The 2017 RAID Awards for Excellence: Developing RAID and PBS approaches within St Andrews Healthcare, Birmingham

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In line with the Mental Health Act Code of Practice (Department of Health 2015), Recommendations for Least Restrictive Practice, St Andrews Healthcare has been continuing to work towards a patient centred model of care over the past 2 years. This model of care focuses on the principles of the RAID approach and Positive Behavioural Support. The aim has been to reduce challenging behaviours and improve the quality of life of our patients.

This project application at St Andrew's Healthcare, Birmingham has involved several aspects including the following:

- Training
- Audit
- Evaluation of Risk Reduction and Quality of Life
- Templates and examples of work
- Service user involvement
- Ideas to moving forward

Training

Over the past 12 months, Positive Behavioural Support (PBS) training has become a fundamental part of our induction programme here at St Andrew's Healthcare, Birmingham. We believe it is important for all staff to value this approach from the moment they begin their career here. As part of their training, the induction group were involved in designing their own PBS plan and goals in order to obtain a practical view of this method. Here at St Andrew's we have been fortunate to have a keen patient representative who has spoken within induction programmes, about his experiences within care settings, in line with the ethos of these methods.

More recently, RAID has been acknowledged to be an important resource in ensuring and delivering high standards of care. In order to ensure RAID training is embedded in Birmingham we took the opportunity for in house staff to become trainers. This approach has allowed for training sessions to be regularly run on site as well as being a fundamental part in implementing this approach with clinical staff.

Audit

In order to ensure a standardised approach across the charity, an audit tool was devised to assess quality across all patients' PBS plans. This audit is in a standardised format, but the information is collected by clinicians within each MDT team. This allows for MDT members to assess standards whilst reviewing the content of the information which underpins a patient's care plan in regards to their individual circumstances and needs.

Evaluation of Risk Reduction and Quality of Life

Our RAID and PBS approach is evaluated through a number of means at St Andrew's Healthcare, Birmingham. Firstly reductions in incident rates are easily tracked through our information recording database. These risk incidents include violence towards others, verbal aggression, sexually inappropriate or disinhibited behaviour, substance abuse, self-neglect and vulnerability.

Number of Red Behaviours over a 12 week period
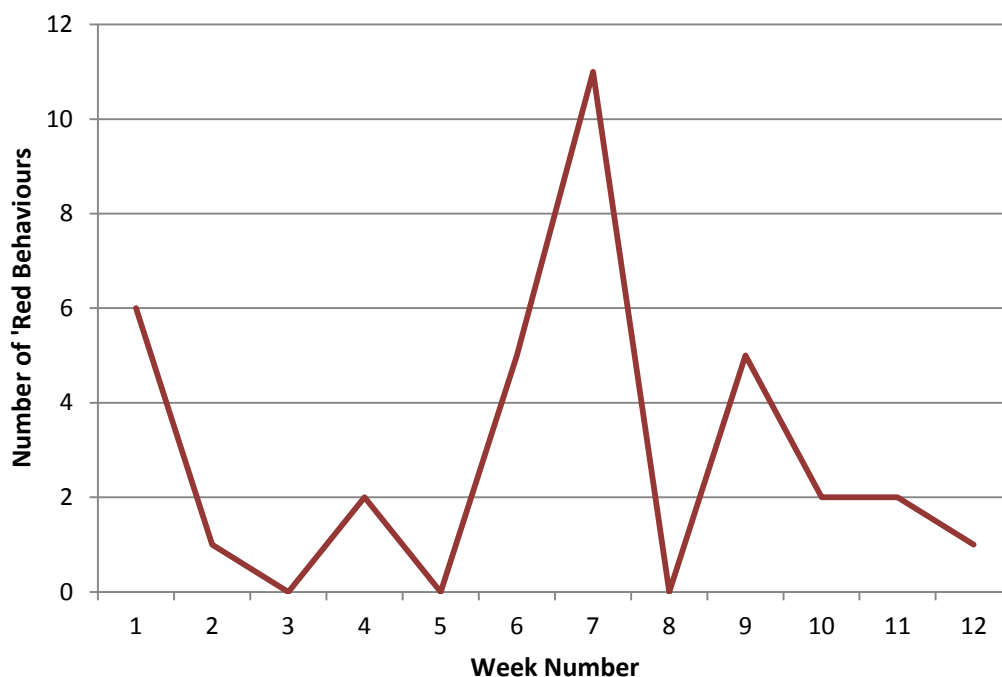
The above line graph demonstrates a service user's response to a behavioural plan implemented with the RAID approach. In this graph, the 'red' behaviours have been specifically identified for this service user, as they are considered the most challenging and difficult to manage on a day-to-day basis. Such behaviours include physical aggression and sexually inappropriate behaviour. Overall, the graph indicates a reduction in 'red' behaviour over time, with one week being particularly difficult for this patient.

The second method which can be of use in certain cases is the assessment of quality of life. It has been noted that on occasion (through the process of PBD plans being implemented), that a patient's incident rates may rise. However, this does not necessarily mean they are not making progress. This is such that during the time there is a high incident rate, it is hypothesised that the service user could also be gaining an awareness of their mental health difficulties, finding the motivation to engage in the interventions available to them, and increasing their contact with others etc. Due to these variables it is important to monitor changes in other areas. Last year the charity carried out an assessment across all sites asking all patients which Quality of Life Assessment Tool they found the most useful. Amongst a randomly allocated sample of service users at St Andrew's Birmingham, the Warwick-Edinburgh Mental Well-being Scale (WEMBS) (Warwick Medical School, 2015) was the preferred choice. These patients viewed this assessment method as the most "easy to complete" and "non-offensive". Patients state that the questions were simple and not too invasive and the length of the questionnaire was manageable. We are currently using this tool alongside the RAID-PBS plans to evaluate changes in some cases.

Results from a service user's feedback on The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
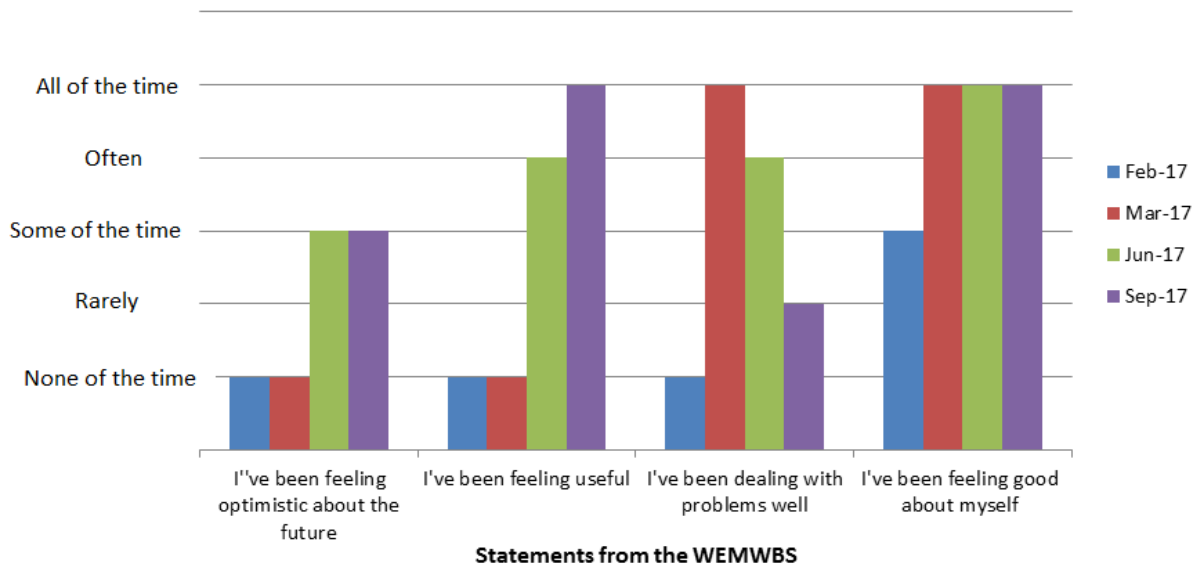
The above bar chart highlights some of the statements from the WEMWBS, and measures a service user's response to each of the statements, at various different intervals. It is notable that in February 2017 the service user's response to most statements was low. However, as he continued to be supported with the behavioural intervention involving a RAID and PBS approach, his response to such statements increased. This increase was most significant for the statements: "I've been feeling optimistic about the future" and "I've been feeling useful". Such findings may illustrate that this service user has had a positive experience from being supported with this form of intervention.

Templates and Examples of work

It became apparent early in the implementation phase of the PBS plans, that a conventional template for each patient's care plan would not be suitable to meet all of their needs or support ward staff in effectively managing complex and challenging behaviours when they arise. Our electronic version of inpatient care plans has an element of incorporating four different strategies to most appropriately manage a patient's behaviour (see Appendix A). This includes 'preventative strategies' (being proactive), 'secondary preventative strategies' (de-escalation techniques), 'Restrictive Practice' and 'Post incident learning'. For all patients we have a two page PBS plan which incorporates green, amber and red behaviours with solution focused approaches to reduce the risk in each of these sections (see Appendix B for an example). These plans include a combination of strategies which staff members can implement, but also includes self-management strategies for the patient themselves to utilise when possible. This approach is only successful when explored and written with the patient. For those individuals who are unable to meaningfully engage in the development of their plan, or those who present with mild, moderate or at times, severe cognitive or neurological deficits, more individualistic plans have been developed to meet their mental health and learning needs. Examples of this have been provided below with the incorporation of RAID principles.

Example 1: This care plan demonstrates clear aims for the patient, and offers translation into the patient's first language. The RAID approach is particularly demonstrated in item 5 where staff are encouraged to provide comments of 'green' behaviours, no matter how small or insignificant they may seem e.g. being polite, attending to self-care and being patient when asked to wait.

	27-3-17 Monday (Poniedziałek)	28/3/17 Tuesday (Wtorek)	29/3/17 Wednesday (Środa)	30/3/17 Thursday (Czwartek)	Friday (Piątek)	Saturday (Sobota)	Sunday (Niedziela)
1 8am – Medication Time (Czas leki)	✓	✓	✓	✓			
2 8:30am – Have a shower (Prysznic)	✓	✓	✓	✓			
3 MEETING!! 9am – Morning Meeting (Rano posiedzenie)	✓	✓	✓	✓			
4 How many times did I hear the voice today? (Ile razy słyszałem głos dziś?)	• No voice heard - Stated	None		None			
5 How many green behaviours did I get today? (Jak wiele zachowań zielony zrobił dostać dziś?)	•Listened to staff, kept appointmt, engaged in activities, •approacho in calm manner etc.	Polite to staff, waited for cafe leave, Polite in cafe, Tidy room	•No responding to peer who was being verbally aggressive	I have been Sport hall, courtyard walk, music session and morning meeting. Polite in all communication			

Example 2: This visual aid provides the patient with prompts and reminders regarding their current progress towards accessing community leave. This type of diagram has been particularly useful for patients with language difficulties or memory problems. Furthermore, having the physical aspect of moving 'the man' up the staircase can be a useful incentive for the patient to manage their behaviour.
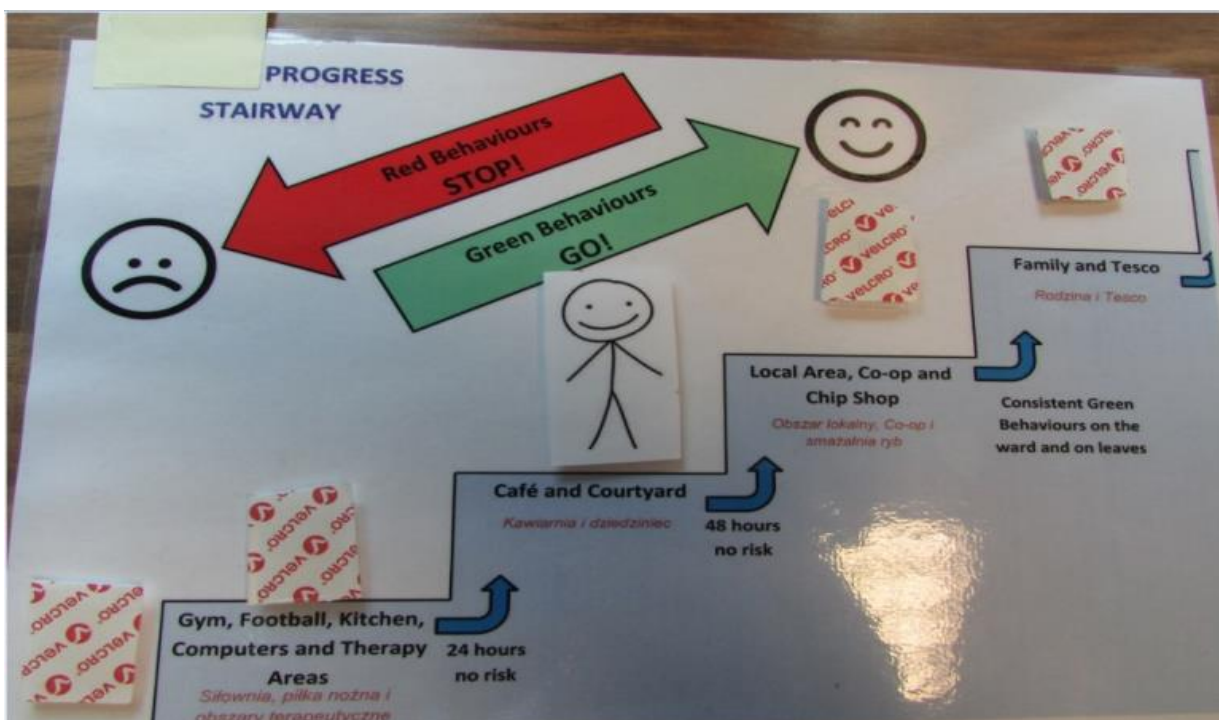
Example 3: This care plan has implemented the use of communication cards attached to a key ring. Each card identifies a different emotion and has coping strategies written on the back for the patient to utilise. This method also allows the patient to communicate non-verbally with staff when they are experiencing heightened emotion. Staff are also able to respond appropriately and intervene if the patient is unable to utilise their coping strategies.
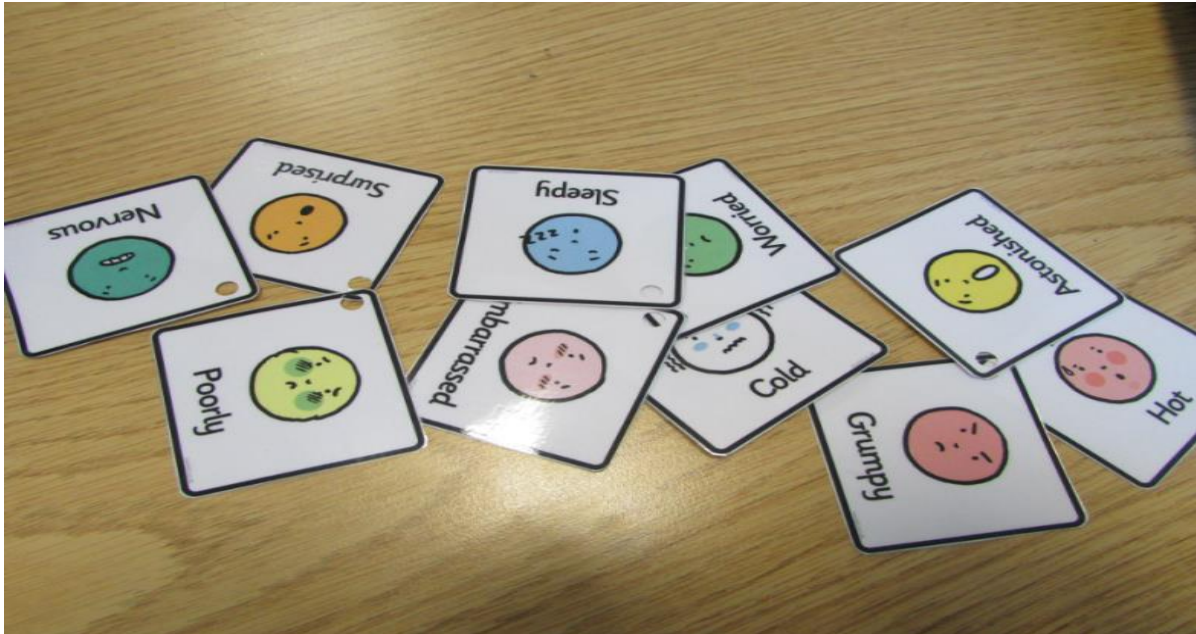
Example 4: This is a visual aid for both the service user and staff members to categorise behaviour on the behavioural chart. This visual aid is helpful for service users with extremely poor cognitive functioning.

Service user feedback for Patient 'A'

One particular service user (patient A) who has significantly benefited from his PBS and RAID plans agreed to give his feedback and include the resources that support his intervention within this project report.

Patient A described his plans as "being very helpful". In order to support him to better manage his behaviour Patient A also has a crib sheet of what equates to 'green' and 'red' behaviours (see Example 4 above). As a result of difficulties in memory retention, the 'red' behaviours provided for this patient are those which are most significant. This is with the view that once patient A is able to manage these behaviours we can increase the threshold to include less significant behaviour such verbal aggression, staring and intimidation. Examples of 'red' behaviours include touching staff members inappropriately, spitting and kicking. Examples of 'green' behaviours include attending to his self-care, engaging in activities and being polite to others.

A challenge with the initial behavioural plan set out for Patient A was their inability to manage their behaviour for a suitable period of time that would result in receiving rewards. This is such that when they had gotten a 'red cross' either for the morning or afternoon period, they would not be entitled to receiving a reward for that day. Please see examples below.

As a result, it was agreed to review their behavioural plan and amend the times that their behaviour was reviewed, which was to a three hourly basis. As illustrated in the examples below, it is felt that adapting behavioural interventions with the RAID approach, helped to meet the needs of the service user. This is such that by being reviewed at shorter intervals, Patient A was able to receive more immediate feedback on their behaviour and subsequently became motivated to achieve more 'green ticks' as opposed to 'red crosses' in order to receive rewards. Such rewards include additional 1:1 sessions with staff, fresh air breaks, access to the internal courtyard and having time to use a 'sensory brush'. This sensory approach has been found to provide him with physical stimulation which has correlated with a reduction in tactile behaviours with others. Furthermore, the patient himself has suggested that he finds such rewards motivational.

W/C (Date): 7 – 8 – 17	9am - 12pm	12pm-3pm	3pm-6pm	6pm-9pm	9pm-12am
Monday	✔	✔	✔	✔	✖
Tuesday	✔	✔	✔	✔	✔
Wednesday	✔	✔	✔	✔	✔
Thursday	✔	✔	✔	✔	✔
Friday	✔	✔	✔	✔	✔
Saturday	✔	✔	✔	✔	✔
Sunday	✔	✔	✔	✔	✔

W/C (Date): 14/08/17	9am - 12pm	12pm-3pm	3pm-6pm	6pm-9pm	9pm-12am
Monday	✔	✔	✔	✔	✔
Tuesday	✔	✔	✔	✔	✔
Wednesday	✔	✔	✔	✔	✔
Thursday	✔	✔	✔	✔	✔
Friday	✔	✔	✔	✔	✔
Saturday	✔	✔	✔	✔	✔
Sunday	✔	✔	✔	✔	✔

Barriers and overcoming these

One barrier we have faced is creating a culture in which staff members are able to apply RAID and PBS approaches in their day-to-day interactions with patients. As previously mentioned, a template is available for all patients across the charity which is in a standardised format. However in practice, patients' plans can now be formatted based on individual needs.

In order to overcome this barrier the RAID training continues to run across the whole site in Birmingham. In addition, the position of the Advanced Nurse Practitioner was created. Part of this role is to hold reflective practice sessions within the ward teams and MDT teams to allow for free discussion around individual cases. Further to this, some MDT teams have adopted a RAID and PBS working group of their own, who meet outside of ward round for an hour a week to discuss plans. This has enabled creative thinking in the development of individual behavioural support plans by encouraging approaches which are tailored to the individual. For example, thinking about what responses an individual finds motivating and rewarding, and for some, feedback charts that support the patient to monitor their own progress towards their goal.

In instances where ward staff have not been RAID trained, other members of the MDT have been able to advocate the core basis of RAID principles and its benefits in support of the behavioural approaches for the patient.

Moving forward

At St Andrews Healthcare, Birmingham we are currently piloting a patient-centred, easy read version of a behavioural plan (see Appendix C), this has been designed in line with patient opinion from our CAHMS pathway and we are now looking to adapt this to meet the needs of our Men's Mental Health service. This care plan is in a format which allows patients to not only edit the text, but add pictures and colours to meet their needs and preferences.

With regards to RAID approaches, they are thought to be useful in applying tailored resources and interventions for service users and can be adapted as a service user is able to respond more appropriately to various levels of behavioural intervention. It is a current goal for all staff at St Andrew's Healthcare, Birmingham, to be RAID trained as it is felt that this will support therapeutic alliances between staff and patients improve a patient's quality of life and ultimately support their rehabilitation.

References

- Department of Health (2015), MHA Code of Practice [Online] [Accessed: 17/08/2017] Available at: http://mentalhealthlaw.co.uk/File:MHA_Code_of_Practice_2015.pdf

- Warwick Medical School (2015) Warwick-Edinburgh Mental Well-being Scale (WEMBS) [online] [Accessed: 17/08/2017] Available at: http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

- The RAID ® Training Course, Dr William Davies, APT Press, 2017.

Appendices

Appendix A

This is a visual diagram of the four core elements incorporated into a patient's PBS plan.
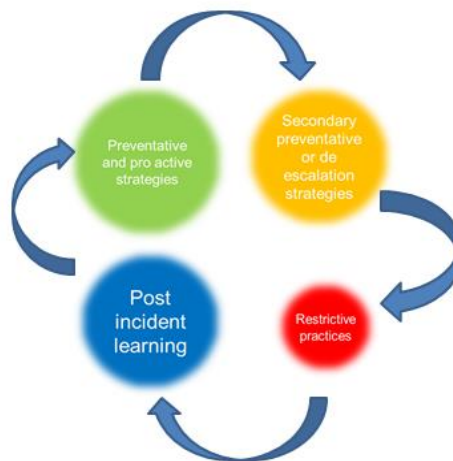
Appendix B

Patient A's PBS plan with the use of RAID approaches to manage behaviours (highlighted in yellow).

What is the Function of these problems?		
(Led by Responsible Clinician & Psychologist)		
Feeling threatened, deterioration in mental health, seeking revenge, for others behaviour		
Behaviour Support Plan		
Interventions to Keep Well	**Interventions When Becoming Unwell**	**Interventions in a Crisis**
For Staff: • Thorough risk assessment when ▉ is on leave (internal) • Random urine screenings • Random room searches • Facilitation of activities and therapy • Regular contact with the family • To engage in frequent 1:1 sessions with ▉ to provide positive feedback via the use of his behavioural chart which acts as a visual aid for ▉ to monitor his progress. • To continue completing behavioural chart on a three hourly basis • To provide ▉ with additional 1:1 'time' with staff to play a game or have a discussion, if he has managed to achieve a green tick **For ▉** • Engagement in therapeutic activities • Being aware of early warning signs and triggers • Tell staff if ▉ had a difficult conversation with peers or other staff members or is worried about something	**For Staff:** • Being aware of warning signs • Maintain regular nursing observations and to review these if ▉ appears to be agitated or tensed. • Drug screening • Room search • Review S17 leave • Redirect to written copies of care plan/instructions if continues to persist with the same issue (e.g. community leave and expectations) **For ▉** • Engagement in activities • Seeking support from staff when needed • Look at my written copy of care plan/instructions regarding specific issue (e.g. community leave)	**For Staff:** • To utilise MAPPA strategies including de-escalating. This includes directing ▉ to his bedroom or the sensory/quiet room to take some 'time out' for a short period of time 10-15 minutes. • To provide available PRN medication. • Increase level of nursing observations. • Seclude if physically aggressive. • Review PLS • Suspend leaves **For ▉** • 1:1 sessions with individuals he has a good rapport with. **Actions to end seclusion / enhanced support** • When ▉ shows the ability to reflect on his behaviour • Reduction in risk incidents

This is a copy of a patients' PBS plan which is easier for a service user to read and interpret.

X's Positive Behaviour Support Plan

St Andrew's HEALTHCARE

My difficult situations

I find it really hard when patients annoy me or when they wind me up by saying things to me

It makes me feel upset and angry when staff say no to me.

I don't like it when staff can't spend time with me when I want them to because it makes me feel like they don't like me or I have done something wrong.

I find it very difficult when new patients come on the ward or when the ward is un-settled.

Behaviours I might display

Early warning signs:
- Shouting and screaming
- Staring at people, hands on hips
- Being rude to people, saying things like "what are you looking at me for?"
- Crying and wailing
- Making hostile comments
- Running around, being over-excited
- Not listening

If the early warning signs are not noticed I may:
- Be aggressive to staff or patients
- Threaten to hurt people
- Bang on the window or kick the furniture
- Take other people's things and rip or throw them
- Self-harm
- Threaten to or make false allegations

What you can do to avoid these difficult situations

I like to colour in, this is a good distraction. I also like listening to music.

I also enjoy having a massage using the massage tools.

I like to have clear rules and know what's happening

I like to have a busy timetable and go to my sessions so I can spend time with staff and be off the ward.

I like to have things to look-ward to work towards, like trips out

I like to spend time with staff so that the patients can't annoy me. I like talking to staff

I really enjoy going for walks

What can you do if I display challenging behaviour

When I am showing early warning signs:
- It helps when staff ask me if I need go to the chill out room and I lay on a bean bag and close my eyes and listen to music.
- Staff say "Do you need 10 minutes to chill out? Then we'll come speak to you to find out what's wrong"
- It helps me to be able to tell staff why I am feeling upset or angry but if they are not able to listen then this could make me feel worse

If the situation has escalated:
- It helps for staff to stop me from being risky. Sometimes I might try and fight the staff that are trying to stop me
- Staff guide me into the chill out room using the lowest holds possible and encourage me to stay there to calm down.
- If you need to take me to seclusion I like to have the blue chair in there to sit on, but sometimes I drop my weight so you cant move me. If I do this then you will need to hold me until I calm down. I usually calm quicker when people do not talk to me
- When I am in seclusion, I usually calm quickly because I want to get out

Afterwards:
- Give me clear guidelines about what's I'm expected to do next
- Try to give me something to keep me busy, like colouring in or using my massage tools.

Signed Young Person: Date: 11th November 2016