Introduction

Priestner's unit have truly excelled in making RAID the way things are done on the unit and this award would provide the recognition that would effectively reinforce and sustain the progress they have made in how they routinely manage behaviour which challenges. The outstanding care provided by the team has been noticed by the ward's clinical leadership team, commissioners, Care and Treatment Review panels, QNPICU, family members and most importantly service users. You will read shortly that an evaluation investigating the use of restrictive interventions over a two year period has evidenced a reduction in the use of punishments to manage extreme behaviour. Priestner's unit is applying for the RAID centre of Excellence award because of the outstanding progress they have made developing their understanding of the model, ascribing to the RAID ethos and applying the skills creatively.

Service Overview

Priestner's unit is an 8 bedded, mixed sex Psychiatric Intensive Care Unit at Atherleigh Park in Leigh, North West Boroughs NHS Foundation Trust. Atherleigh Park provides excellent facilities in a modern environment, boasting a separate Therapy Hub area with a sports hall, kitchen, gymnasium and activity rooms. The service signed up to RAID becoming the model of care in 2017.

Team Composition

The MDT comprises a Consultant Psychiatrist, a Clinical Psychologist, a Ward Manager, 3 Deputy Managers, Nurse Practitioners, Health Care Assistants, an Activity Co-ordinator, and has access to other Allied Health Professionals who provide in-reach. The Ward Manager, Deputy Managers, Psychiatrist and Psychologist provide clinical leadership.

Transformation Strategy

All staff working on Priestner's unit have benefitted from RAID training over 4 cohorts between November 2017 and April 2019 (including the Consultant Psychiatrist!). In addition to training a clear strategic implementation plan has been executed ensuring that the RAID philosophy has been embedded within the ward culture. RAID language was introduced into handovers, MDT reviews, and at a daily week day morning meeting where service users' presentations and care over the previous 24 hours is discussed. Modifications to CPA documentation and progress notes ensure that RAID terminology is evident in care records. In the early phase additional RAID care planning meetings were scheduled and facilitated by the clinical leads to enable team members to develop their RAIDING capabilities. As RAIDING abilities developed the need for these meetings has diminished. Now, when a service user is admitted a blank RAID plan is placed in the observations file and all staff contribute their ideas by

writing them onto the document. This is then typed up formally by the named nurse, incorporated into the care plan and a quick easy read copy as a 1 page document is placed in the observation file.

Developing green behaviour

Significant effort is exercised to create opportunities for patients to show green behaviour which can then be reinforced. A ward-based activity timetable, and a timetable for the Therapy Hub is provided for the week ahead and patients are supported and encouraged to participate in activities of their choice. The concept of non-contingent reinforcement is employed regularly; patients are treated as if they already are as they could be, meaning that they are supported to engage in a wide variety of therapeutic recreational activities beginning with a visit to the hospital café but extended to a number of community venues of their choice. e.g. restaurants, the retail park, leisure centres, cemeteries, trampoline parks, roller skating rinks, cinema, youth clubs, Ninja Warrior adventure park, the local lake for a walk, and of course, their own homes too. In terms of teaching coping skills patients are taught new skills in named nurse sessions, psychology sessions and by staff modelling how to use coping skills *in-vivo*. Nagging is proving effective and is the *go-to* skill for patients who show us varying degrees of self-neglect, poor engagement and a reluctance to take prescribed medication. Hunger strikes have been aborted and administering medication via an injection is an abhorrent idea to the team. The team are ambassadors of PBS across the wider inpatient network. They endeavour to support referring wards to be able to continue with RAID plans when patients are transferred back to their base ward, and also to support them to develop plans to prevent an admission to PICU.

Imploding Red

Each patient is assigned a named nurse team who takes responsibility for offering between 3 and 5 named nurse sessions per week. Where possible, behaviour which challenges is discussed **only** in planned sessions. Within these sessions the aim is to understanding red behaviour which occurred since the previous session and identify and teach skills needed to overwhelm the red behaviour. Nursing staff have been trained in chain analysis and various DBT skills to help support this process. Patients and staff members collaboratively develop a safety plan which is then used as a reference to support proactive coping. The focus in MDT reviews has changed too so that red behaviours are not the focus and instead the MDT review discussion looks at reviewing examples of progress and then discussing what further opportunities need to be provided to nurture green behaviour. In terms of ward rules there are two rules that staff enforce, namely the Smoke Free rule and that patients are not allowed in the areas assigned to the opposite sex.

Supporting staff well-being

Staff well-being is supported by positive leadership employing the RAID principles with staff behaviour. Staff are regularly given recognition and praise for adhering to the model and are given the opportunity to reflect in clinical supervision on times when they might have deviated from the model and space to think about how to reflexively modify their behaviour to remain adherent in the future. When needed, debriefs are facilitated with staff involved in or witnessing extreme behaviour. These are framed as a supportive gesture to make sense of what has been happening and attend to well-being rather than to assign blame or criticise actions that have been taken. Staff have been awarded Green Star Wards for their dedication to showing "green" staff behaviour. Examples include Mr Green, Mrs Green, Listening Ear Star, Positive Culture Star, Star Leader.

Clinical Governance and RAID supervision

Clinical governance is supported by the clinical leadership team who endeavour to help the team consider which aspects of the model are relevant to the present circumstance and what actions the principles of the model suggest should be taken. Weekly peer supervision facilitated by the Clinical Psychologist was rebranded as RAID supervision and an additional RAID supervision is offered on a fortnightly basis at 6:30am to staff working on the night shift. Supervision audits indicated that 77.5 % of the team have attended supervision at least once within a 10 week window in November/ December 2018. More recently 93.3% of the team attended RAID supervision at least once during April and May 2019

Keeping relationships professional and friendly

The Boundary Seesaw (Hamilton, 2010) is used as a tool to help the team think about the positions they take with patients and unhelpful dynamics that they might be pulled into. Since the introduction of terms within this model staff support one another to take reflexive action if they are pulled into an over-soothing or a punitive position.

Effects of Transforming Into a RAID Service

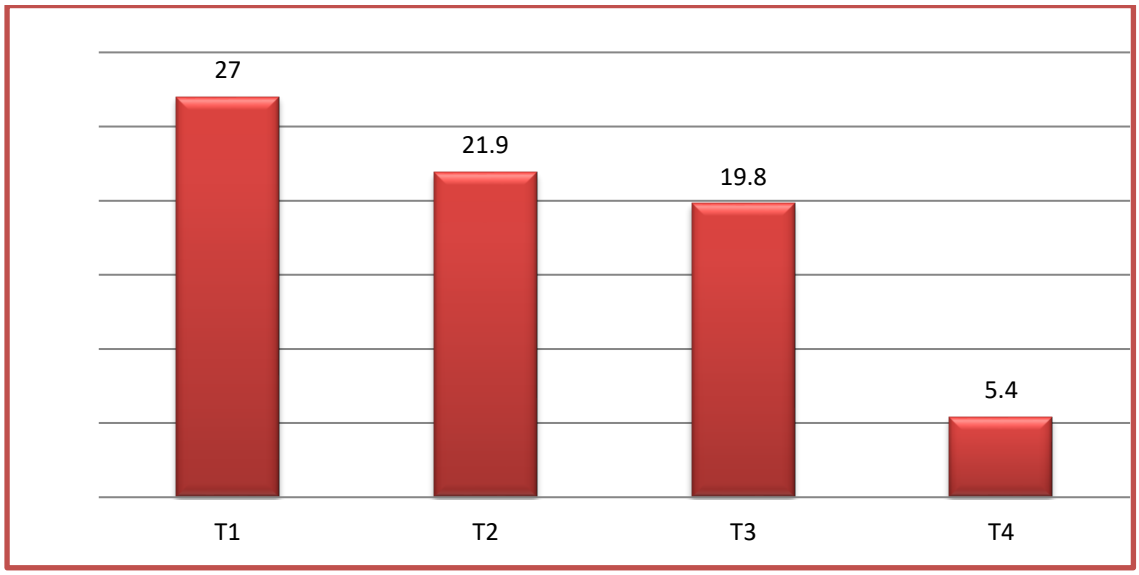
An evaluation has reviewed the use of punishments/ restrictive interventions in response to behaviour which challenges. Specifically the use of approved C&R level 3 or above, rapid tranquillisation and seclusion across a 2 year period has been conducted, which included a 6 month baseline period. This 2 year period has been broken down into 4 distinct time periods T1-T4. These are shown in Table 1 below. Data was extracted from the Datix incident reporting system.

Table 1: Periods used to calculate descriptive statistics around practices

Time 1	May 17- Oct 17
Time 2	Nov 17 – April 17
Time 3	May 18- Oct 18
Time 4	Nov 18- April 19

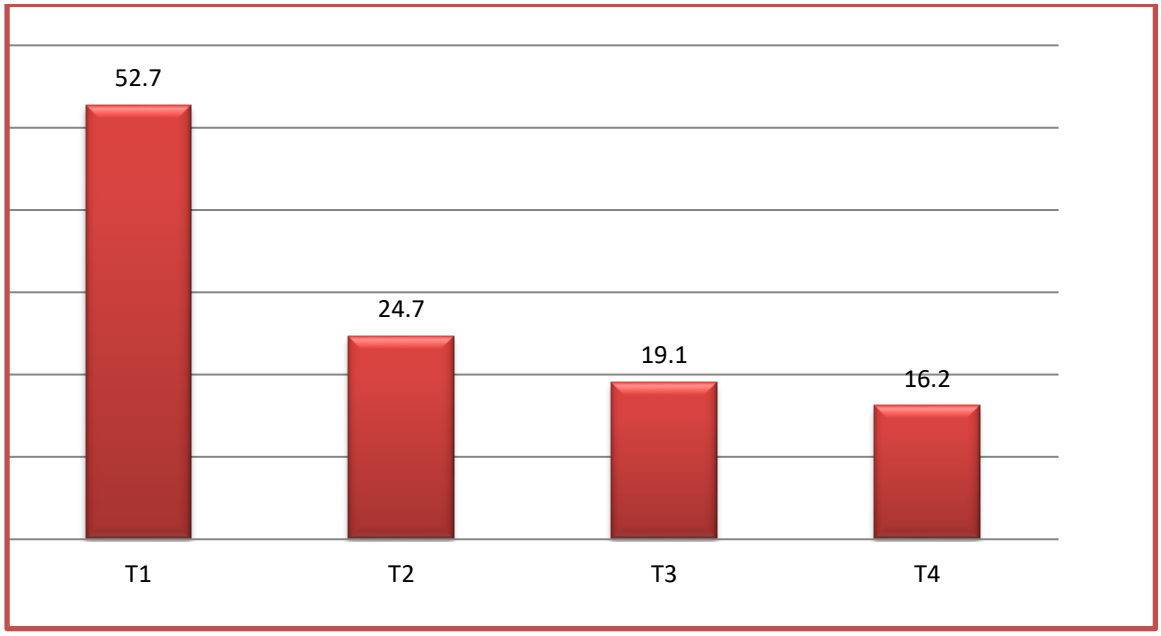
Time 1 to Time 4 comparisons indicate the use of rapid tranquillisation has reduced from more than a quarter of the time for incidents reported to 1 in 20 times. This is an overall reduction of 21.6% from baseline. See Figure 1 for an illustration of the reduction noted across the period of transformation. Additionally, Accuphase has not been used at all since March 2018.

Figure 1: Percentage of Incidents of Violence and Aggression managed with Rapid Tranquillisation.



Time 1 to Time 4 comparisons regarding the use of seclusion for incidents of violence and aggression reported indicate a 36.5% reduction in seclusion use. Figure 2 below shows the relevant descriptive statistics. Note no measure of duration of seclusion is captured by Datix.

Figure 2: Percentage incidents of violence and aggression leading to Seclusion



As can be seen from Figure 3 an initial reduction of about approximately 25% of incidents were managed with C&R level 3 or above was noted, which signifies a change in practice. This most recent figure which indicates an increase should be understood in the context of the specific behaviour and individuals who have skewed the figures. Analyses from debriefs have confirmed that approved C&R was required to protect safety (e.g. in response to prolonged and severe head banging, or repeated attempted violence). Staff behaviour during restraint has changed and C&R teams do not communicate with patients during restraint, apart from asking intermittently "are you ready to take control back?" Furthermore, C&R teams try to trauma informed care principles and find female only restraints.

Figure 3: Percentage of incidents leading to C&R

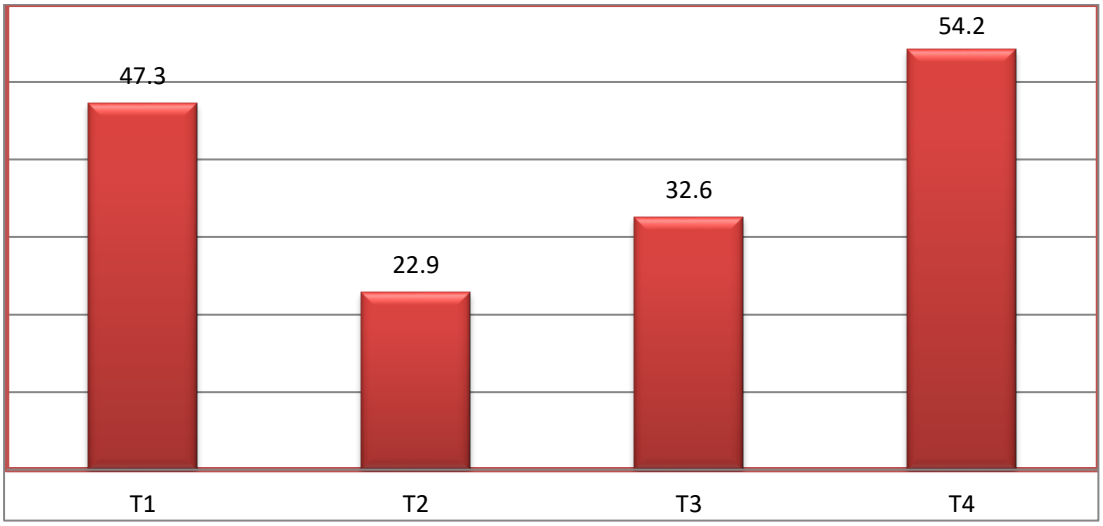


Table 2: Percent increase in reports of self-harm and violence

	% Increase in Self-harm	% Increase in Violence
T1-T2	109	126
T1-T3	120	63
T1-T4	224	289

It has been noted that the current incident reporting system does not capture readily proactive interventions employed around incidents and Priestner's have made a recommendation at the Trust wide Least Restrictive Practice group that the reporting system is revised accordingly. Furthermore, the data captures only frequency not duration. Historically, 1 seclusion episode could account for several seclusions now as staff are keen to terminate seclusion at the earliest opportunity.

Team Intervention

An away day was arranged for November 2018. In the afternoon the team were asked to think about the health of the team and any problems within the team. Desirable staff behaviour was in RAID terms referred to as green behaviour and unwanted behaviour was termed red behaviour. The team were then asked to

devise a RAID plan for the team to nurture the development of green behaviour in staff.

Feedback from External Reviewers

Feedback on care quality has been provided by Care and Treatment Review panels and the Quality Network for Psychiatric Intensive Care (QNPICU). Reviews from both panels have been extremely positive. Care has been coded green (coincidentally meaning what is desired) on all dimensions apart from discharge planning for 2 CTRs that have taken place since January 2019. Discharge planning on both CTRs has been compromised by a lack of adequate providers of step down care. Essentially, meaning service providers who are not in a position to continue to offer positive behaviour support in a non-hospital setting with strong clinical governance. One panel member of the CTR who had completed over 130 CTR's reported 'this is the best care we have ever seen, I have never walked away from a CTR feeling so positive around the care a service user has received'. The QNPICU made multiple favourable remarks:

"*The implementation of RAID has been highly successful. This encompasses elements of positive behaviour support, reducing disruptive behaviours and increasing appropriate behaviours in patients. Patients are given feedback on areas for improvement with an empathic and supportive attitude. Relational security is robust on Priestner's unit. There is a culture of openness and honesty amongst the staff team. There is a positive sense of leadership at the service".*

Service user feedback

"This is the first time I've given feedback to a ward following a recent admission but I feel this must be said. I have spent most of my life in and out of hospital over the course of 50 years. Each time I'm in hospital is traumatic but this admission has changed my life. For the first time I feel I have a new lease of life and have never seen such good results from being in hospital. It has been supportive to have staff around me who despite challenging circumstances always positive. Throughout the years I have left hospital earlier than I needed too due to wanting to leave the stressful environment but this time I feel I had the time and space to really enjoy my recovery. Due to side effects of medication I have at times felt I've lost part of my personality but the Consultant has really listened to my views and I finally feel for the first time my medication suit me and I was for the first time given choice. The psychological support was amazing, the nursing team worked hard every day to make sure I was happy and the management team ensured any issues I experienced were dealt with appropriately. My daughter has sung Priestner's praises continuously, for their great communication allowing her to be fully involved with my care. I think the way Priestner's are helping patients to recover just shows how far mental health services have evolved. I cannot thank the staff

enough for all they have done and I would hope this will be recognised" (May, 2019).

"This is the best unit I have ever been to. I feel I can talk to anybody here and they will understand my issues. I cannot thank all the staff here enough for helping me get better so that I can live my life the way I want to", September, 2018).

Conclusion

Overall, the RAID model has provided the team with a shared language, vision and the skills and confidence to overcome behaviours which challenge. An evaluation into staff experiences of using RAID is underway so watch this space!