INTRODUCTION TO WELLOW WARD

- Wellow Ward is an eight-bedded male acute ward in a Medium Secure Forensic inpatient hospital.

- Wellow Ward is an assessment and treatment unit that supports men early in their rehabilitation journey, those who have relapsed in the Rehabilitation ward or in the community.

- The ward aims to create an environment that is both supportive and optimises high quality individualised assessment directed at enabling service users recovery.

Presented by: Olivia Owusu-Antwi – Ward Manager
Eric Ntekor- Charge Nurse

Supported by: Lisa Meah-EAPP
Gabriella Haycock- Safewards Lead

BACKGROUND TO THE PROJECT

- Following a general consensus by Mental Health Safety Improvement(MHSIP) commissioned by NHS England and NHS Improvement, it was agreed that mental health and learning disability inpatient services embark on REDUCING RESTRICTIVE INTERVENTIONS. It aimed to reduce incidences emanating from restrictive practices by 50% by March 2024

- Wellow Ward being an acute ward was chosen as one of the wards to partake in this National Project from AWP

- It aims to improve safety and experience in mental health, learning disability and autism in inpatient services, and specifically to reduce restrictive practices.

- Wellow ward – Added verbal abuse/threat to the National project.

AIMS

- For our service users to experience safe, compassionate and individualised care (avoiding the use of blanket rules).

- To reduce physical restraint and seclusion, rapid tranquilisation and verbal abuse by 25% over a period (March, 2023)

- To ensure that even if restrictive physical interventions are used, they would be safe, compassionate and lawful

- To increase service user activities on the ward

CHANGE IDEAS

SAFEWARDS:

- Mutual Help meeting – It has been renamed WELLOW SAFEWARDS COFFEE MORNING – This happens every Thursday.
- Invited the Trust Safe wards leads who delivers coaching sessions.
- We have Safewards lead on the ward who is in active communication with the Trust leads.

RRP:

- Created a view board – It comprises of service users own Positive quotes
- Safety cross data collation – Ongoing
- Getting TV in each service users room
- identified a chill out room

QUALITY IMPROVEMENT

- Protected community meeting – ongoing and effective
- Changes to ward clinical environment (recreational room, Multipurpose room, relaxation room, Gym & TV lounge
- Ward painting
- Fortnight buffet introduced – healthy options
- Provided 1.5litre bottles to all SU
- Bluetooth speaker bought for ward use e.g. Music appreciation.
- Ongoing RRP discussions at staff meeting
- Fortnight reflective practice for staff
- EDI notice board created
- Daily/Weekly calendar – one activity each hour (All inclusive team, unless any of the service user have an activity booked off the ward)
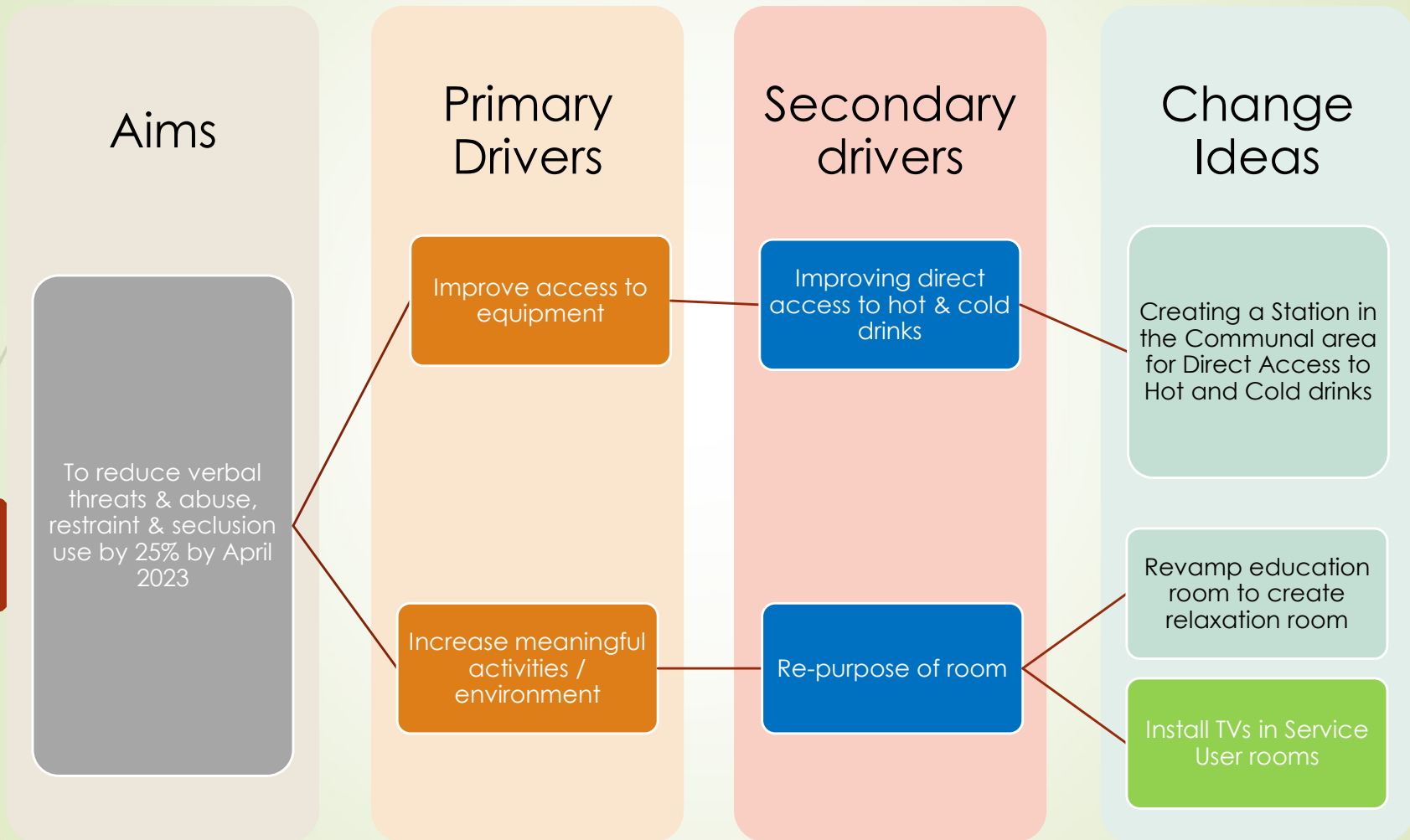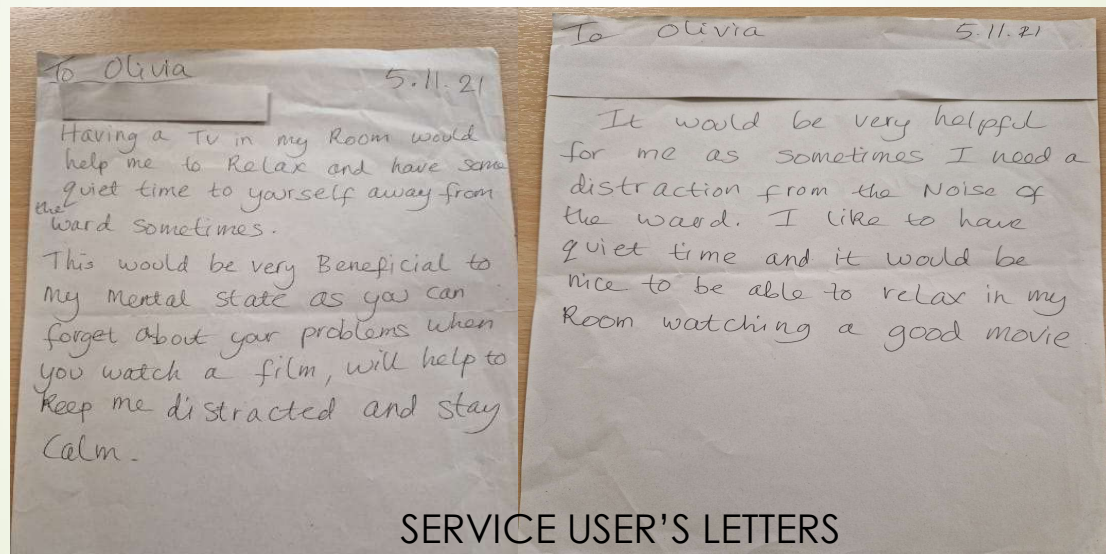
WHERE WE ARE NOW

- RRP Coffee Morning
- Community Meeting on Fridays
- Provision of suggestion box
- Breakfast Club
- TV Installation
- Increased Activities

TV INSTALATION

Reason for choice: To reduce tension from limited/shared access to a single communal TV and resulting incidents.
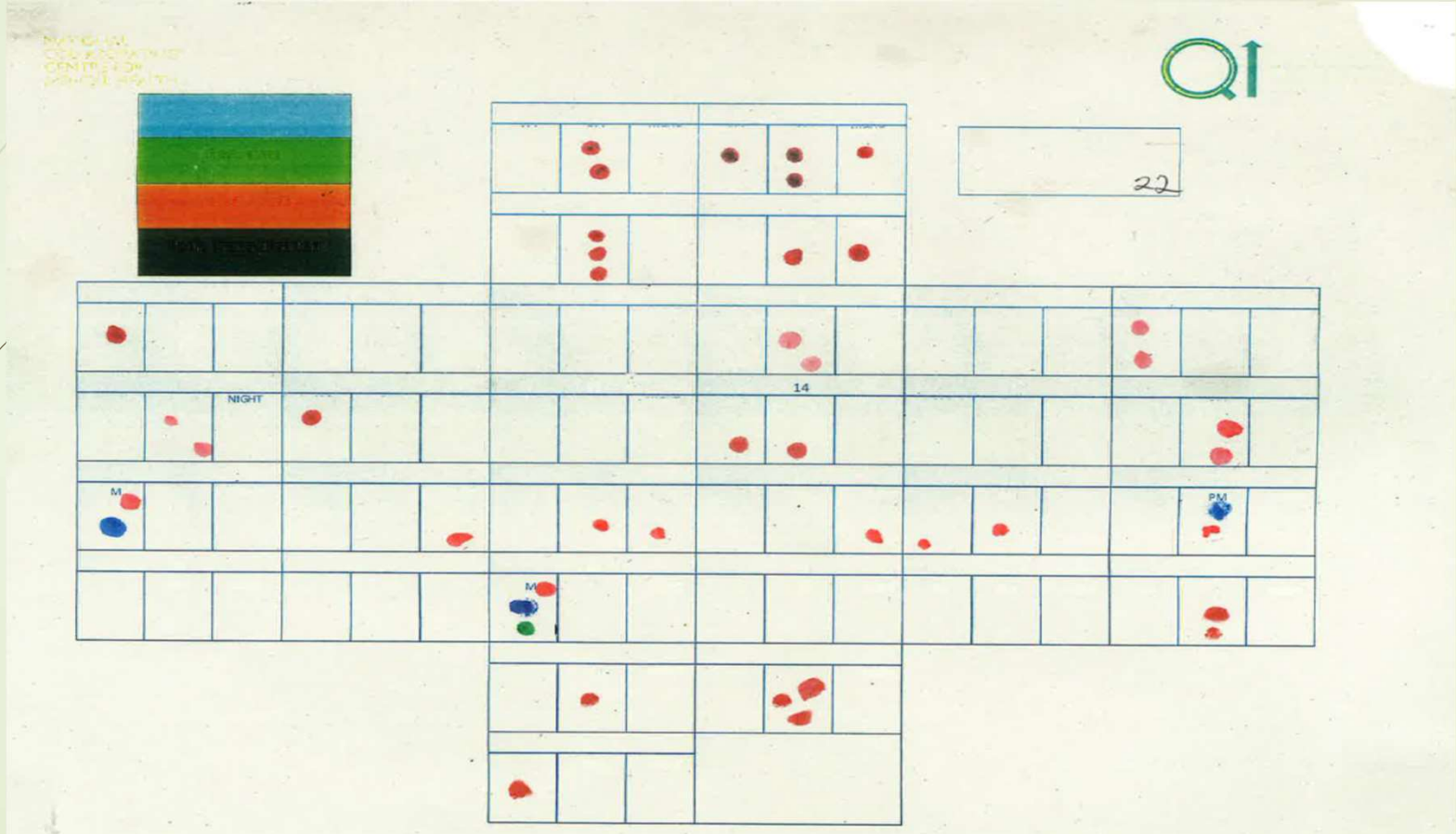

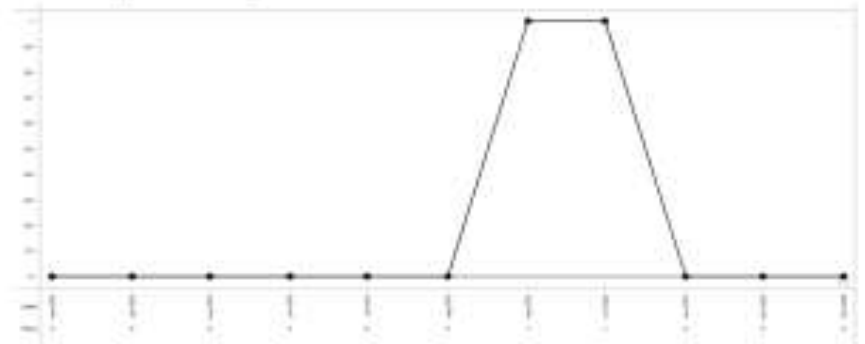SERVICE USER'S LETTERS

TV LAUNCH
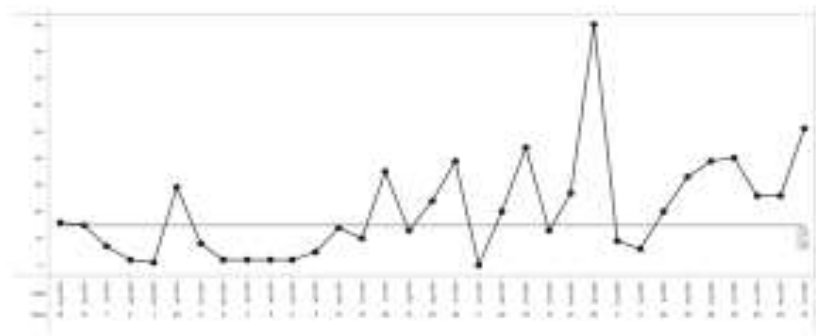
AWP

BEFORE

AFTER

MEASUREMENT OF DATA

Seclusion / ECA use

Rapid Tranquilization

Verbal abuse & threats

Restraint

FEEDBACK ON PROJECT OUTCOME

SERVICE USERS

- No tension over the use of communal television

- Staff are constantly monitoring our safety on the ward

- We are able to de-escalate ourselves in our bed space

- The ward feels a bit more calmer

- A better relationship with peers

STAFF

- No direct incidences related to the communal TV use

- More flexibility around the use of their own TV

- Increased staff time for other Therapeutic engagement

- Staff thought the remote batteries was going to be a high risk item but it has been proven to be a success.

- Staff thought the remote will be use as a weapon but there has not been any incident.

- No monopoly of the use of the communal TV/remote

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WELLOW TEAM SHIELD OF HONOUR

Strengths

Respect   Compassion   Empathy   Care
Communication   Tolerance   Listening
Observation   Resilience   Thrive skills
Peer reviewed   Supportive   Humour
Positivity   Modelling   Supervision
Safety and Crossing   Acceptance   Diverse   Inclusive
Commitment   Range of experience   Energy   Confidence
Problem solving   Team player   Boundaries   Sharing ideas
Positive risk taking   Constructive criticism
Adapting   Improvement   Understanding

Improvements

Update training   Communication
Documentation (f&f)   Punctuality
Organisation   Positive thinking   Proactive
Consistency   Time keeping   Empower staff
Creativity: how we problem solve   Respect
Time and resources   Team working   Empathy
Action issues: why can't certain things happen?
Knowing who to go to?   To develop new ways of communication
Staff retention: why do they leave?   Supporting others
Compassion   Confidence   Observation skills

Frustrations

Lack of communication   Segregation
Assaults   Recruitment
Not taking ownership of responsibilities
Time management   Making assumptions
No staff room   Irregular staff   Being honest is hard
No sanitary bin   Inconsistencies   Wrong decisions
No say in decisions   Emotions: low and lacking
Wellbeing overload   Team splitting   SU's presentation
SU's engagement level   Language barriers
Hidden barriers and understanding them   Paperwork
Hospital: we could all be more therapeutic   Staffing
Systems: bureaucracy and IT   Facing the unknown

Pride

Achieving goals   Safe ward
Supervision   Respectful workplace
Team get away day   Praise
Encouragement   Moving on SUs   Passion
Wellow star of the month   Patient focus
Wellbeing   Feedback   Progression
Team effort   Management   Staff motivation
New layout on the ward: visitor room and sensory room
Enthusiasm   Winning award for reducing restrictive practise
Recovery: played a part in their journey

CHALLENGES

Staff not completing safety crosses

Creating staff awareness/Resistance

Estate

Covid restrictions

ANY QUESTIONS