## Problem: Finding a consistent approach to engaging patients

- Identify a specific load
- Employ more ‘peer’ workers
- Commission a small group of patients, brief/train the group
- Continue to engage with them throughout the project
- Plan protected 1:1 time
- Develop a framework as part of the admission process whereby patient and carers have a real say in their time in treatment
- More meaningful care planning
- Involve families in risk assessments
- Involve families in the admission process
- Still involve patients even if unwell, they will feel listened to and involved
- Use incentives e.g. Positive Behaviour Support Plans (PBSP)
- Identify a Lead
- Approach should be flexible to suit the person
- Enable patients to engage, to be open and receptive
- Care led by core team with regular meetings to discuss care
- Young person representative
- Community meetings involving all service users and MDT regularly be creative, action meetings not just talking
- Service user steering group, peer support group
- Mutual expectations in meetings
- ‘Speak up’ groups

## Problem: Smoking – barrier to coproduction

- Co-produced care plan to identify Nicotine Replacement Therapy (NRT), NRT welcome packs
- Government initiative (vs/smoking cessation training)
- Allow E-cigarettes, E-burners
- Engage all service users in policy development and support groups
- Make people aware of policies prior to admission - accessible to service user
- Ensure all staff maintain boundaries, consistency of front ward staff
- Regularly invite smoking cessation lead
- Work with ward consultants to plan section 17 leave so that patients can smoke if needed

## Problem: Training and education for staff and service users

- Set aside protected training days to spread awareness
- ‘Train the Trainers’ model
- Service users as trainers/educators, leading workshops
- Flexible and targeted
- Appropriate training at appropriate times e.g. outside of ‘normal working hours’
- Carers evening
<table>
<thead>
<tr>
<th>Recovery college</th>
<th>Team meetings (daily safety huddles, staff leads on each shift)</th>
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</thead>
<tbody>
<tr>
<td>Service users and relatives must be involved in the training programme e.g. observations/engagement TASI policy</td>
<td>Community meetings meet the matron team days, lead by example</td>
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<tr>
<td>All grades of staff must be involved in training, education and recruitment</td>
<td>Team discussions, away days, communication room/notice board/book, dedicated folder for information</td>
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<td>On ward social events for joint staff/patient education</td>
<td>Part of staff induction &amp; handover</td>
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<td>E-learning available to all</td>
<td>Use social media, email, supervision, peer and management meetings</td>
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<td>Use recovery colleges/academics as a learning centre</td>
<td>Time to learn programme</td>
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<td>Best way to communicate to the whole team</td>
<td>Extended staff handovers</td>
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<td>Ward meetings, core groups (nurse led), MDT meetings and full involvement</td>
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<td>Rest time together - discuss key points</td>
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