

Fraser House – Children and
Adolescent Inpatient Service
Ferndene
Northumberland Tyne and Wear
Trust



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FRASER

10 bedded assessment and treatment unit for children and Young People (8 beds June 2019)

Primarily a Learning Disability Service but now supports complex disorders via Transformation of Care:

- Varying abilities (not LD), mental health, emotional, behavioural, eating disorder, ASD, ADHD, Post Trauma



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High levels Restrictive Practice

- Large number of beds
- Patients with high degree of clinical need
- Transparency

TALK FIRST initiative

- positive and safe care using alternative ideas to help individuals manage their mood to stay calm.
- reduce the need to use restrictive physical, mechanical, chemical and environmental interventions.
- Different strategies can be used to help young people maintain control of their feelings and behaviours.

SAFE WARDS

Soft Words



Positive Words



Clear Mutual Expectations

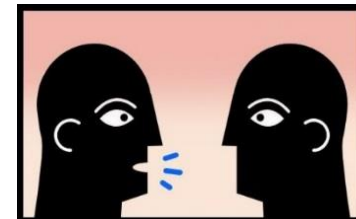


Bad News Mitigation

The Task of Breaking Bad News

"If we do it badly, the patients or family members may never forgive us; if we do it well, they may never forget us." (Buckman, 1992)

Talk Down

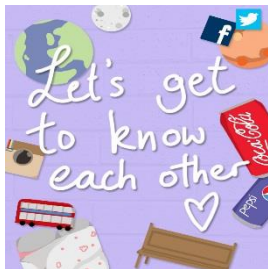


SAFE WARDS – cont'd...

Discharge Messages



Know Each Other



Reassurance



Mutual Help Meeting



It's OK to get help

Calm Down Methods

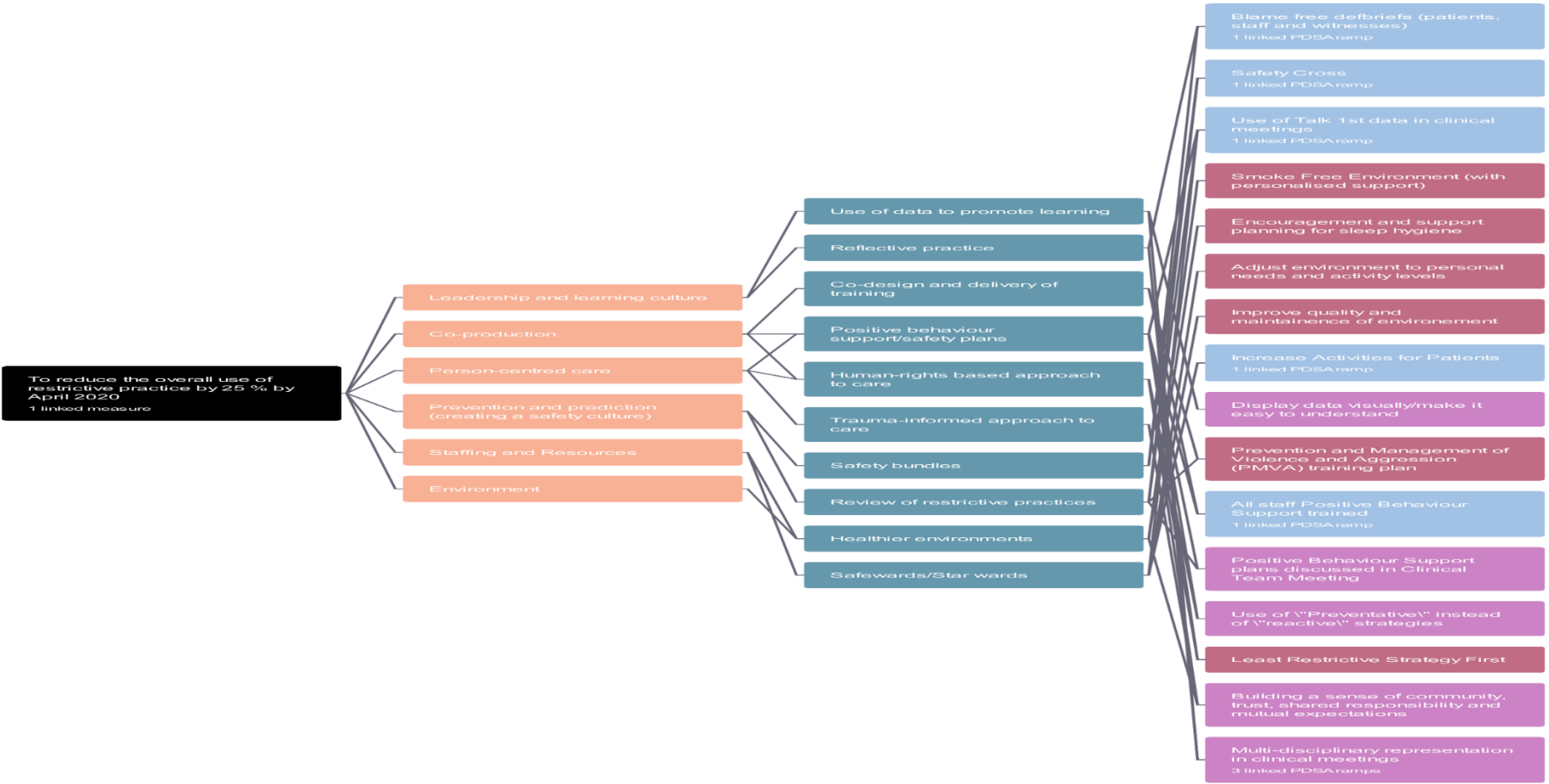


Driver Diagram

- Primary Drivers
- Secondary Drivers
- Dormant Change Ideas
- Active Change Ideas
- PDSA continuing ideas

IRB

CHANGE IDEAS



Generated by Litepic



Our Change Ideas

PDSA Cycles



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The screenshot shows a web browser window displaying the 'Life QI' application. The address bar shows the URL: <https://uk.lifeqisystem.com/projects/114480/pdsas/change-ideas/159082/>. The page title is 'Blame free defbriefs (patients, staff and witnesses)'. The left sidebar contains navigation options: Start, Projects, Programmes, Discussions, Reports, Analytics, Groups, People, and Organisations. The main content area is titled 'Details' and includes an 'Edit' button. It features a table with two columns: 'Description' and 'Colour / Label'. The 'Description' column contains 'Blame free defbriefs (patients, staff and witnesses)' and 'Linked Secondary Drivers' with two items: 'Reflective practice' and 'Safety bundles'. The 'Colour / Label' column contains 'PDSA continuing ideas'. Below the table is a 'PDSA Ramps' section with a card titled 'To support patients in the debrief process' and '1 pdsa cycle'. A 'New PDSA Ramp +' button is at the bottom. The Windows taskbar at the bottom shows the time as 17:28 on 01/03/2019.



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Our Change Ideas

PDSA Cycles



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Safety Cross

Details

Description

Safety Cross

Colour / Label

PDSA continuing ideas

Linked Secondary Drivers

■ Review of restrictive practices

■ Safety bundles

PDSA Ramps

Staff awareness

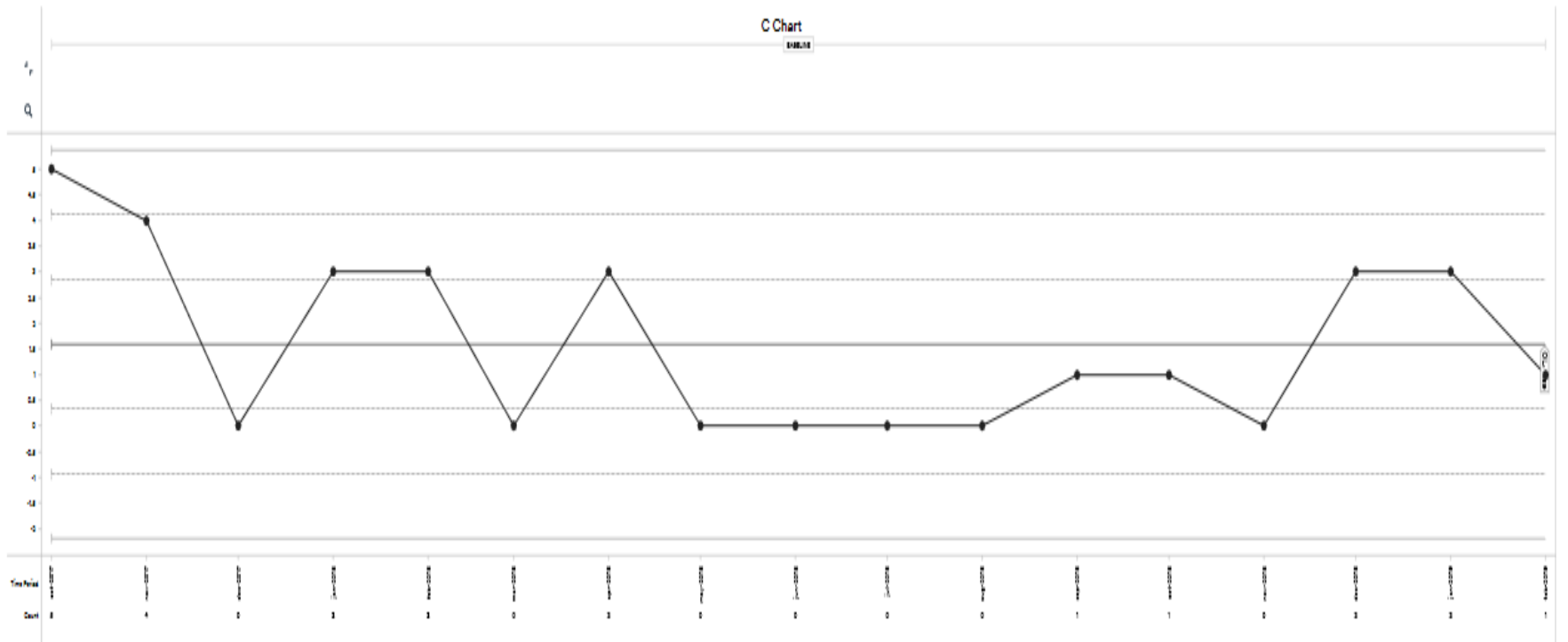
1 pdsa cycle



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Our Run Charts

Seclusion Chart

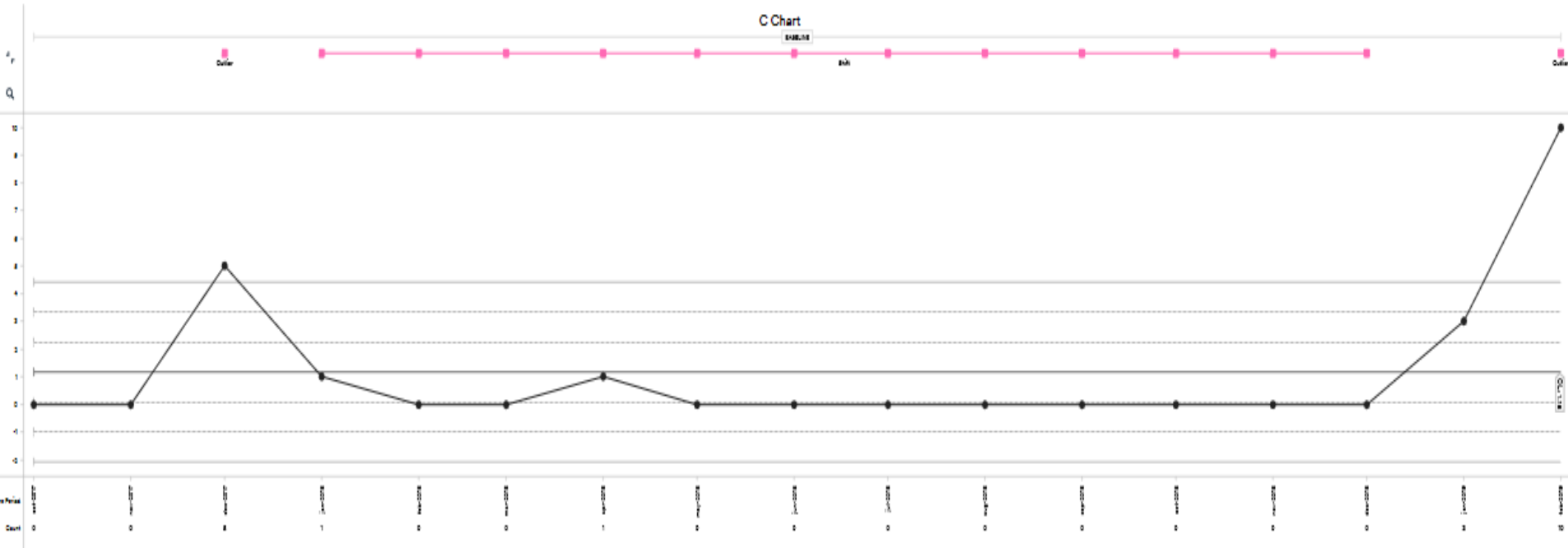


Our Run Charts

Rapid Tranq Chart



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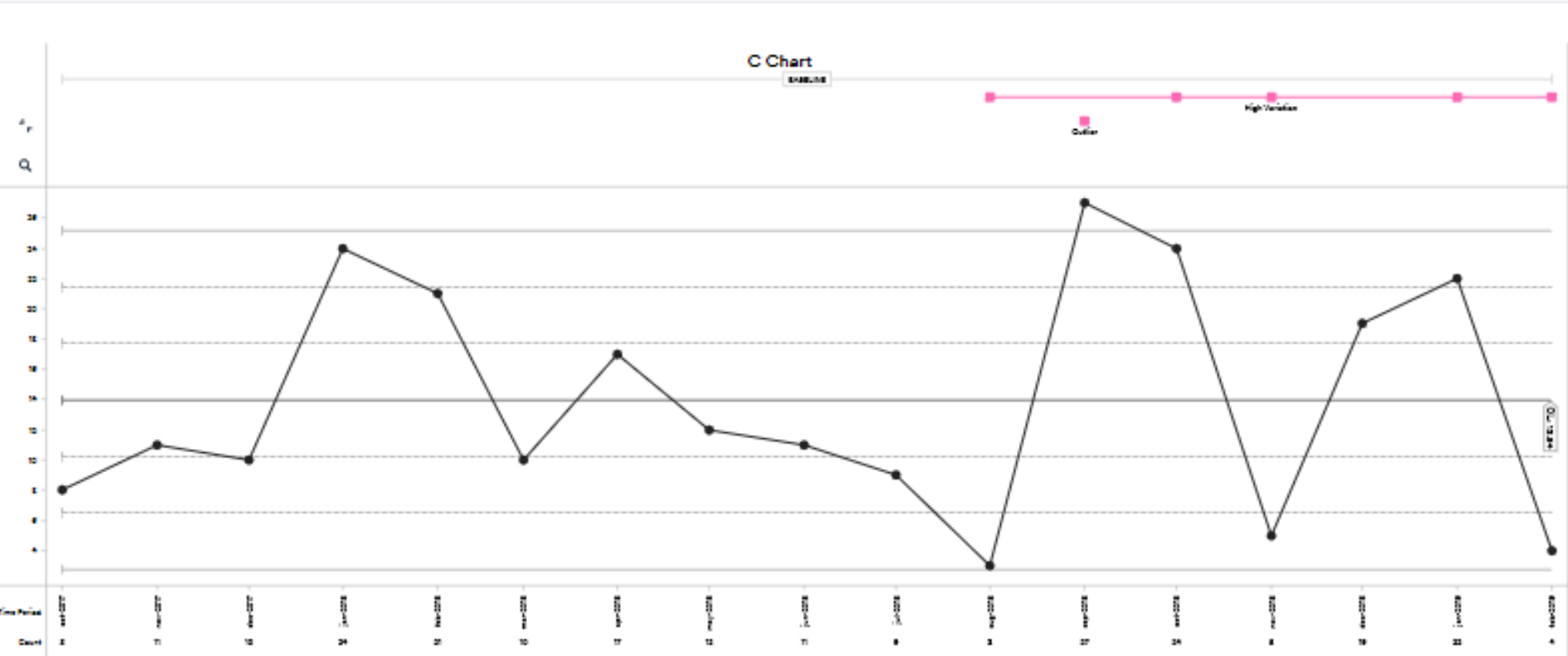
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Our Run Charts

Restraint Chart



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Our Change Ideas

PDSA Cycles



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Use of Talk 1st data in clinical meetings

Details

Description

Use of Talk 1st data in clinical meetings

Colour / Label

PDSA continuing ideas

Linked Secondary Drivers

- Positive behaviour support/safety plans
- Safewards/Star wards
- Review of restrictive practices

PDSA Ramps

To use Talk 1st dashboard data in clinical meetings

1 pdsa cycle



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Our Change Ideas

PDSA Cycles



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Increase Activities for Patients

Details


Description

Increase Activities for Patients

Colour / Label

PDSA continuing ideas

Linked Secondary Drivers

 Safewards/Star wards

PDSA Ramps

To establish an Activity Worker

1 pdsa cycle



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Our Change Ideas PDSA Cycles

All staff Positive Behaviour Support trained

Details

Description

All staff Positive Behaviour Support trained

Colour / Label

PDSA continuing ideas

Linked Secondary Drivers

- Co-design and delivery of training
- Positive behaviour support/safety plans

PDSA Ramps

To train all staff in Positive Behaviour Support

1 pdsa cycle



What's next?

- QI meeting January

GOAL: *Increased involvement of nurses within clinical meetings*

- Raise awareness of clinicians/therapists
 - Collaborative work
- Identify specific needs
- meet goals of admission
- Increase levels of communication/consistency
 - Care Planning
 - Service User/Care Involvement

Our Change Ideas

PDSA Cycles



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Multi-disciplinary
representation in
clinical meetings

3 linked PDSA ramps



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Re-organisation of Clinical Meetings

MDT and Core Group meetings re-organised/Reviewed to
Focus on clinical priorities

- Structure
- Format
- When/how often
- What is to be done
- Who attends

Our Approach: Team around the Child

Skill mix review Feb. 2019

- Band 6 posts increased
 - Review of role
 - Clinically driven
 - Accountability
 - Patient focussed
 - Leadership
- Nurses re-organised into 4 teams
 - 1 x Band 6 – Care Co-ordinator
 - 2 x Band 5 – Named Nurses
 - 4/5 x Band 3 – Key Workers
- Therapists/Psychologists within team depending on need
- Bed Reduction (June 2019)
- 4 teams x 2 patients each

Core Groups

Nurse rostering will adopt a process where nurses from particular groups will be available to attend

These will fit into the 12 week pathway
3 Core Group meetings per admission

- They will fit a standard process
- Formulation
- NEEDS plan – individual and holistic (importance of nursing input)
- Devising/Reviewing Care Plans
- FACE and other Risk assessments
- PBS/Mental Health pathway – as appropriate
- Discharge planning

The MDT meeting

- 2 weekly review of each patient (4 per meeting)
- Review NEEDS plan, Goal Based Outcomes, Talk First & Behavioural monitoring graphs
- Service User attends & support from Advocate
- Physical Health review
- Section 17
- Medication review
- Obs. Levels
- Delegate tasks on electronic At A Glance Board.

Max. 1.5 hr. duration

Care Plan categories : Designed to meet broad spectrum of needs

My Goals

- Developmental, social, interests, 'Take-over day'

My Health

- Medical, fitness/well-being, mental /emotional health, medication, therapy

My Behaviour

- Inter-personal skills, PBS, De-escalation, Calm Box, Distraction, insight/self-awareness, primary/secondary & tertiary intervention, Advanced Directive.

My Relationships

- Social Skills, friends/parents

My Skills

- Daily-living skills, education, sport, D of E, Leisure, Life experience, vocational interests

And for yourselves?

- If we could give you any tips they would be:

- Identify who has what role.
- Identify a champion and deputy to update Life Qi to ensure consistency.
- Plan who will be attending these meetings.
- Make contact with your coach! They are the fountain of Life Qi knowledge!!
- Be honest, some things will work, some won't ... and that's ok!!
- Engage your service users, they often see things you do not!
- Have an open mind! Like everything we do clinically!!



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We have been Fraser House, Thank you for listening to us and good luck to each of you in your project!



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Any Questions?

Contact:

Ward Manager: John.callender@ntw.nhs.uk

Life Qi champion: Gemma.dobey@ntw.nhs.uk

