# Selling ideas at the Best Practice Marketplace

Staff from all disciplines came together in the Daffodil Suite at Springfield in January to share their ideas about good practice at the third Trust Development Forum. Annemarie Berggreen reports

Over 40 people staffed the stalls and the event attracted over 90 visitors. The atmosphere was lively and enthusiastic, with everyone keen to discuss their ideas and talk about the projects they'd been working on and the success they'd had.

"It was great to see the wealth of best practice there is in the Trust, relating to all the care groups and boroughs as well as from the service areas," commented Chief Operating Officer Maresa Ness, who organised the event.

There isn't space here to mention all the areas involved, but a few of the initiatives are featured below. More information can be found on the Intranet (click on 'About the Trust', then 'Clinical Governance', then 'Trust Development Forum').

#### Community Alcohol Team: Triage system

The C.A.T. provides a community-based assessment and treatment programme. Recently the team introduced an innovative triage working practice with the aim of reducing waiting times. Previously clients could wait up to eight months for their first appointment. This meant that by the time it came around, some clients no longer wanted to attend. A radical rethink was needed.

Clients are now referred to the C.A.T. by a G.P. or other professional, and receive a letter the same week inviting them to telephone if they want an appointment. Then, within four to six weeks, they receive a letter offering a choice of appointments. Two-hour slots are offered on four different dates, so all the client has to do is turn up at their preferred time on their chosen date. A member of the team carries out a brief 20-minute assessment, and the client is then invited to consider the options discussed and telephone for an appointment for in-depth assessment and treatment.

The new system has reduced the waiting time to 4-6 weeks, giving faster access to treatment.

### The RCN Clinical Leadership Programme

Seventeen people from across the Trust are currently participating in the RCN Clinical Leadership Programme, a 12-month experiential and needs-led course that aims to help health and social care practitioners to deliver high-quality, patient- or client-centred, effective, evidence-based care. Staff commit to giving up two to three days a month of their time to the programme, which uses a mixture of workshops, action learning, observation of care and patient stories to help participants:

- Develop the ability to manage time and workload, balancing the clinical/service and managerial roles
- Develop, maintain and promote a clear patient focus in clinical practice
- Understand and influence the political and managerial agendas within the organisation
- Shape a personal development plan based on their learning needs and know how to access ongoing development support



#### Assessment and Intervention Team: Books Beyond Words

Accessible, user-friendly information is key to the work of the AIT, who work with service users with learning disabilities. Among the specialist communication tools the team uses are Books Beyond Words, a series of picture books covering a wide range of life situations from bereavement and healthy eating to abuse and criminal justice issues. The books are ideal for exploring practical and emotional issues and facilitating communication with anyone who understands pictures better than words: people with learning or communication difficulties, literacy problems, or for whom English is a second language.

## Moving older people from hospital: an inclusive approach

When eight residents needed to be moved from an old-fashioned ward to a purpose-built nursing home, a project group was formed to ease the transition. The residents, aged between 63 and 93, had been in Damson Unit for between 25 and 60 years and were being moved to the Cumberland Nursing Home in Mitcham. A key part of the process was the development of a comprehensive handover document detailing their needs. It included their personal history, a risk assessment, an eCPA, a current nursing care plan, a property list and a physical health assessment from their GP.

All residents were given a full multidisciplinary review and a physical examination, and were thoroughly prepared for the move emotionally and psychologically. Talking about the move, showing them a video of their new home and taking them to visit all helped them adjust. Staff from the new home visited them prior to the move and spent time at Damson. Familiar staff were used throughout the process: they worked alongside the staff in the new home on every shift, gradually reducing their hours.

The move itself was carefully coordinated, with residents transferred a few at a time over eight days. They

were able to take pictures from Damson with them, as well as their own possessions, TVs and radios.

### Zoning Implementation: Catherine Gamble

Zoning is a system for managing clinical work and targeting resources effectively. It groups service users into coloured 'zones' according to their needs or risk: black, for patients outside the direct care of the service; red, for those at risk or in crisis and whose care needs frequent review; amber, for patients who are unwell but do not present major risk factors; and green, for those who are stable and receiving maintenance care.

The implementation process is facilitated by the team leader in the MDT meeting. A whiteboard is divided into red, amber, green and black zones, and patients' names are placed in the relevant zone. Names can be moved freely between zones if their status changes. Care of patients is then split evenly between staff.

Zoning ensures team ownership of safety and risk; encourages continuity of care; means that patients are less likely to be missed; incorporates proactive relapse prevention plans; and ensures that individual need is linked to an appropriate standard of intervention

For more information, contact the Zoning Representative in your borough:

- Sutton David Miller, Louise Guest
- Merton Debbie Chard, Chris
  O'Connor, Ann Traynor, Martyn Keen
- Kingston Ian Higgins, Joan Rutherford, Mike Heaver
- Richmond Mary Mellor
- Wandsworth Devi Dempster,
  Tom Clarke, Chris Allen

## Seacole Ward: Psychosis Recovery Group

The Seacole Ward has introduced a weekly discussion open group for people with a diagnosis of psychosis. The aim is to provide a supportive. informal environment where individuals can share their experiences of mental health and being in hospital. It is hoped that the group will improve communication and foster collaborative relationships between users of the mental health service and the service itself. It aims to empower individuals by helping them gain information about mental health and psychosis in particular, and skills in the treatment and management of psychosis.



Staff at Barnes Day Hospital use a specially constructed 'remembrance room' to help care for elderly patients from suffering from Alzheimer's and dementia.

Day Hospital manager Madeline Wheeler says: "Our room has in it old-fashioned things ... a Singer sewing machine, old-fashioned iron and weighing scales, a mincer, a gas mask, an old biscuit tin, Carnation corn plasters, Andrews Liver Salts. These items bring back memories and help people feel at ease."

Consultant psychiatrist Dr Majid Al-Yassiri says: "For people with Alzheimer's disease encouraging the act of reminiscence can be beneficial to their inner self and their interpersonal skills."

# **Staff Briefings 2006**

#### All staff are invited to attend and talk to the executive team

Date	Time	Attending	Room	Location
7 July	2-3pm	Chief Executive, Andrew Simpson, Alison Hooper	Health Education Room	Richmond Royal Hospital, Kew Foot Road, Richmond (Richmond)
4 August	2-3pm	Chief Executive, Peter Cardell, Eugene Jones	Room A	Wilson Hospital, Cranmer Road, Mitcham (Merton)
4 September	10-11am	Chief Executive, Peter Cardell, Marie Dodd	Tolworth Villiers Training Room	Tolworth Hospital, Red Lion Road, Surbiton Surrey KT6 7QU (Kingston)
2 October	10-11am	Chief Executive, Andrew Simpson, Stuart Thomson	Conference Room A	Springfield Hospital, New Conference Centre, Main Building (Wandsworth)
6 November	2-3pm	Chief Executive, Sandy Gillett Sue Denby	Lecture Room	Sutton Hospital, Post Graduate Medical Centre, Cotswold Road, Sutton SM2 5LT (Sutton)
4 December	2-3pm	Maresa Ness, Deji Oyebode Alison Hooper	Health Education Room	Richmond Royal Hospital Kew Foot Road Richmond (Richmond)