our services that we're often failing to deal with.

Being clear about the information you use to make consistent decisions.

Communicating boundaries to patients and helping them understand the reasons - at the outset – especially relational boundaries and personal information.

Dealing with least restrictive practice with clinical maturity and reviewing outdated rules.



Therapy

Encourage staff to talk about how they would feel and behave as a patient.

Talk about well-constructed health outcomes and the difference they make to relational security.

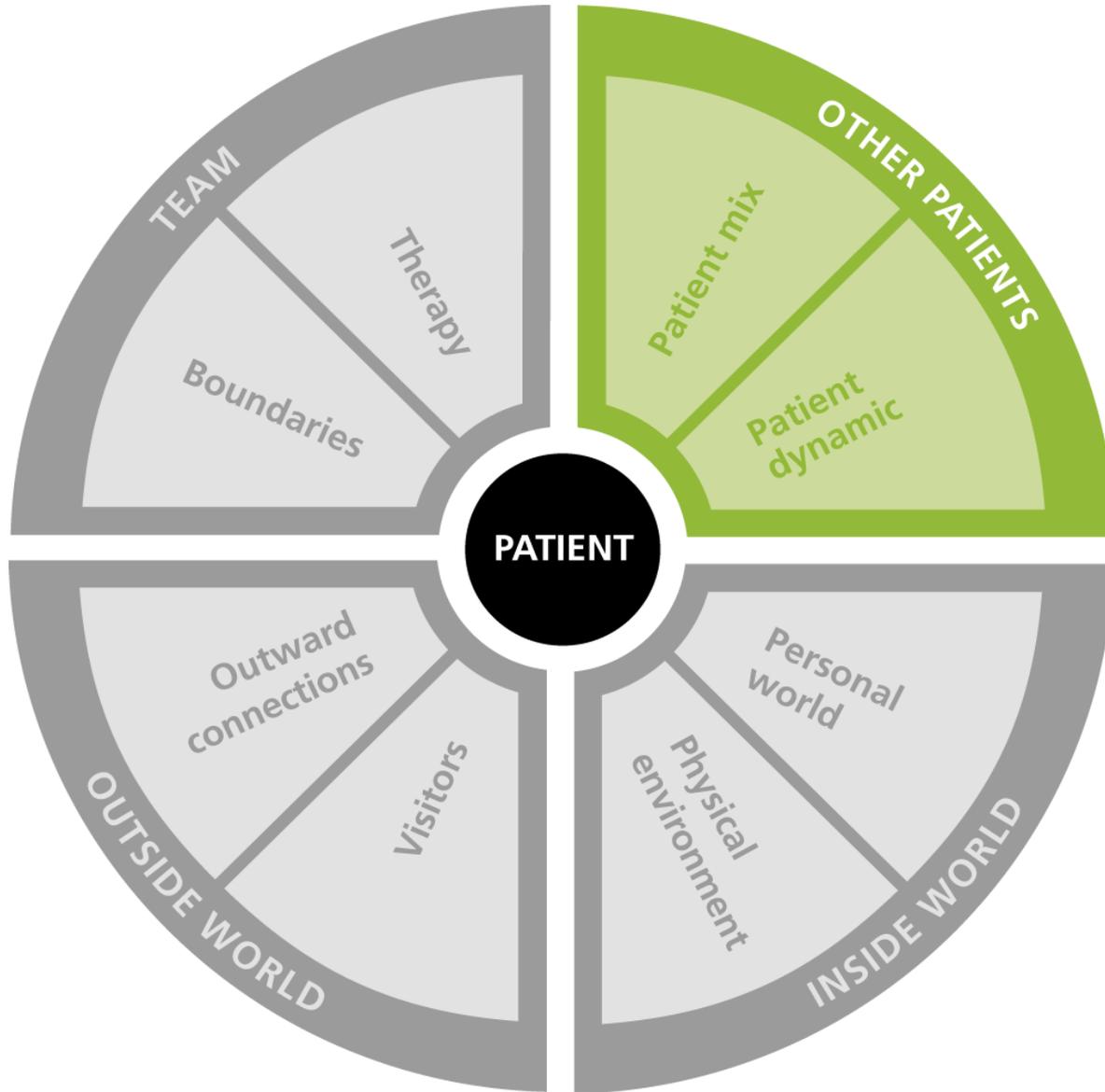
Stop writing care plans that are meaningless.

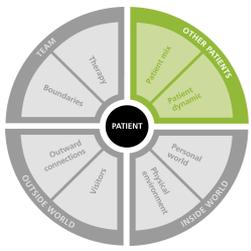
Permission to recruit the right attitude and learn that a vacancy is safer than a staff member who is dangerously belligerent.

Encourage staff to reflect on the words they use in their service that are labelling, unfair and dangerous.

Review ward activities and consider whether they really meet the needs of the people you care for.

Review how we function and think about whether we're de-skilling people by doing everything for them.



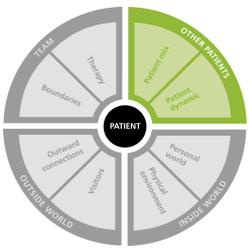


Patient mix

Encourage staff to think about what factors effect their specific patient mix

People talk about patient mix – but few teams have actually mapped their patients meaningfully

Then get them to think about what that means. Understanding the numbers is only part of the story. Do we need to change something? Do staff need development in a specific area?



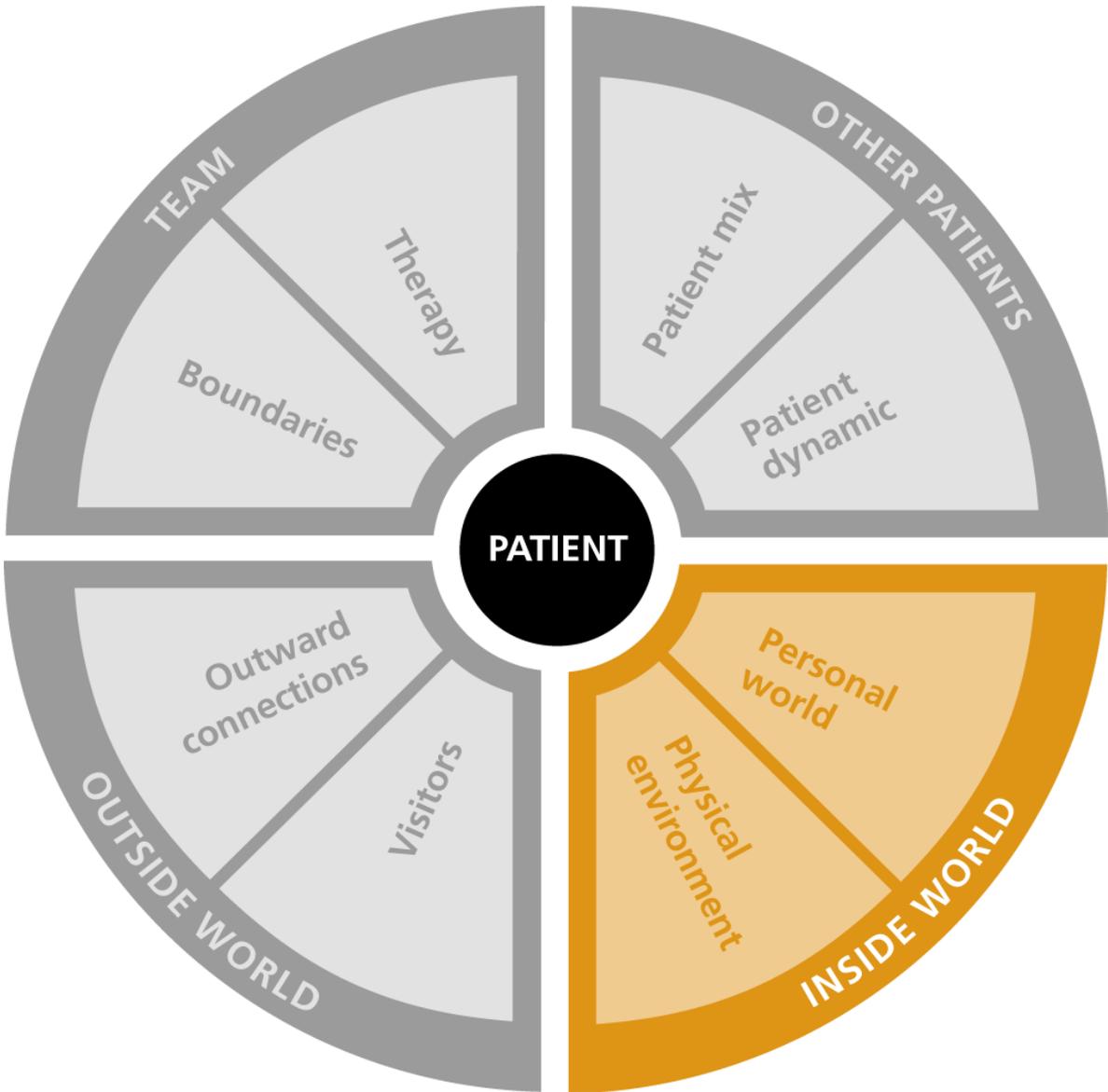
Patient dynamic

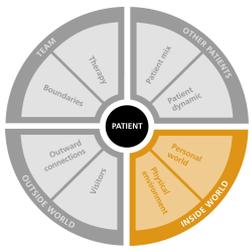
Don't assume everyone knows what the most likely risks are. Sometimes you only learn that from the Patient Mix work.

Don't assume all staff know the behaviours/triggers that might indicate an incident was likely to happen.

Don't assume all staff know the difference between escape/abscond.

Don't forget that staff dynamic is just as important. What does a good staff dynamic look/feel like? Are there things we could work on?





Personal world

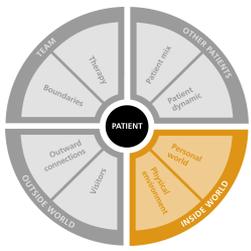
Remind people that it doesn't matter how small the sign might be; say something. It could make the world of difference.

Think about how much time people are spending in the office.

Are 1-1's observing or engaging?

Encourage people to reflect on what they're talking about at hand-over.

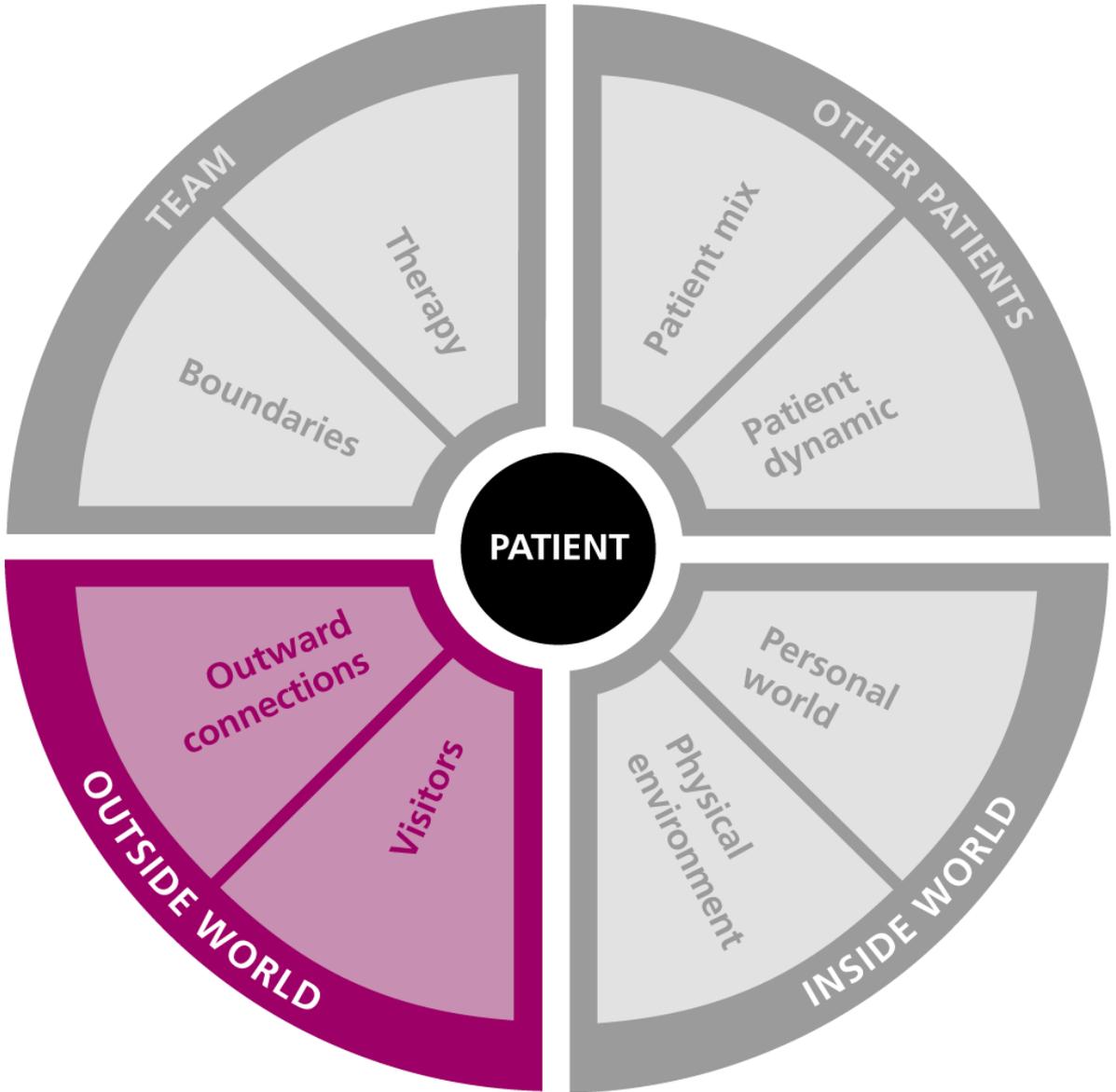
Think about how we can convey to agency and bank staff what they need to know to keep people safe.

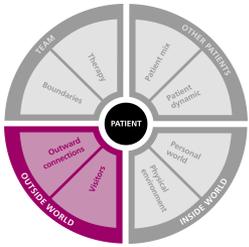


Physical environment

If it's possible, walk onto the ward with fresh eyes and think about what you'd change.

Encourage staff to think about which patients have the most authority on the ward and whether they need to change anything.





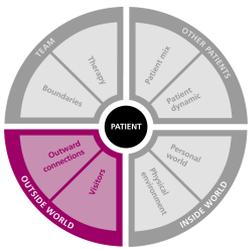
Visitors

Consider what it would feel like to be a visitor to the service.

Walk into the service and onto the ward with 'fresh eyes' and think about the experience.

Think about how we're greeting people and also how we're saying goodbye.

Have we properly explained the rules to visitors?



Outward connections

Do people know what to do if something goes wrong on escorted leave?

Who's conducting the leave? Agency? The least experienced staff?

Is leave escorted leave? Or is it therapeutic leave?

Questions?

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