Leeds and York Partnership
NHS Foundation Trust

# Forensic Service

## Stakeholder event

## 2 years on (almost)

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# Purpose of today

1. Opportunity to reflect back
2. Share the stages of quality improvement – what we did
3. Share the work and innovations of the team - marketplace

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# Situation

- November 2016 – Requires Improvement CQC – safe and effective domains
- Serious incident – escape from Newsam Centre and subsequent investigation
- High levels of sickness
- High Attrition of staff
- Recruitment difficulties
- Expressed difficulties re: team dynamics and relationships
- Low morale and expression of poor staff experience
- Ward closure at Clifton

External review commissioned by NTW commenced **April 2017**

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# What we invested

- Time, effort and inclusive method to gather staff feedback
- Considered response to the 24 actions from the external review
- Temporary Increased management capacity
- Executive management attention
- Service improvement support
- Organisational development input
- Increased communications support

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# Who we reach

- Those who use our service
- Commissioners and STP partners
- All of our staff within the forensic service at every grade and every background
- All of our staff in services that work alongside us, refer to and from or support forensic services

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# What we did (initially)

1. **Quality improvement team set up – view to transition into service – work streams**
   1. Met with professional leads
   2. Introduced OD support and facilitated a series of leadership away days
   3. Focussed on service user experience and safety first
   4. Work with staff in a way that stimulates the right culture
   5. Leadership time to identify areas of quality improvement
   6. Involved clinical staff in the redesign of Clifton House

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# Work with staff in a way that stimulates the right culture

- Use of language/terms (executive team/leadership community
- ‘What's gone wrong’ to ‘what can we learn’
- Collective leadership – ‘how can we’ ‘what do we you think’
- Psychologically safe –its ok to make mistakes, how do we learn, different opinions are ok
- Promote autonomy with accountability, responsibility
- Coaching approach
- Everyone has a story

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# Leadership action plan

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Develop a clinical model and vision

Develop a local quality checklist/audit

Develop a training strategy

Agree a model of supervision

Develop local working instructions for…..

Introduce quarterly quality reviews

Produce annual report

Restructure clinical governance meetings

Create spaces for reflective practice


**Process:**

- Develop relationships and team-working within the leadership community.
- Develop and deploy a vision, supporting strategies, plans and evaluation for development in Forensic Services.
- Alignment to performance
- Critically reflect on progress to create learning and action as a community.
- Attendance determined by shared goals to optimise the capacity of members.
- Utilise Aston (Affina) team journey
- Work alongside people

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**Outcomes** The community set out to:

- Model collective leadership in Forensic Services.
- Establish a programme of development supporting delivery alongside developing capability.
- Create readiness for change in both Leeds and York - at pace with wider strategic development.
- Become a trusted and valued space of trust and support for leaders in a complex and challenging services.

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5 dysfunctions of a team by P. Lencioni (2002)

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| | |
|---|---|
| Results | **Focus on results sharing data, open conversations, Quarterly performance framework** |
| Accountability | **Taking and sharing responsibility, your job, my job our job, earned autonomy** |
| Commitment | **Creating buy in, one voice, a shared vision, sharing the importance of standards** |
| Conflict | **Trust, sharing views opinions, everyone's story is valuable, developing shared vision, using service model to frame discussions** |
| Building Trust | **Showing vulnerability, mutual appreciation, courage, shared projects and tasks, understanding individual perceptions of team performance** |

## The Affina Real Team Profile Plus for Forensic Leadership Team

| | *Team Structure* | *Dimension definition* | *1* | *2* | *3* | *4* | *5* |
|---|---|---|---|---|---|---|---|
| 3 | Team identity | The extent to which team membership is clear and the team is recognised as a team by others in the organisation. | | | 3.0 | | |
| 4 | Team objectives | The extent to which the team has clear, agreed team objectives, to which all team members are committed. | | | 2.9 | | |
| | Team contribution | The degree to which team members believe that the team's task makes a valuable contribution to the overall success of the organisation. | | | | 3.6 | |
| 5 | Team member role clarity | The extent to which team member roles are clear, distinguishable and understood by everyone within the team. | | 2.4 | | | |
| | Team leader clarity | The degree to which all team members are clear about and agree about who is the leader of the team. | | 2.5 | | | |
| 6 | Team autonomy | The degree of control and discretion the team has in carrying out team tasks. | | | 2.8 | | |
| | Team member interdependence | The extent to which team members rely on one another to complete team tasks and meet team objectives. | | | | 4.1 | |

## Further indications of potential team effectiveness

| | *Team Practices* | *Dimension definition* | *1* | *2* | *3* | *4* | *5* |
|---|---|---|---|---|---|---|---|
| 7 | Team communication | The extent to which team members communicate effectively about the team task. | | | 2.5 | | |
| 8 | Team focus on quality | The degree to which team members are focused on high quality client outcome. | | | 2.9 | | |
| | Team innovation | The extent to which the team implements new and improved ways of working. | | | 2.8 | | |
| | Team reflexivity | The degree to which the team collectively reflects upon their immediate and long term objectives, processes and strategies and adapts these as required. | | | 2.7 | | |
| | Lack of team conflict | The degree to which team members feel that there is little destructive conflict within the team. | | | 2.4 | | |
| 9 | Inter-team working | The degree to which the team engages in effective, co-operative working with other relevant teams. | | | 2.2 | | |

# Example exercises

- Developing a team identity
- Agreeing objectives
- Letting go
- Shared vision and values – where we want to be
- Developing a clinical model

# Team operating principles review

**Team name:** ***Forensic Leadership Team***

**Team member responses:** ***20***

| **Operating principles:** | ***Strongly Disagree*** | | | | ***Strongly Agree*** |
|---|---|---|---|---|---|
| | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** |
| We share valued headspace to connect with our goals and one another. | | | | 3.5 | |
| I am committed to the leadership community and prioritise my membership. | | | | 4.1 | |
| I identify with and have a sense of belonging in the leadership community | | | | 3.5 | |
| We have a supportive and constructively challenging dynamic. | | | 3.2 | | |
| I can state my views and preferences without a sense of judgement or criticism. | | | 3.0 | | |
| The community is developing our capability for collaboration and change | | | | 3.5 | |
| Diversity is valued and diverse perspectives are encouraged in a safe space. | | | 3.2 | | |
| Every member has an important contribution to the care we deliver and the service we develop. | | | | 4.2 | |
| Our vision is relevant, meaningful and developed through collaboration. | | | 3.2 | | |
| We give time to develop stategy and plans that will improve the service | | | | 3.3 | |

# A Clinical Model for the Forensic Service:
# Trauma Informed Care

# Our Drivers: Aston Team Journey

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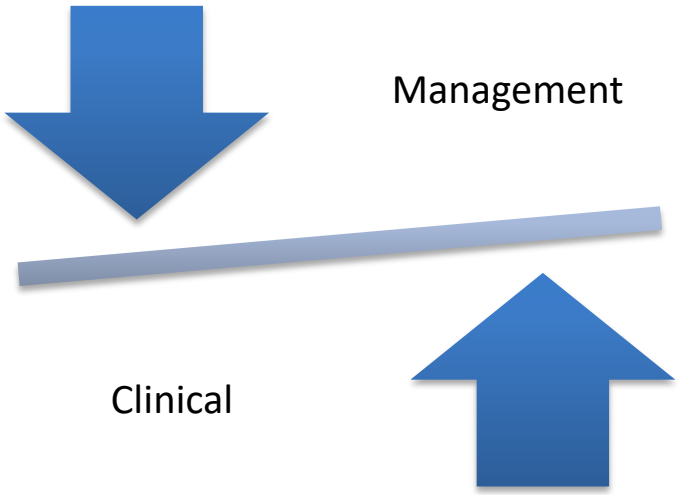
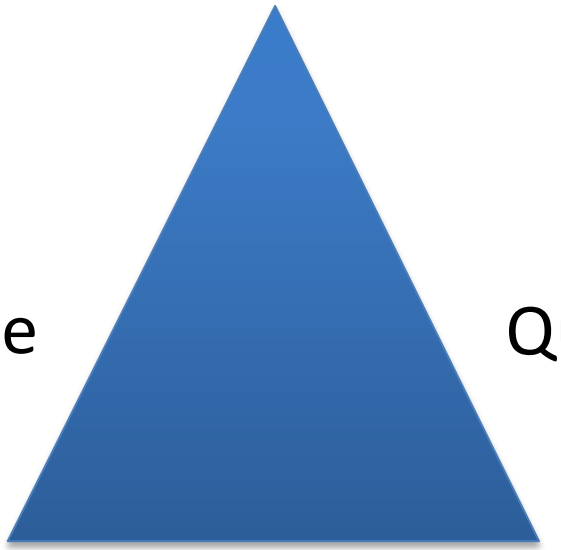


Performance

Quality

Resources

# The very start: "people own what they help create" Myron's maxims

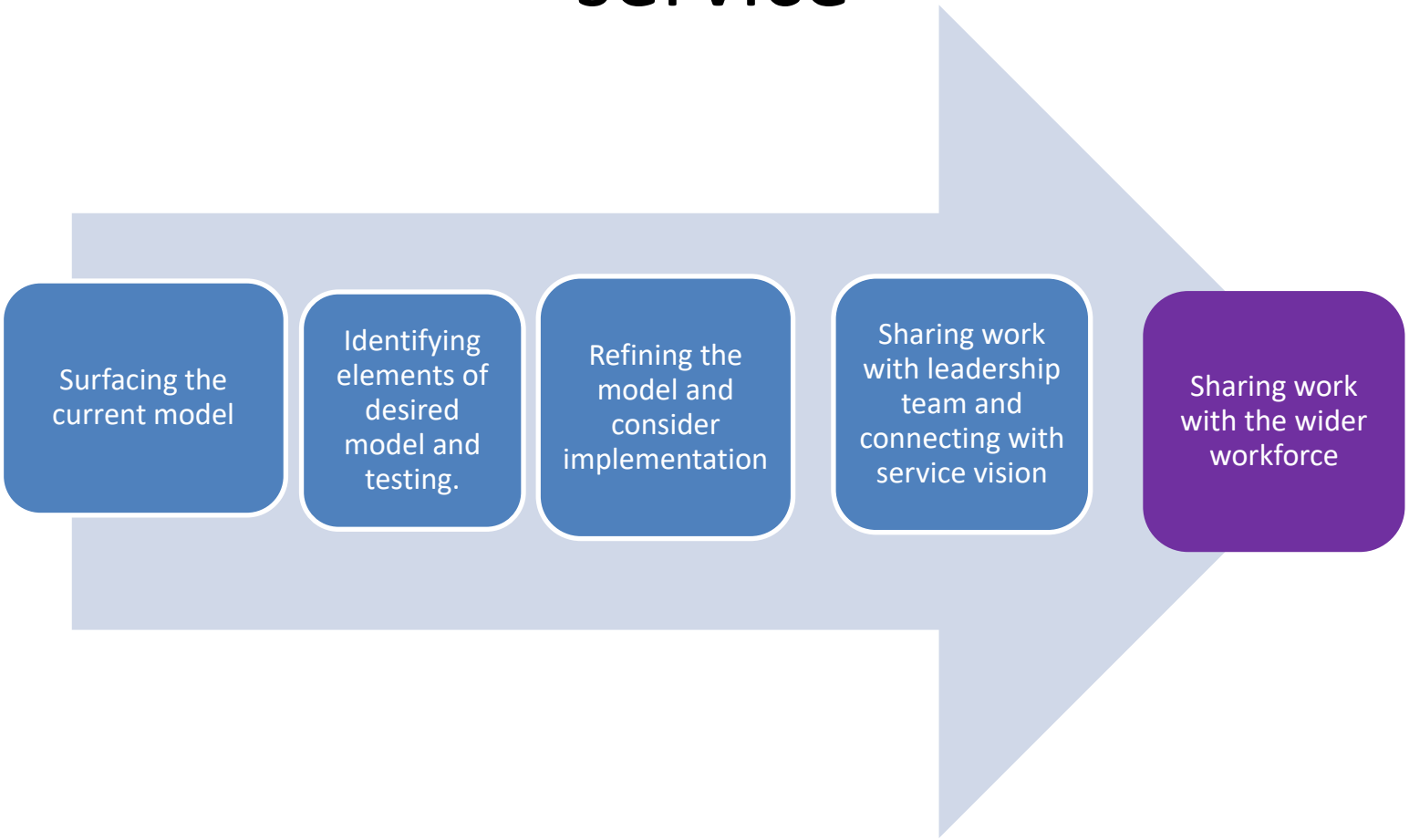
**Reasons for a clinical model**

- Part of the External review
- Requirement for forensic services ( Quality network)
- Good practice – evidence based

**Requirements of our clinical model**

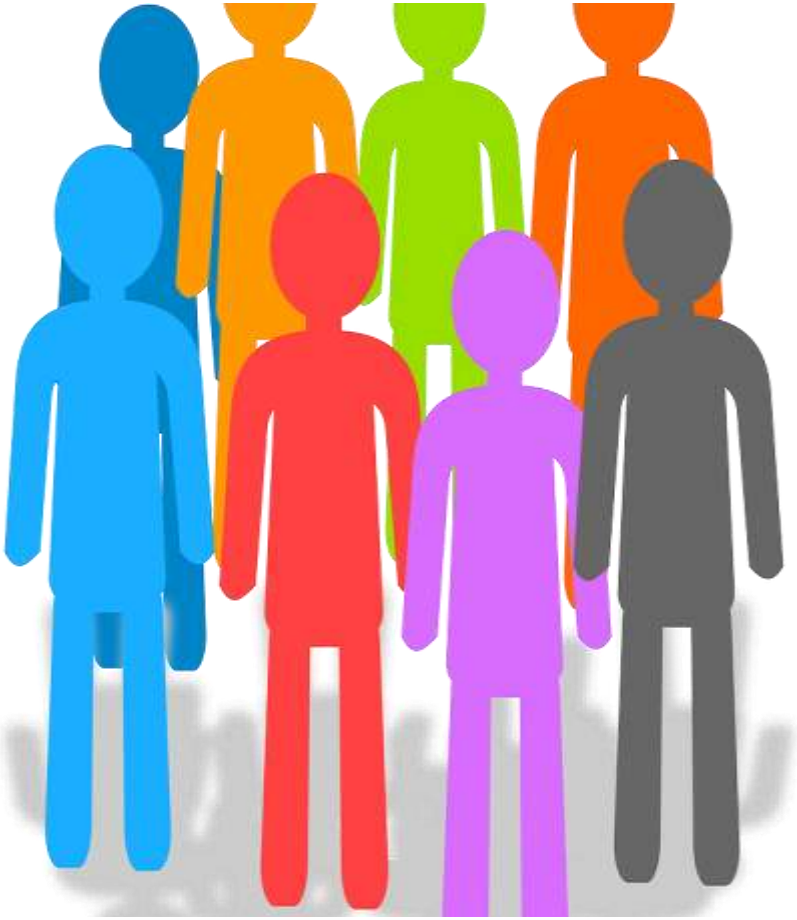
- No extra work
- Owned by the service
- Not uni-professional
- Empowering and skilling
- Flexible not constraining
- Unifying
- Worked within existing structures ( e.g. Mental Health Act)
- Learnt from past failures

# The process: MDT/cross site group. Working on behalf of the forensic service



# The group: working on behalf of the forensic service

- Process as important as content
- Took it slow
- Externally facilitated
- Truly cross site ( first)
- MDT – every profession
- Every grade
- 4 meetings – 1 year
- Gradual service ownership (confidence as grown)
- Parallel to Aston Team Journey
- Wider Engagement at every stage



# Session 1: Surfacing the Current Model

- There is always a model
- Often individually held
- Not articulated or shared
- Root of tension – but not un

- Medical Legal and Blame –
- Defensive practice and risk a

# Step 2: Desired Model

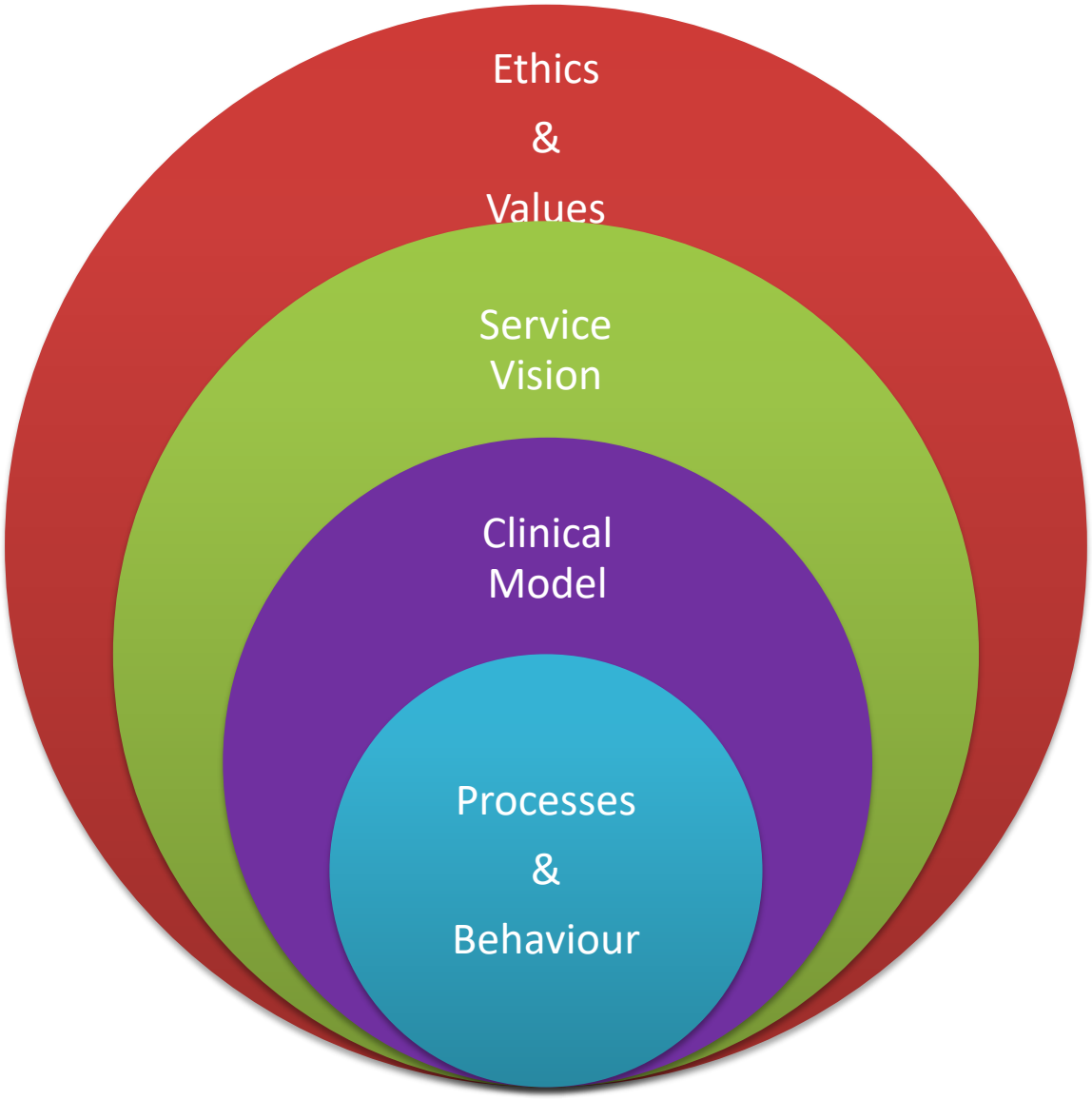
- Key – What are your important clinical moments?
- “We need to come out of our tents and start having pow wows”
- Shared Core Values. Values of Trauma Informed Care.
- Recognise complexities and tensions in a forensic service

# Step 3: Refining and testing

- Frames offer containment
- Beyond Trauma Informed Care
- Linking to our service vision
- Clinical Model in Context

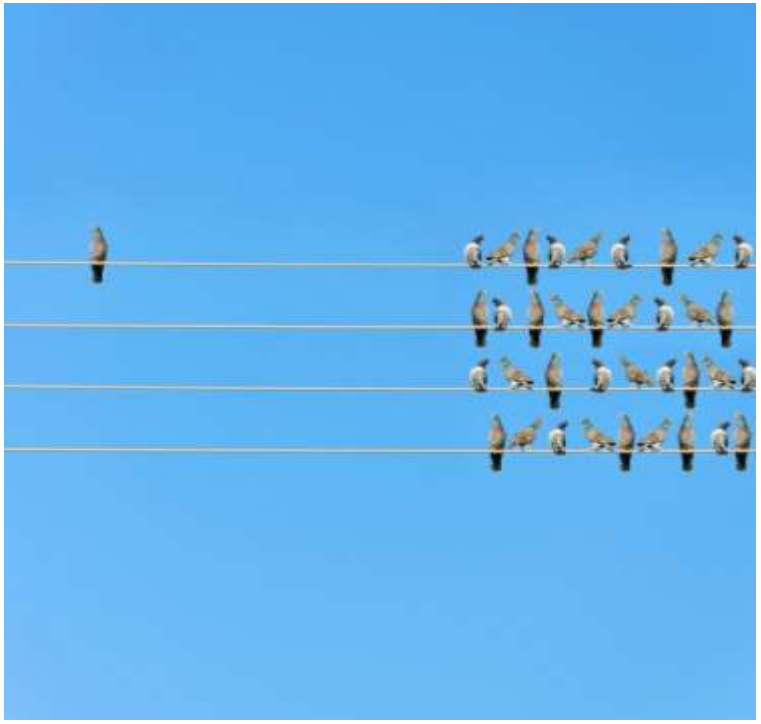
- Applying to real life scenarios

# Clinical Model in Context: Joining of work streams.



# Step 4: Sharing Work with the leadership team.

**Biggest Step**



**The service was ready**

# Where are we now?

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## Leeds and York Forensic Service

We ask what has happened to you not what is wrong with you

### Trauma Informed Care

- We recognise that most, if not all our service users have experienced trauma in their lives
- We integrate knowledge about trauma into all our practices
- We seek to minimise re-traumatisation
- We realise the widespread impact of trauma and paths towards recovery

**Recovery Pathways that work with potential**

We support individuals along an individualised recovery pathway that supports the acquisition of healthy life skills. We aim to focus on hope and optimism and successfully integrate people back into the community.

**Establishing Safety**

Safety is established though complex collaborative risk assessment and management strategies that promote positive risk taking to ensure the safety of service users, carers, staff and the general public. Individuals are supported to manage / reduce the risks of harm to themselves and others through the collaborative development of individualised recovery pathways within the context of trauma informed care.


**Recognising complexity**

We provide specialist knowledge and expertise in working with individuals who are experiencing a range of complex mental health, physical, social and legal issues. We Interface with external agencies such as the ministry of justice, courts and probation, safeguarding and work within the framework of the mental health act balancing patient centred care with an emphasis on public protection and personal safety.

**Creating shared understanding and meanings**

Treatment involves creating a shared understanding with a service user of their experiences of mental ill health, distress and risks. Working with trauma helps people strengthen their personal journey and greater understanding and resilience supports self-management of their health both physical and mental health and thus reduces the potential for relapse.

# Model runs through our work:

## "connect the system to more of itself"

# Use of Model in Supervision:

## Forensic Service - Seven Eyed Model of Supervision (Hawkins & Shohet) with clinical model informed

### Staff
- Aware of their wellbeing
- Resourced skills / supportive relationships

### Transference
- Risks of re-traumatisation
- Organisational, professional, colleague, personal dynamics
- Working with trauma

### The Client
- Screening to understand their start, their goals
- Recognition of trauma signs & impact
- Formulation

### Pathways & Interventions
- Trauma & recovery informed
- Collaboration & Mutuality
- Inclusive
- Empowerment Choice Control
- Pathway to trauma specific care


### Relationships
- Environment
- Dynamics between us
- Survivor partnerships
- Trustworthy / Transparency
- Resist Re -traumatization

### Client System
- Cultural, Historical & Gender Context
- Safety – working with assets overcoming challenges

### Supervision
- Trauma informed
- Systemic perspective
- Service feedback

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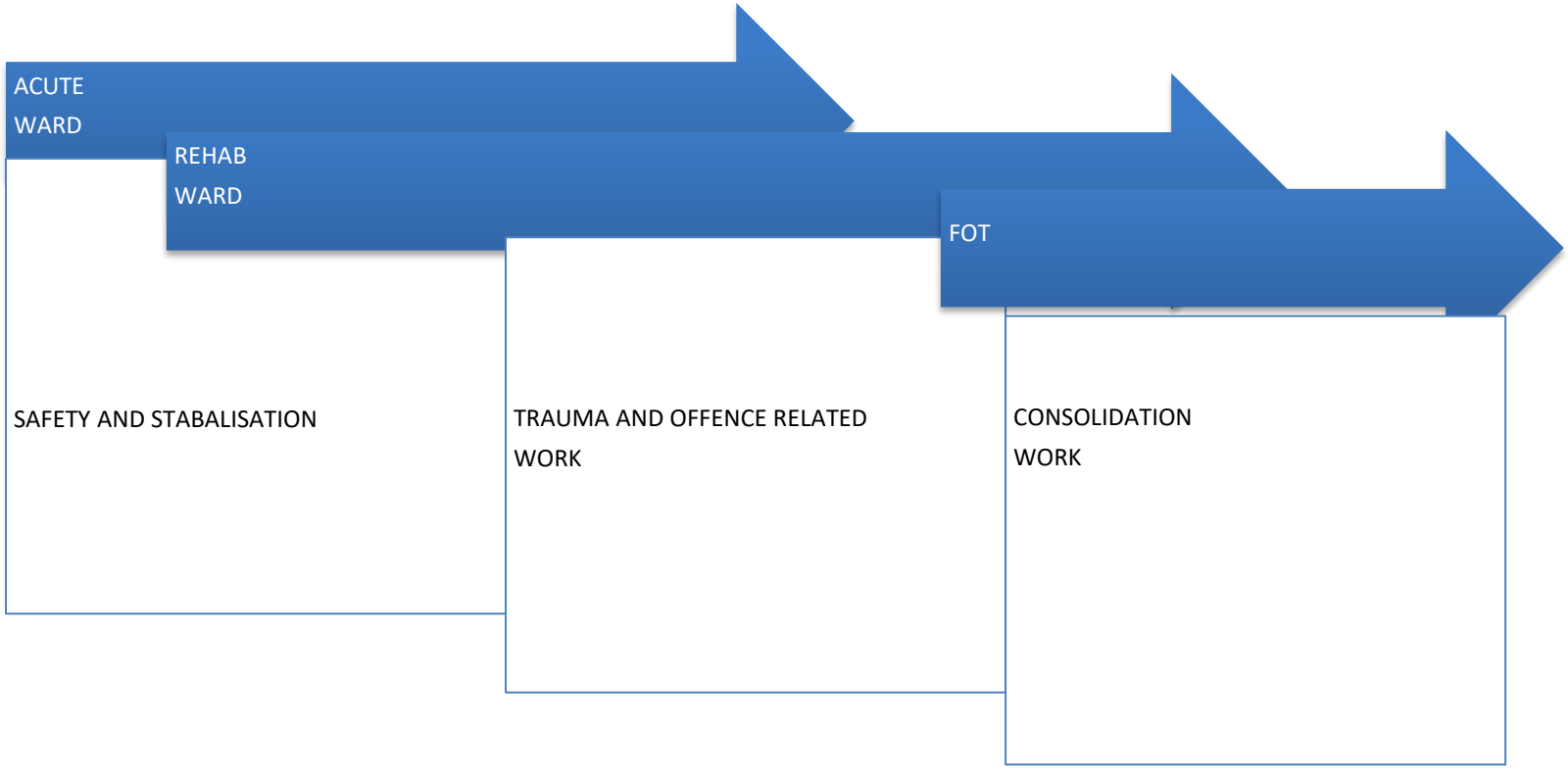
# Next Steps: Principles in practice. "Real change happens in real work"

| SAFETY | TRUSTWORTHINESS and TRANSPARENCY | COLLABORATION and PEER SUPPORT | EMPOWERMENT | CULTURAL, HISTORICAL and GENDER ISSUES |
|---|---|---|---|---|
| | | | | |
| **DEFINITIONS** | | | | |
| We ensure everyone within the service feels physically and emotionally safe | We ensure decisions taken organisationally and individually are open and transparent with an aim to build trust | We ensure relationships are based on mutuality, respect, trust, connection and hope | We adopt strength based approaches | We ensure services are culturally and gender appropriate |
| **PRINCIPLES IN PRACTICE** | | | | |
| Common areas are welcoming, calm and comfortable<br><br>Privacy is respected<br><br>Staff feel supported and have reflective spaces<br><br>Staff and service users are supported following difficult experiences. | Respectful and professional boundaries are maintained<br><br>Information provided is clear and consistent. | Individuals are involved in planning and evaluating services<br><br>We ask for and use service user feedback to improve services.<br><br>Service users are involved in clinical governance<br><br>Co-production is encouraged<br><br>We minimise restrictive practices<br><br>Making decisions together | Strength based approaches are adopted.<br><br>We consider protective factors not just risk factors.<br><br>We use approaches that prioritise skill building<br><br>We provide an atmosphere where individuals feel validated. | We ask what has happened to you, not what is wrong with you.<br><br>Services are sensitive to peoples different backgrounds<br><br>We are aware people's life experiences can shape their behaviours. |

# Next Step: Processes and behaviours

- Recovery college – co-produced leaflets/ posters
- Champions – staff and service users
- Litmus testing/ Evaluation

# Next Steps: Ward Identities and service pathways:

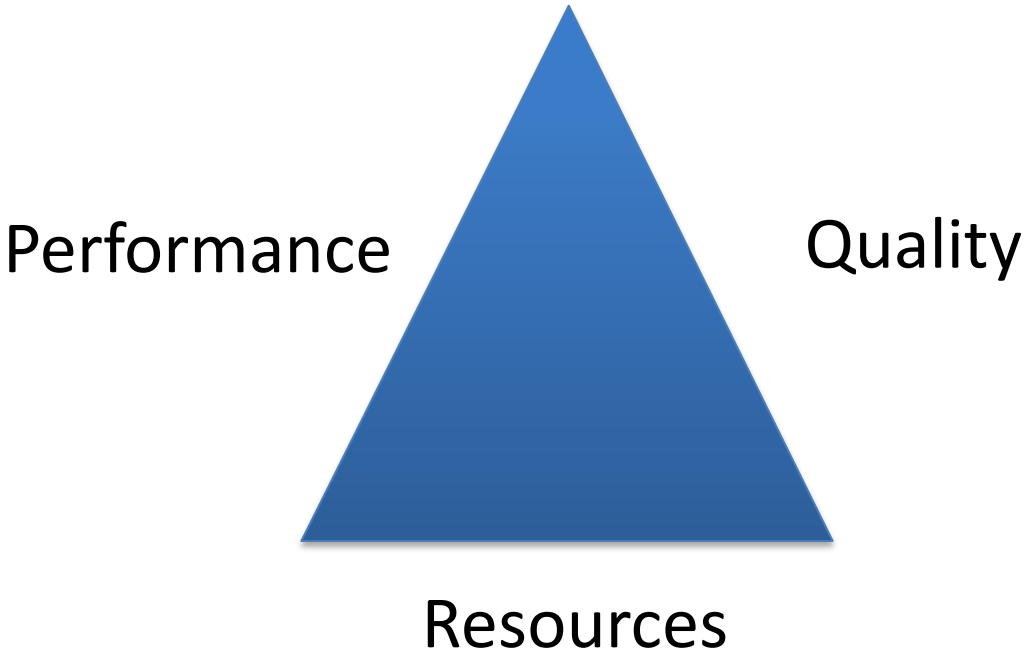


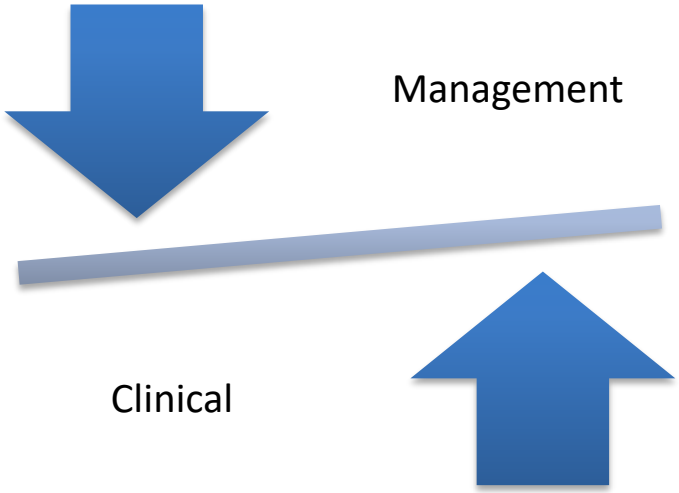
# Our Monitoring:

QIT

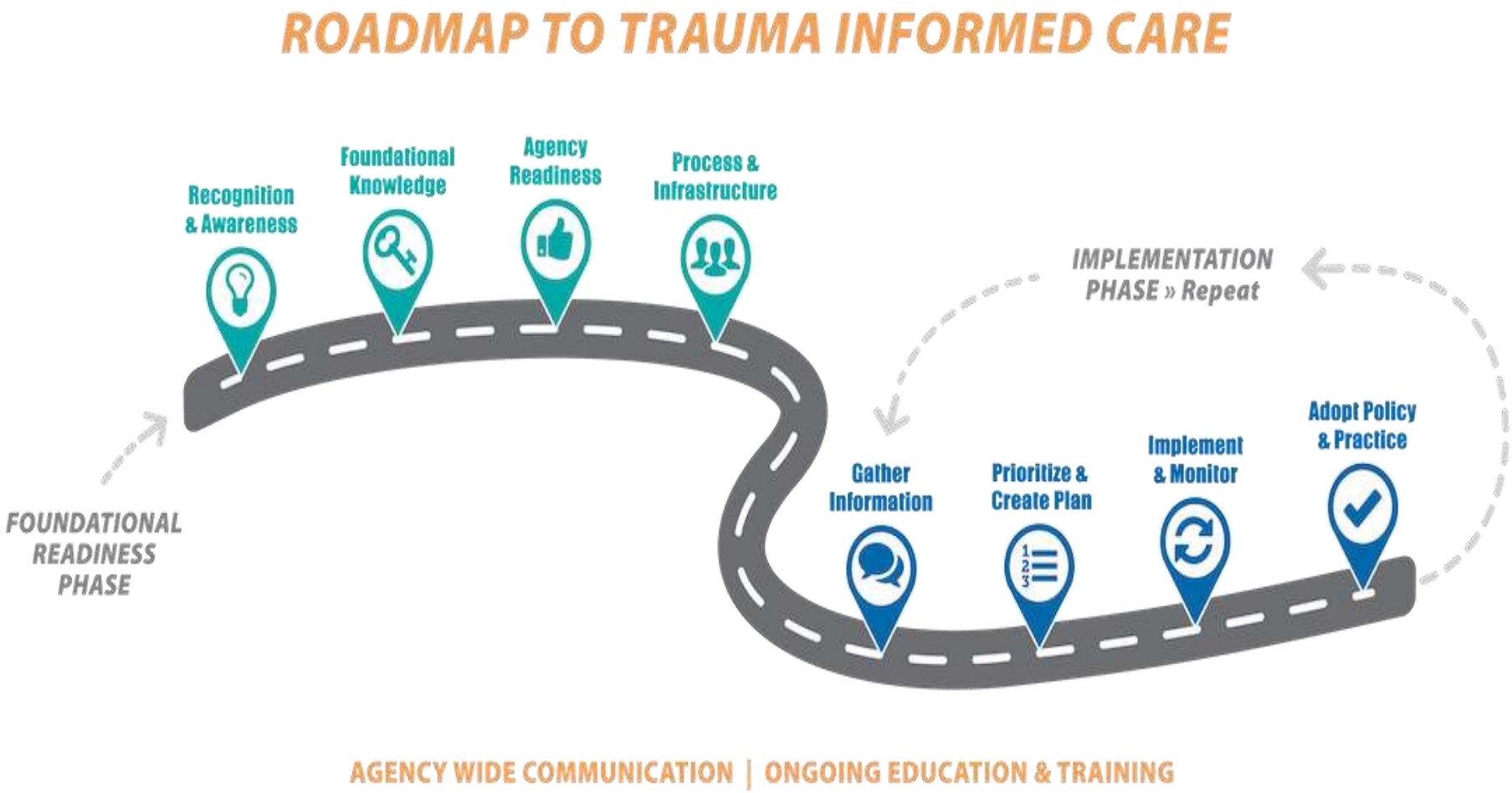
Quarterly Performance meetings

Clinical Governance



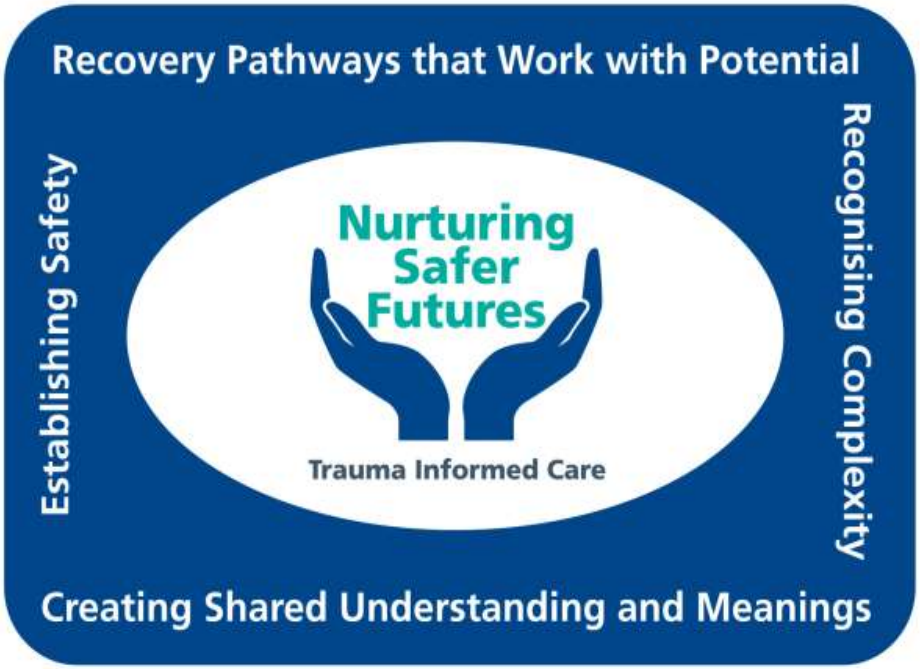



# Our Journey: Where do you fit in?



# A Clinical Model for the Forensic Service:

## "The process you use to get to the future is the future you get"



# Avril and Godwin
# Working in the service

# Market Place

# Our next steps

- Embedding of the work streams
- Continued development of the culture
  - Re-evaluation
  - Leadership community away days
- Improving quality - Training and development strategy, patient experience and outcomes
- Health and wellbeing – PROQUOL – working with Trauma
- Outward facing
- STP/ICS developments

# Questions

- How do you view your current relationship with the service?
- From your perspectives from the wider national and local agendas what should we be tuning into?
- Having heard about our work to date what do you see as the next step in our development?
- What do we need to be more focussed on to better meet the needs of stakeholders?