NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

What is Positive and Safe Care in CNTW?

Dr Keith Reid CNTW Associate
Medical Director Positive & Safe
Consultant Forensic Psychiatrist
Restraint Reduction Network

Caring | Discovering | Growing | **Together**

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Beth yw Gofal Cadarnhaol a Diogel yn CNTW?

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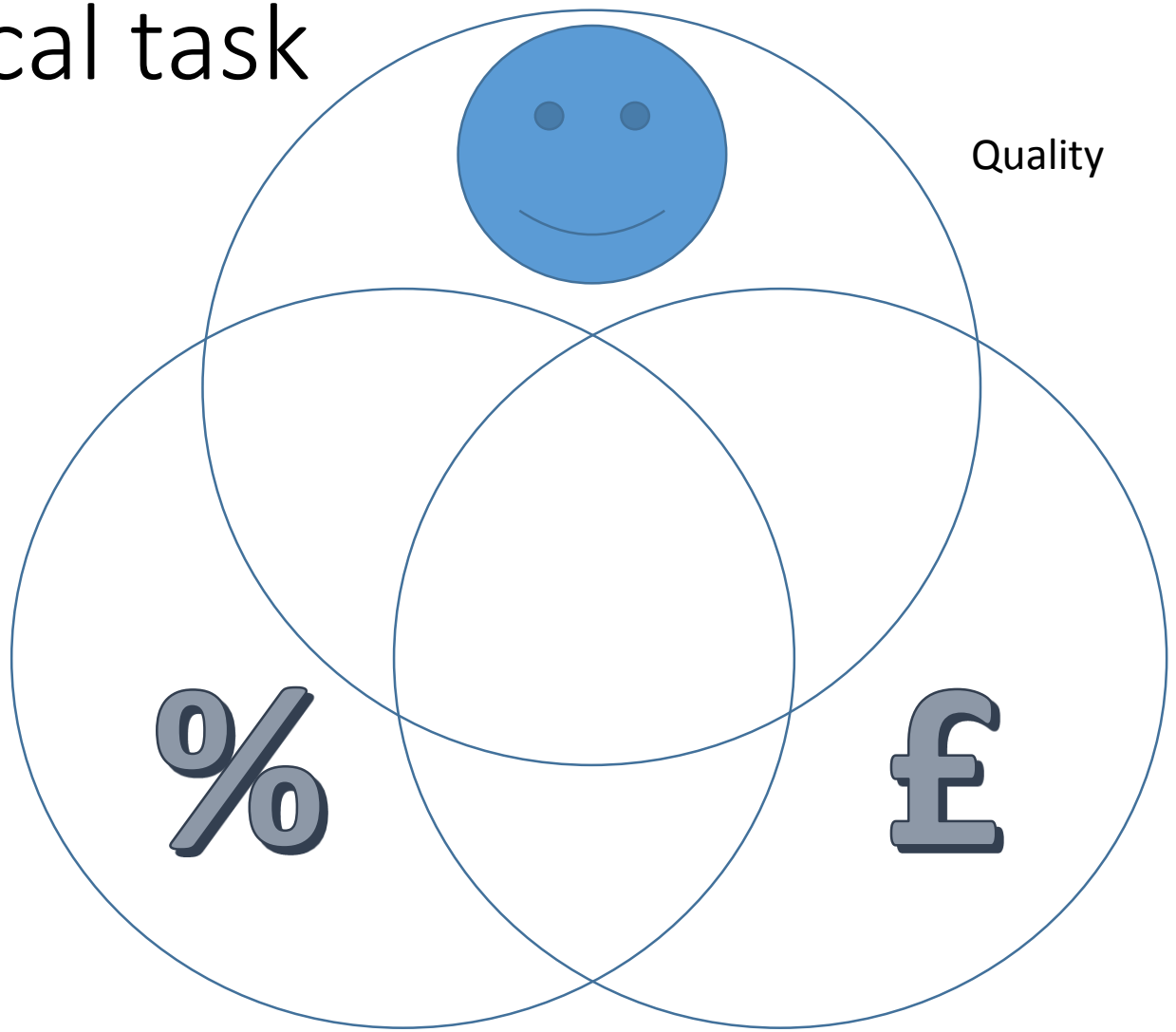
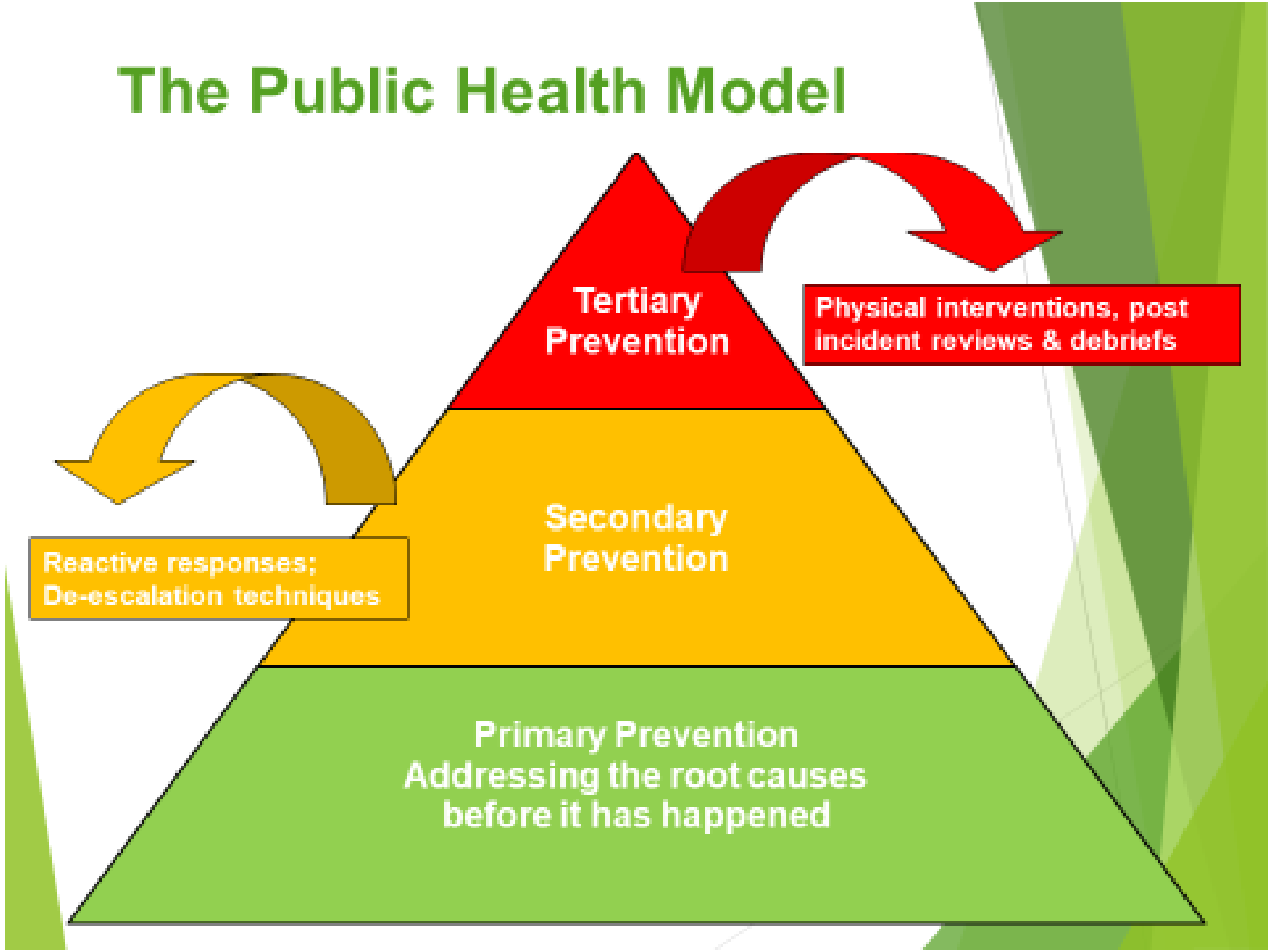
The clinical task



After Ken Tooze

The Public Health Model

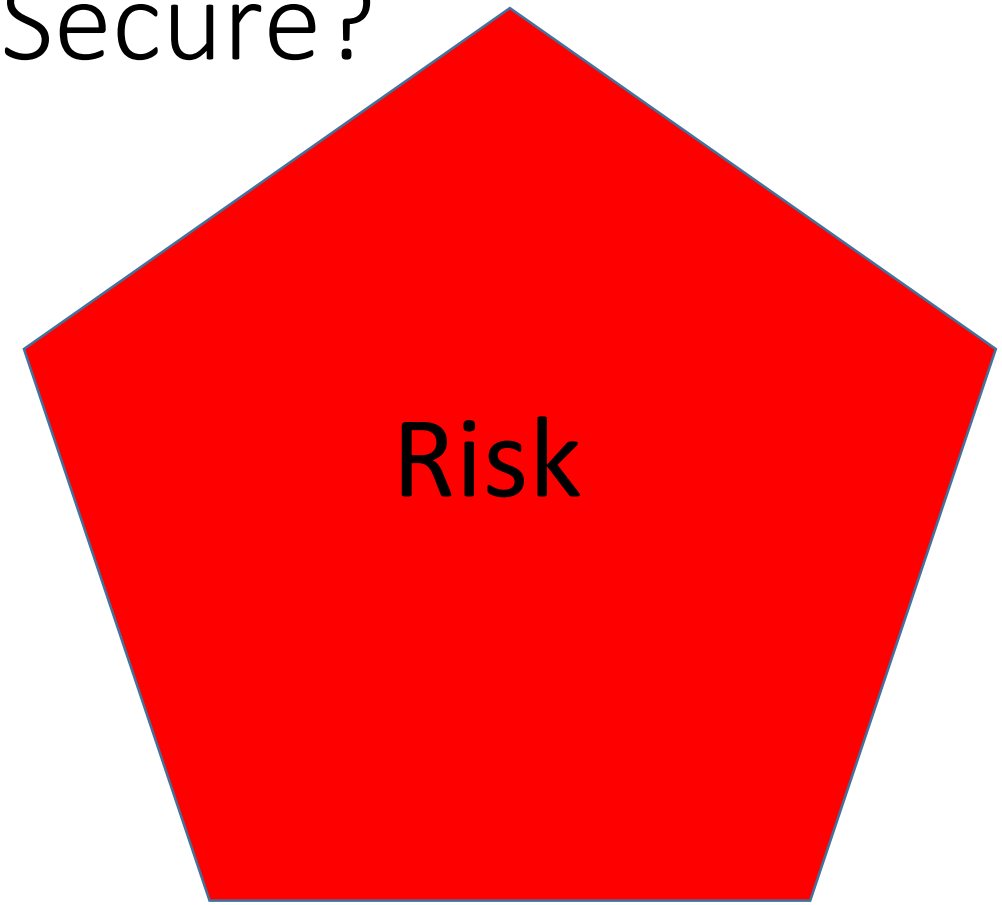


As in Patterson & Miller

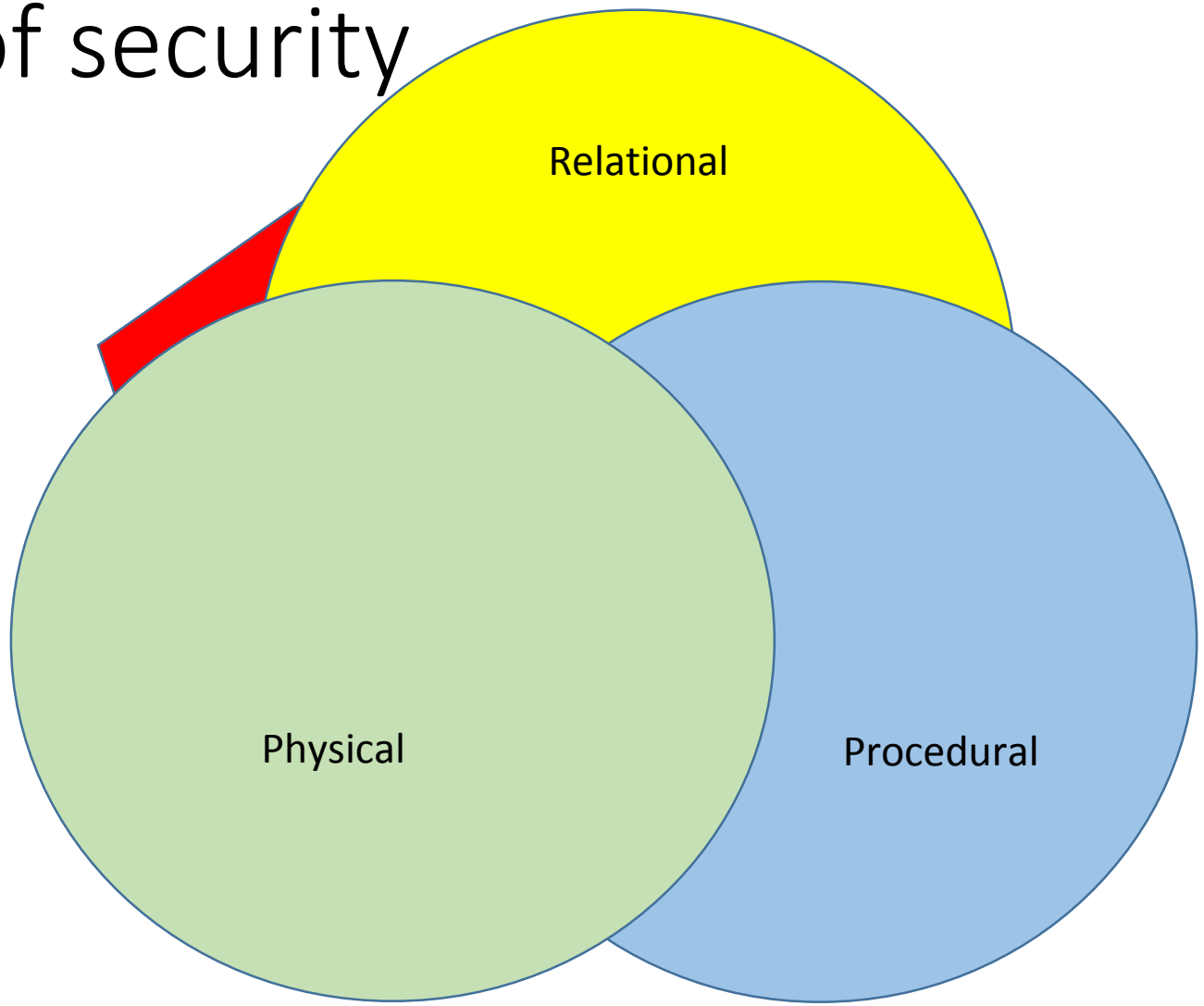
As in Code of Practice Ch 26

Not necessarily PBS's 1/2/3

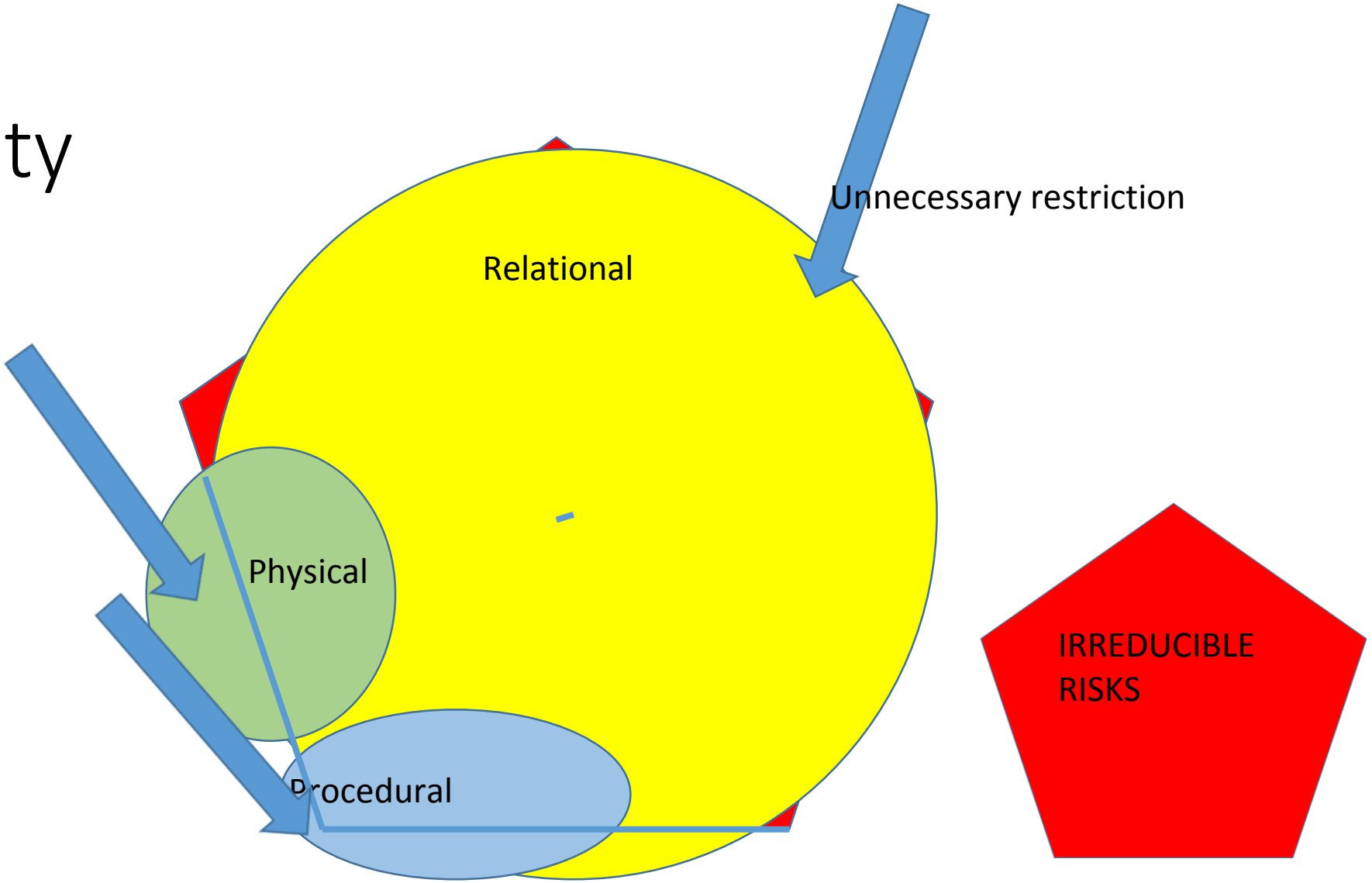
Safe and Secure?



Types of security



Reality


Unnecessary restriction
Relational
Physical
Procedural
IRREDUCIBLE
RISKS

Leadership context: CNTW Trust

- One of the largest mental health and disability Trusts in England.
- More than 6,000 staff, population of approximately 1.4 million, across an area totalling 2,200 square miles.
- 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. We also have a number of regional and national specialist services.
- We have a budget of over £300 million.

NTW Trust CQC inspection 2018

Caring | Discovering | Growing | **Together**

Violence Reduction

- Develop staff training and education
- Clinical support and supervision
- Post incident support and review
- Recruitment and retention
- Therapeutic Environments
- Criminal Justice and Police Liaison
- Organisational boundaries and clear documentation
- Joint policy development – e.g. R.T.
- Interagency working and information sharing
- MDT working and collaborative risk management
- Robust organisational reporting and monitoring arrangements
- Service user and carer involvement
- UNDERPINNED BY TALK 1st

Join the Conversation

Talk 1st

@Talk1stNTW

@talk1stntw

Caring | Discovering | Growing | **Together**

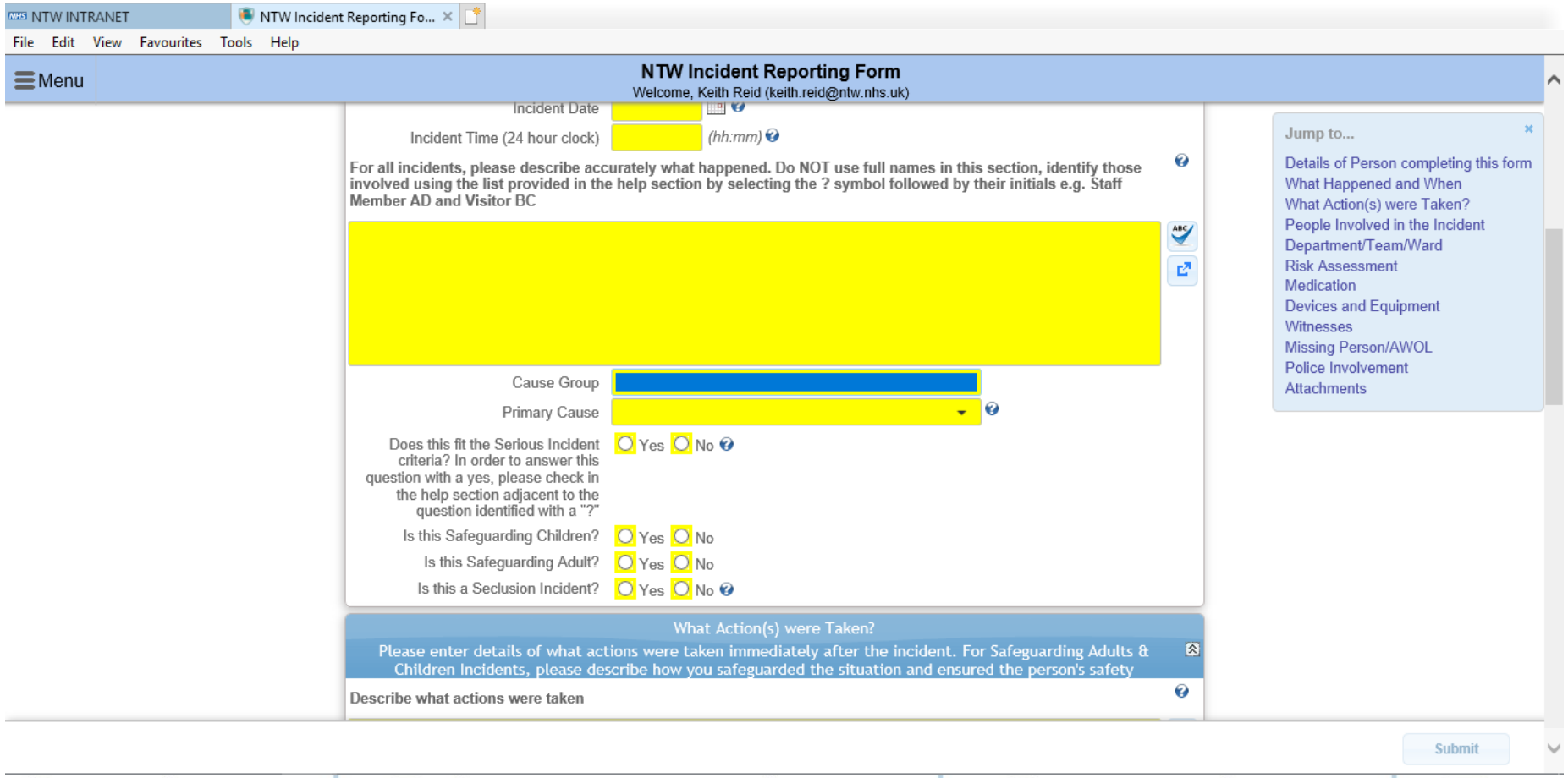
Talk 1st

- Mainly a relational intervention in terms of “patients on staff”
- Mainly data-supported learning as a “staff experience” – right level
- SafeWards:
  - Specific evidence based relational and communication techniques based around conflict reduction – Len Bowers
  - Positive Words, Bad News Mitigation etc
- StarWards:
  - Caring inclusive ward environments

Permission to modify for patient need

Caring | Discovering | Growing | **Together**

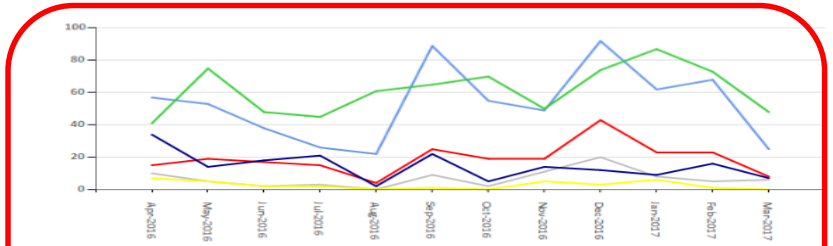
Dashboards for Talk 1st



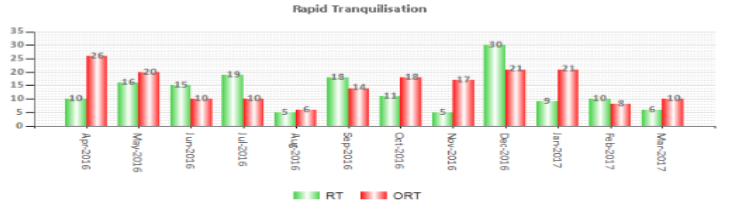
Talk 1st Incident Data Sheet

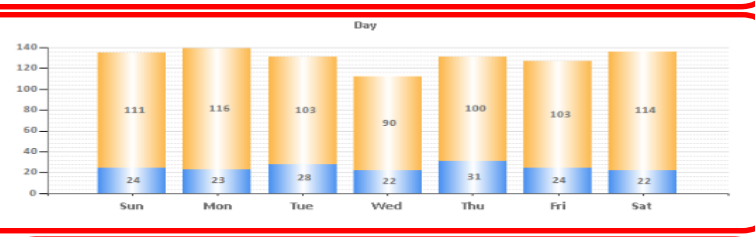
01/04/2016 - 28/03/2017

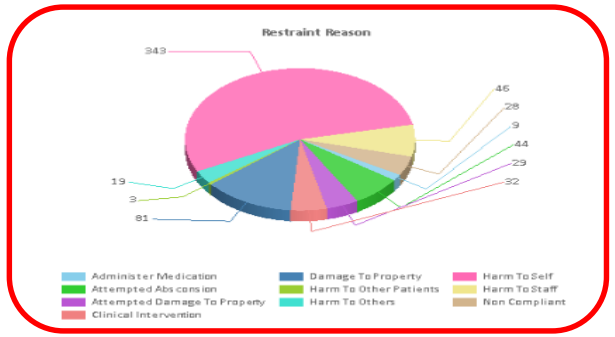
Northumberland, Tyne and Wear NHS
NHS Foundation Trust



	Apr-2016	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Jan-2017	Feb-2017	Mar-2017
Restraint	57	53	38	26	22	89	55	49	92	62	68	25
Prone	15	19	17	15	4	25	19	19	43	23	23	8
Seclusion	10	5	2	3	0	9	2	11	20	8	5	6
MRE	7	5	2	2	0	1	0	5	3	6	1	0
VA	34	14	18	21	2	22	5	14	12	9	16	7
SH	41	75	48	45	61	65	70	50	74	87	93	48

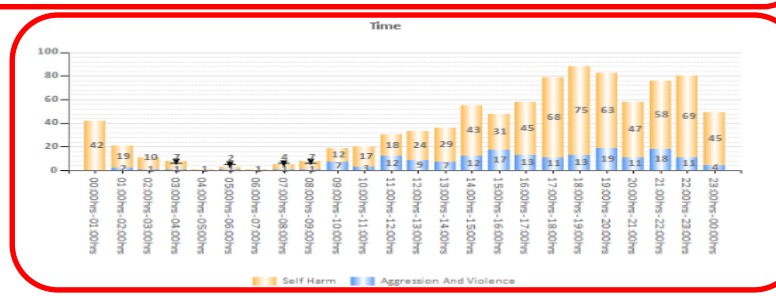






Seclusion Duration	No. Seclusion
<1Hr	6
5-10Hrs	12
1-5Hrs	25
10-15Hrs	10
15-20Hrs	13
>20Hrs	12
	2

- 636 restraints involving 29 patients
- Staff injured during restraint 11 out of 636 = 1.7%
- Patients injured during restraint 0 out of 636 = 0



Talk 1st Incident Detail [redacted]

Jan-2017

Incident Category: SH

Client ID	No of Incidents
⊟ [redacted]	30

Incident Number	Incident Date	Incident Time	Location	Injury Type	Body Part	Cause1	Details
⊞ 249628	02/01/2017	16:00	Corridor			SH05 Attempted Self Harm	
⊞ 248389	02/01/2017	16:35	Bedroom			SH17 Ligature: No Anchor Point	
⊞ 248421	02/01/2017	22:30	Corridor			SH17 Ligature: No Anchor Point	●
⊞ 248534	03/01/2017	10:20	Bedroom			SH04 Threatened Self Harm	●
⊞ 248819	06/01/2017	19:20	Bedroom			SH05 Attempted Self Harm	●
⊞ 248969	08/01/2017	19:00	Bedroom	Tissue Damage	Hand (Right)	SH15 Ingestion Of Substance / Insertion Of Object	●
⊞ 249062	09/01/2017	13:15	Lounge	Puncture	Hand (Left)	SH15 Ingestion Of Substance / Insertion Of Object	●
⊞ 249069	09/01/2017	18:10	Bedroom			SH17 Ligature: No Anchor Point	●
⊞ 249205	11/01/2017	03:15	Bedroom			SH17 Ligature: No Anchor Point	●
⊞ 249414	12/01/2017	15:45	Bathroom	Tissue Damage	Hand (Right)	SH15 Ingestion Of Substance / Insertion Of Object	
⊞ 249405	12/01/2017	18:48	Bathroom			SH17 Ligature: No Anchor Point	
⊞ 249535	13/01/2017	17:00	Bedroom	Redness	Neck	SH17 Ligature: No Anchor Point	●
⊞ 249537	13/01/2017	17:00	Bedroom			SH15 Ingestion Of Substance / Insertion Of Object	●
⊞ 249622	14/01/2017	17:00	Communal Area			SH05 Attempted Self Harm	●
⊞ 249624	14/01/2017	19:48	Corridor	Redness	Eyes	SH15 Ingestion Of Substance / Insertion Of Object	●
⊞ 249650	15/01/2017	15:00	Offsite	Cut	Hand (Right)	SH11 Cutting	
⊞ 249673	15/01/2017	19:30	Bedroom	Cut	Arms	SH11 Cutting	●
⊞ 249794	16/01/2017	17:00	Bedroom			SH05 Attempted Self Harm	●
⊞ 249911	17/01/2017	16:15	Bedroom			SH17 Ligature: No Anchor Point	●
⊞ 249915	17/01/2017	20:00	Bedroom			SH17 Ligature: No Anchor Point	●
⊞ 250011	18/01/2017	17:35	Bedroom			SH15 Ingestion Of Substance / Insertion Of Object	

Talk 1st Incident Detail view - [redacted]

Jan-2017

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⊟ 249062	09/01/2017	13:15	Lounge	Puncture	Hand (Left)	SH15 Ingestion Of Substance / Insertion Of Object	●

Start Time	End Time	Duration	Position
13:15	13:17	00:02	Standing / Walking
13:17	13:18	00:01	Standing / Walking
13:18	13:21	00:03	Seated

⊞ 249069	09/01/2017	18:10	Bedroom			SH17 Ligature: No Anchor Point	●
⊞ 249205	11/01/2017	03:15	Bedroom			SH17 Ligature: No Anchor Point	●
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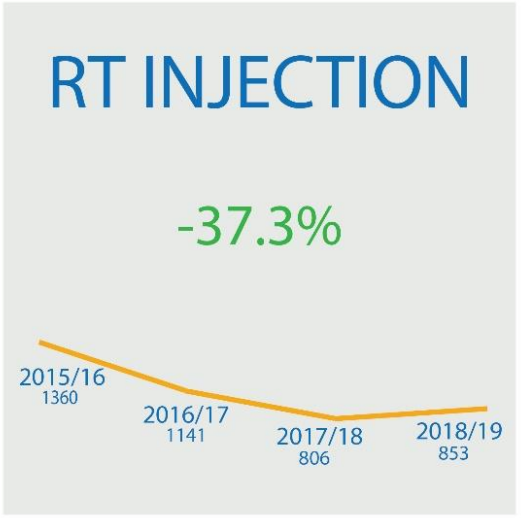
⊞ 249650	15/01/2017	15:00	Offsite	Cut	Hand (Right)	SH11 Cutting	

Match the replies to the objections

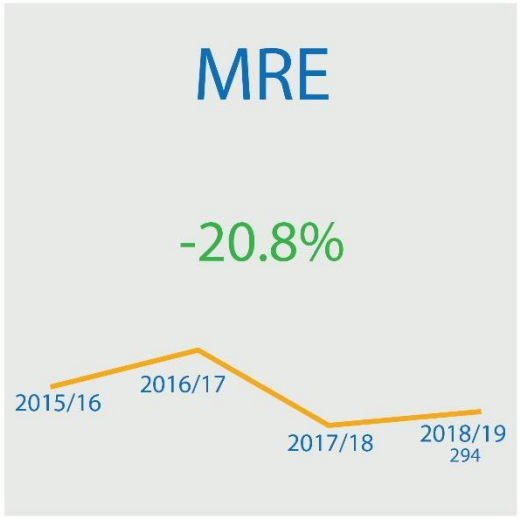
Is there evidence	Change it
Some people won't collaborate	Efficiency of primary interventions
We do this anyway	Assaults on staff go down despite prevention
It’s all about one patient on our unit	Yes
Too busy	Make the first safe nice move
Our patients are too dangerous	Excellent tell us about that
This wont work in my setting	Focus on her, get supervision

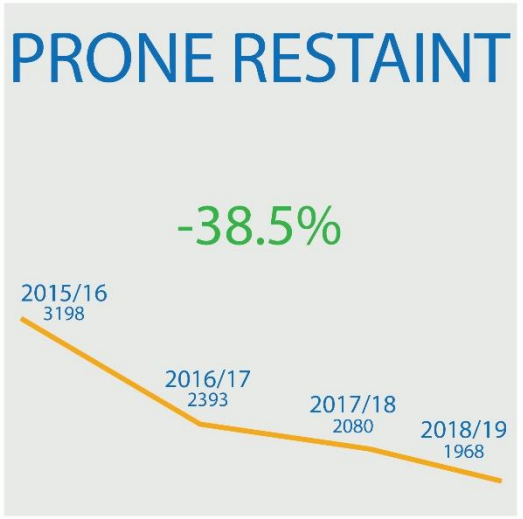
Year End Position 2018/19

Year End Position 2018/19 cont…



Year End Position 2018/19 cont…



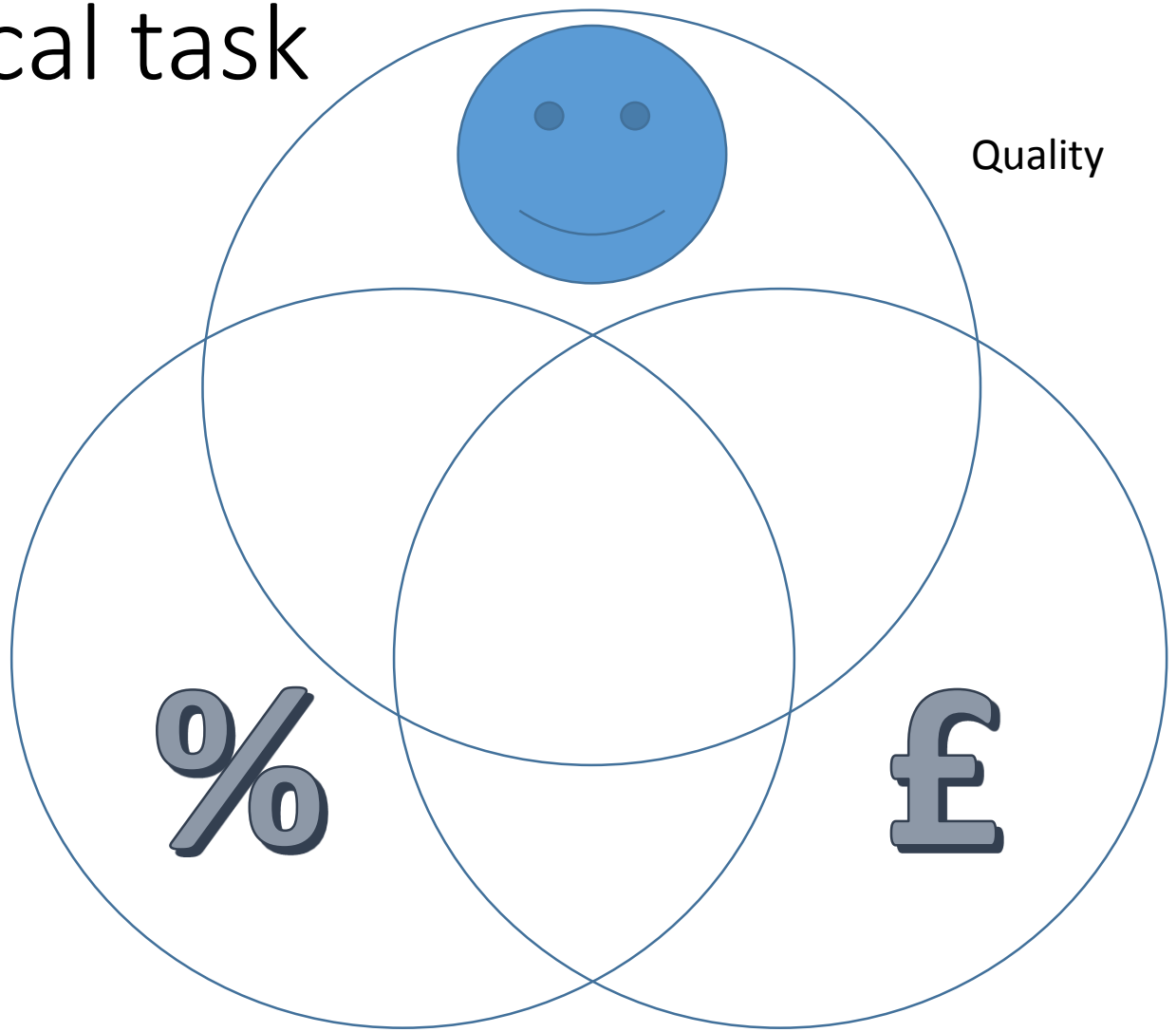


Collaboration welcome on the following:

keith.reid@ntw.nhs.uk

- PERCEIVE: Staff characteristics
- PreARMEd: Teaching staff mindfulness to reduce violence against staff
- WATCH: Game Theory – science of decision making in uncertain situations
- TRIPHLE: Machine learning predicting who goes to hospital from custody diversion
- TAPIR: Dyadic analysis of patient-patient pairs with non-independent self harm timelines

The clinical task



After Ken Tooze