



NIHR ARC East of England: Celebrating Research & Shaping Our Future Together





Showcase:

Supporting regional public services

Chaired by Dr Adam Wagner
Theme Lead, Health Economics and Prioritisation

Coproducing improved mental health acute inpatient discharge using a Systems Approach: MINDS study

Sarah Rae and Corinna Hackmann



MINDS is a co-produced and co-led study

- Patient and Public involvement is baked into the project at every level
- Members of our Lived Experience Advisory Group (LEAG) have worked co-productively with us from the outset
- Two members of the LEAG attend Study Steering Committee meetings, one of whom is a Co-Chair
- Each work package is co-led by a researcher with lived experience of discharge.



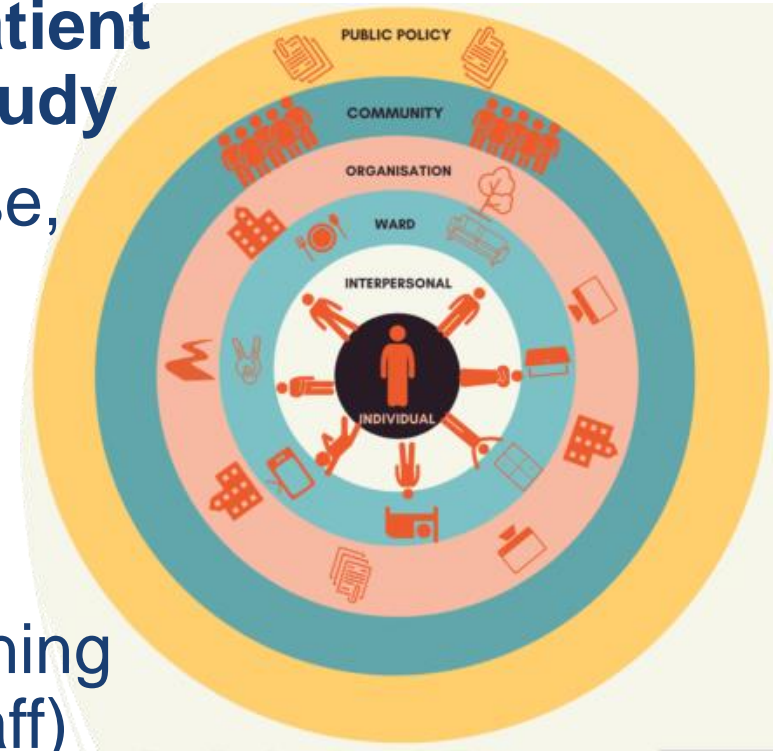
Study objectives

Coproducing improved mental health acute inpatient discharge using a Systems Approach: MINDS study

- Problem: poorly planned discharge leads to relapse, readmission to hospital and suicide

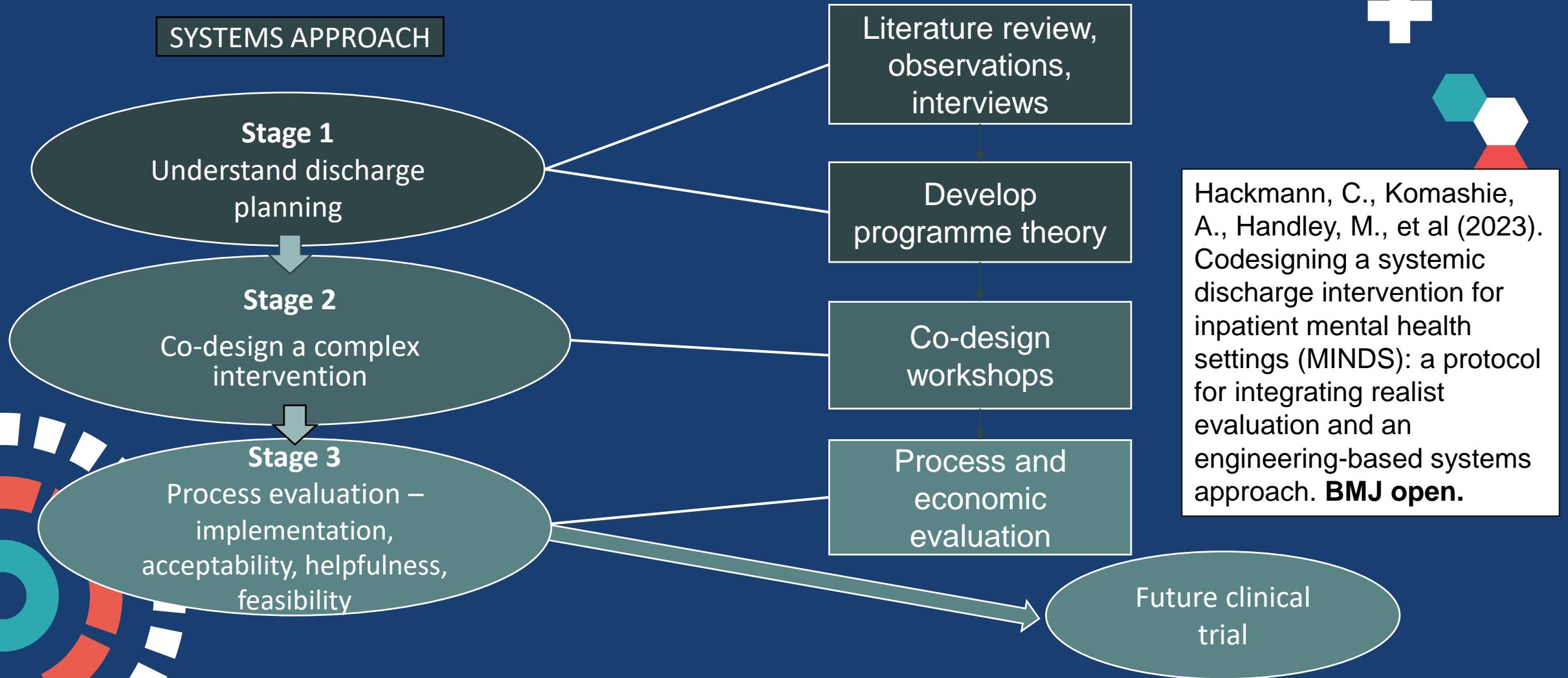
Project objectives:

- Understand **discharge planning** as a complex intervention within a complex system
- Co-design a systemic approach to discharge planning balanced to meet stakeholder needs (including staff)
- Evaluate the new approach



MINDS study: Integration of realist research and healthcare systems engineering approaches

SYSTEMS APPROACH



Discharge works best when...

- Literature review, ward observations and interviews were developed into a programme theory on discharge planning to understand: 1) What works, 2) for whom, 3) the mechanisms of change underlying this.
- This has been distilled into the following requirements for beneficial discharge planning:

DISCHARGE PLANNING DISCUSSIONS HAPPEN FROM THE EARLIEST OPPORTUNITY



EVERYONE IS ABLE TO EXPRESS THEIR NEEDS



INFORMATION IS SHARED



DISCHARGE PLANNING IS COLLABORATIVE



PEOPLE ARE PSYCHOLOGICALLY AND EMOTIONALLY READY TO LEAVE THE WARD



DISCHARGE PLANNING BALANCES NEEDS AND SAFETY



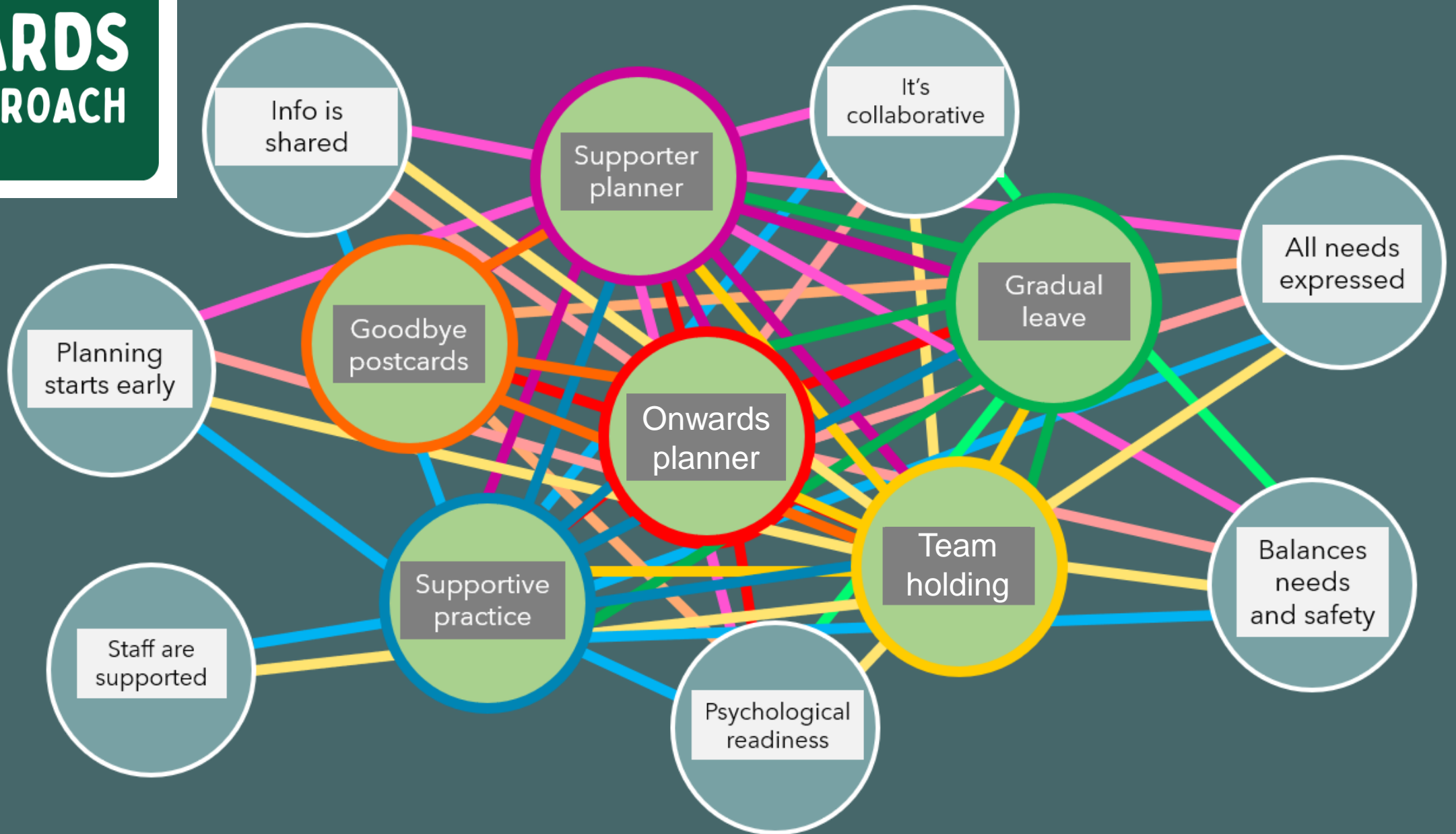
THE WORKING ENVIRONMENT FOR STAFF IS SUPPORTIVE AND SAFE



Onwards Approach to discharge planning

- The programme theory and requirements for discharge planning were taken iterative co-design workshops across the three mental health trusts
- This was used as a basis to develop solutions
- The proposed solutions were mapped onto the programme theory and a package of solutions was developed to meet all key requirements
- This was taken to feedback workshops to refine and finalise the approach
- The Onwards approach is a wholistic approach: it is made up of components that synergistically work together to meet the discharge planning needs of service users, carers/supporters, and staff

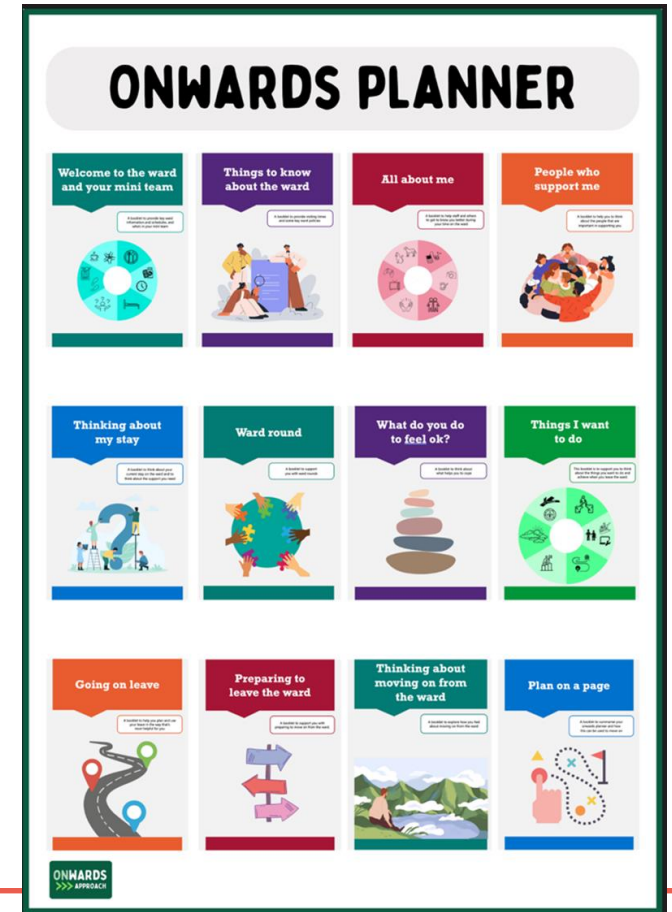
ONWARDS ➤➤➤ APPROACH



Onwards planner



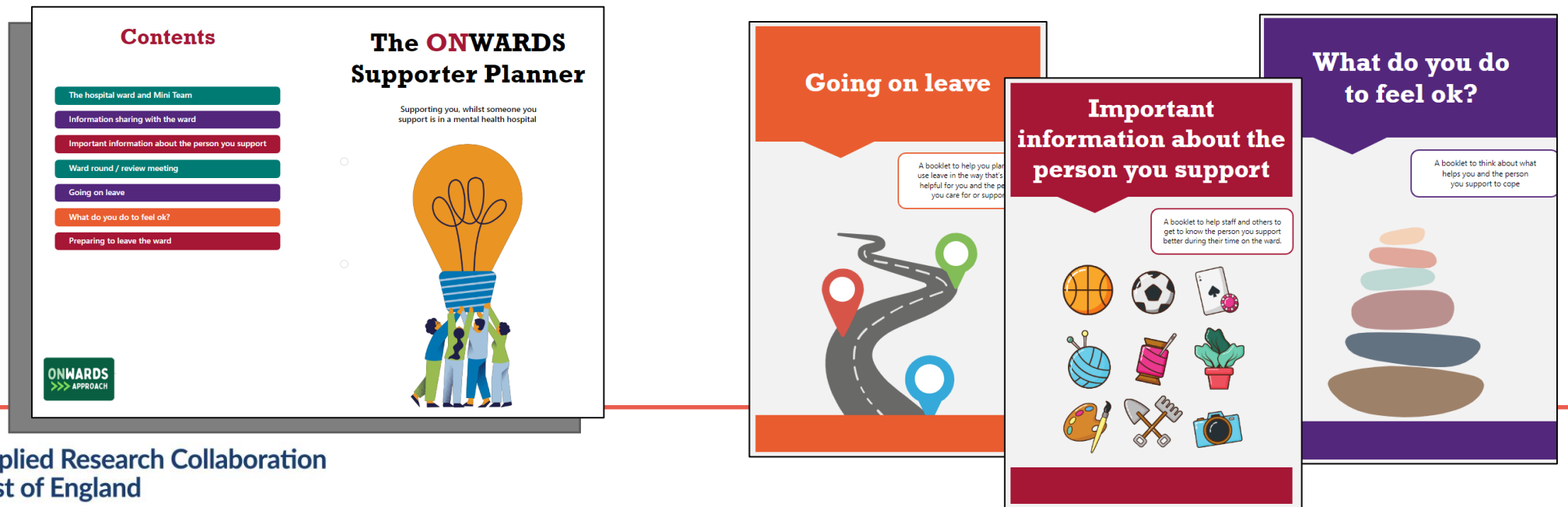
- The Onwards Planner is a series of booklets that address key needs for discharge planning
- Supports a gradual discharge
- Build an understanding of the person
- Supports emotional, psychological and practical readiness to leave the ward
- Owned by the service user to support feelings of agency
- Offers a tangible and supported process to shape the journey from admission to discharge



Supporter Onwards Planner

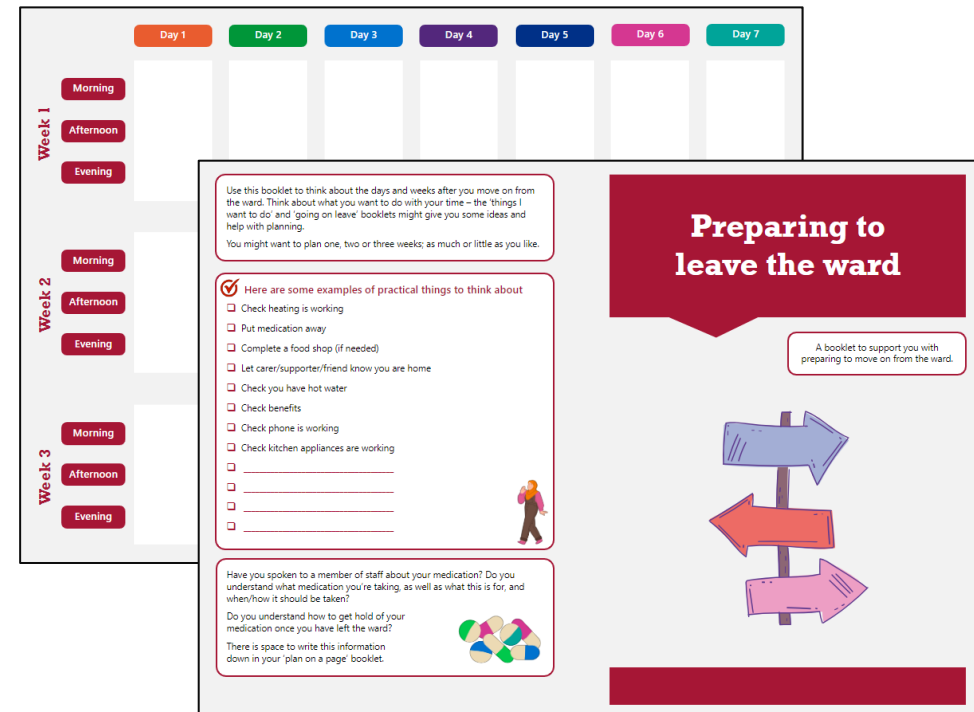


- The Onwards Supporter planner is the carers/supporters version of the Onwards planner
- It is briefer – containing the essential elements our research identified meet the needs of supporters to plan for and support discharge



Gradual leave

- Leave is an essential stepping stone for a good discharge
- Often not used or not optimally used to support discharge
- The Onwards Planner comes together to support leave that better prepares people for discharge
- There is a specific booklet in the Onwards Planner to plan leave
- Other parts of the planner (e.g., who supports me, what I enjoy, how I manage anxiety, what I want to achieve after the ward) can be drawn on to support a leave plan – and ultimately a discharge plan



Team holding

- Significant barriers to discharge discussions and collaborative discharge planning include staff concerns about how the service user will react and feeling isolated in decision-making
- Staff prefer to manage risk and safety in more cohesive team holding models
- One solution is for teams to reconfigure into smaller teams instead of named individuals



Supportive Practice



- Team discussions helpful are helpful for staff
- Current formats often not that helpful
- The Onwards Approach includes a package of guided Supportive Practice sessions
- Support staff to draw on their own expertise or develop skills and knowledge to deliver Onwards Approach
- Offers short starter animations or videos and templates to support each session
- Designed to support problem solving, expression of emotional impact of the work, collaborative skills and encourage teams to work together supportively
- Creating safe conditions for complex decision-making

A thumbnail for a video titled "SUPPORTIVE PRACTICE: EVE'S EXPERIENCE". It features the Onwards Approach logo on the left, the title in bold black text on the right, a large black play button in the center, and a colorful circular icon of people on the right.

A document titled "SUPPORTIVE PRACTICE PROMPTS: EVE'S EXPERIENCE" with a list of eight questions. At the bottom right, there is a small illustration of a person with a thought bubble above their head. The Onwards Approach logo is in the bottom left corner.

**SUPPORTIVE PRACTICE PROMPTS:
EVE'S EXPERIENCE**

1. What are your reactions to the animation?
2. How could the discharge planner have been better introduced to Eve?
3. Eve said that it was helpful to talk about the things that would be good about her discharge. How might this be helpful and/or unhelpful for people?
4. Can you think of how the planner could be used to talk about strengths and positives whilst also acknowledging difficulties and worries in relation to being discharged?
5. How might the Onwards Approach be used to plan for the practical issues in terms of returning home (e.g., paying bills, preparing meals, grocery shopping etc)?
6. How could the Onwards Approach have been used to support Eve (or others) in ward rounds or review meetings?
7. How could the Onwards Planner be used to support a more gradual discharge?
8. Is there anything that has been helpful today in terms of thinking about people you are currently supporting?

Goodbye Postcards

ONWARDS
➤➤➤ **APPROACH**

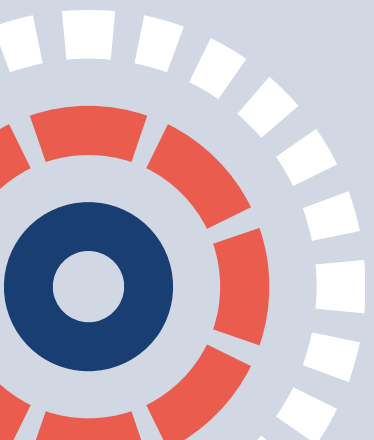
- Endings are often difficult for service users leaving the ward
- Hard to leave people (other service users and staff) that have been important on the ward
- People with lived experience, the research team and staff have developed a set of Goodbye Postcards
- Can be given to other service users and/or staff when people leave
- Marks and honour the endings that discharge brings



Current progress...

- MINDS study is currently in year 3 (final stage)
- Onwards Approach has been developed
- Implementation is underway
- Process evaluation: Interviews, ward observations, outcome measures
- Observations: evaluate how the approach works in practice – compared to the ‘discharge works best when’ requirements
- Interviews (service users, carers, staff): is the approach acceptable, was it helpful to support transition off ward (service users, carers), delivery (staff)
- Outcome measures: feasibility, test programme theory, alignment with qualitative findings
- Initial understanding of costs relating to the approach
- Decide on a clinical trial

Thank you!





Working on Worries

Enhancing collaboration between the health and education systems to increase access to parent-led CBT for child anxiety in Norfolk and Waveney.



Working on Worries

- 50% of anxiety disorder cases have an onset before the age of 12
- 6.5% of children affected
- Limited access to evidence-based interventions
- School staff lack training to meet the needs of children

Key aims

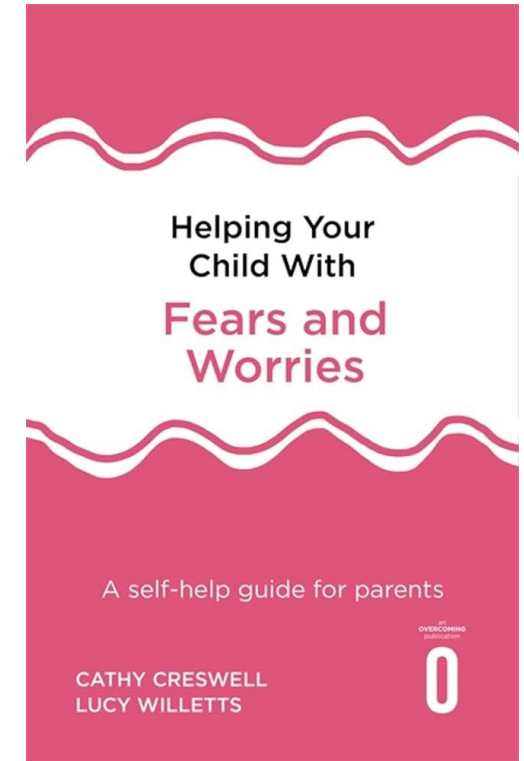
- Improve access to PL-CBT by training primary school support staff
- Evaluate the facilitators and barriers to successful implementation

Parent-led CBT

- Empowering parents and carers
- Teaching families cognitive behavioural skills
- Equally effective when delivered by “novices”

Available in 2 formats:

1. Helping your child (HYC)
2. Online support and intervention (OSI)



OSI-GROWS

33

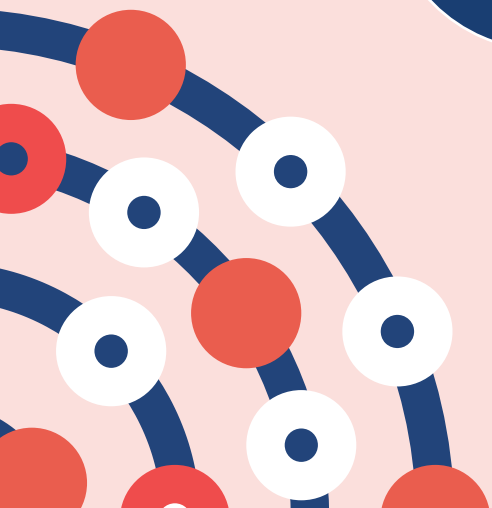
Local mental health professionals identified to be PL-CBT trainers and provide ongoing support to school staff.

**216**

Pastoral and support staff trained to deliver PL-CBT across 125 primary schools.

189

Families accessing PL-CBT: 35 HYC
154 OSI



Facilitators

School staff understand children's difficulties

Schools have pre-existing relationships with families

Support staff benefit from input from wider school staff

Convenience for families to attend sessions in school

Intervention fits well with existing offer of support

Barriers

School staff lack capacity and require protected time from SLT

Schools need to be flexible to accommodate the needs of families

Ongoing training needed to account for staff turnover

Schools may lack physical space to deliver face-to-face sessions

Intervention structure may clash with school timetable and holidays

OSI Contributions

- Time efficient and convenient for staff and families
- Flexible and easy to use
- Useful in overcoming some of the barriers identified

“We'll just be offering OSI first with [name of school] because time wise that will allow us to support more people.” – School staff, focus group

“For me and for them really, it's just a time thing... If it was just the face-to-face led thing, I don't think I would have been able to do it.”
– School staff, focus group

Public and Patient Involvement



Stakeholder Steering Group

MH service
representatives

Commissioners

Children's services

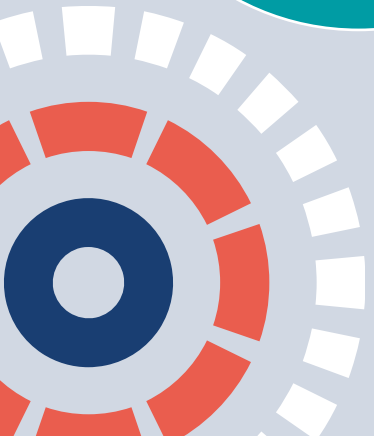
Education

Parents/carers

Parent/Carer Advisory Group (PCAG)

Parents and carers
of children who
had experienced
anxiety.

Facilitated by a
peer researcher.

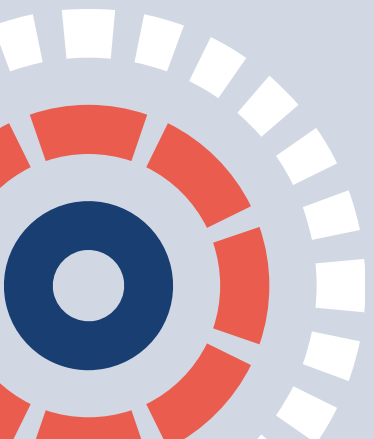


Public and Patient Involvement

PCAG Outputs



- Co-production of parent/carer-facing resources
 - Video testimonials
 - FAQs and common concerns
 - Information for parents/carers to share with wider family
- Approach to collecting feedback from families
- Plain English project summary



Next steps...

Local ICB extension

- Continued training of primary school staff
- Expanding offer to include MHST schools
- Training local EMHPs and CWPs in OSI

MHIN extension

- Collaboration with Northwest Coast ARC
- Developing PL-CBT implementation guide and toolkit

Thank you for listening!

Working on
Worries





Each Community is Prepared to Help

Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026

Guy Peryer

[NIHR Knowledge Mobilisation Fellow]



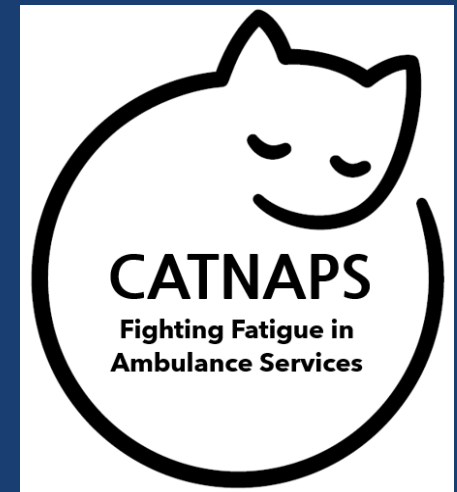
CATNAPS



Fighting fatigue in NHS Ambulance Services

Kristy Sanderson for the CATNAPS team

University of East Anglia, University of Hertfordshire, Ambulance Services in East of England, South East Coast, East Midlands, Scotland



Paramedic INSIGHT

 COLLEGE OF
paramedics
Leading the development of the paramedic profession

DECEMBER 2020
Vol6 No.4

CASE STUDY: FATIGUE-RELATED AMBULANCE RTC



East of England Ambulance Service were interested in staff sleep health and fatigue

Paramedic Jon Rogers shared his powerful story of falling asleep at the wheel of an ambulance

Patients told us they cared about ambulance staff being healthy and well on shift



What is best practice in fatigue management?

- Gather evidence on what is done in other industries
- Will it work for ambulance services?

What is currently done in NHS ambulance services?

- Talk to senior managers across the UK
- Talk to frontline staff, walk in their shoes (observations)
- Talk to people who have used ambulance services

How can change happen?

- Develop guidance to help ambulance services make changes for benefit of staff, patients, and general public
- Consider staff in different roles, regions and personal circumstances

1. Prevent Fatigue



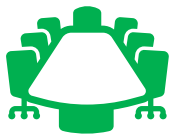
Design of working hours



Education and training



Health and wellbeing



Senior management and management support

2. Reduce consequences



Dynamic fatigue risk assessment

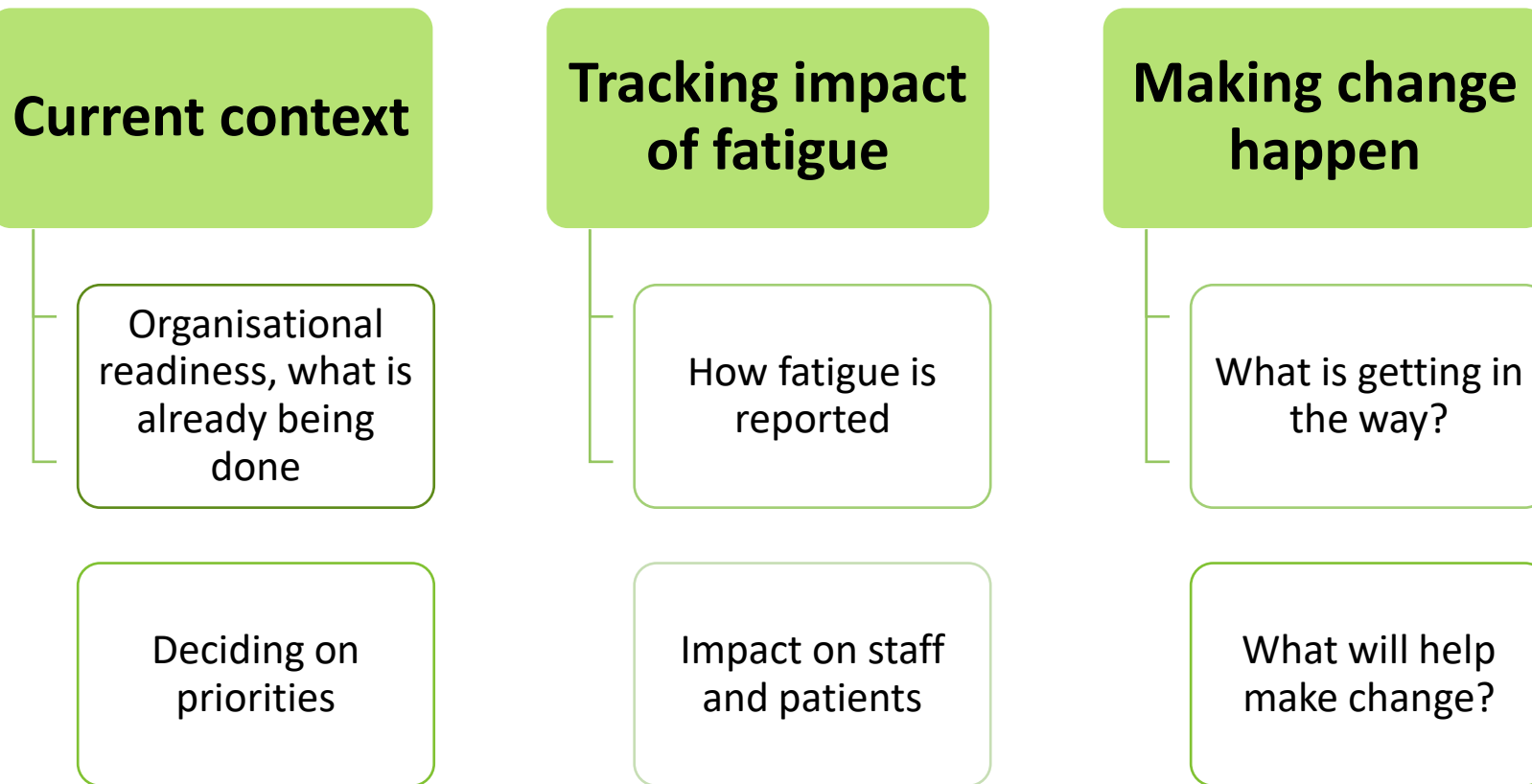


Mitigation measures on shift



Accident investigation and near miss reporting

What senior managers said



What frontline staff said

Fatigue and its impacts are commonplace, discussion about potential risks and fatigue less so

Ambulance service does not respond to fatigue, or reacts inconsistently

Initiatives have been attempted but mixed results

Impacts of, and on, personal lives

A mix of optimism and cynicism for proposed fatigue management strategies

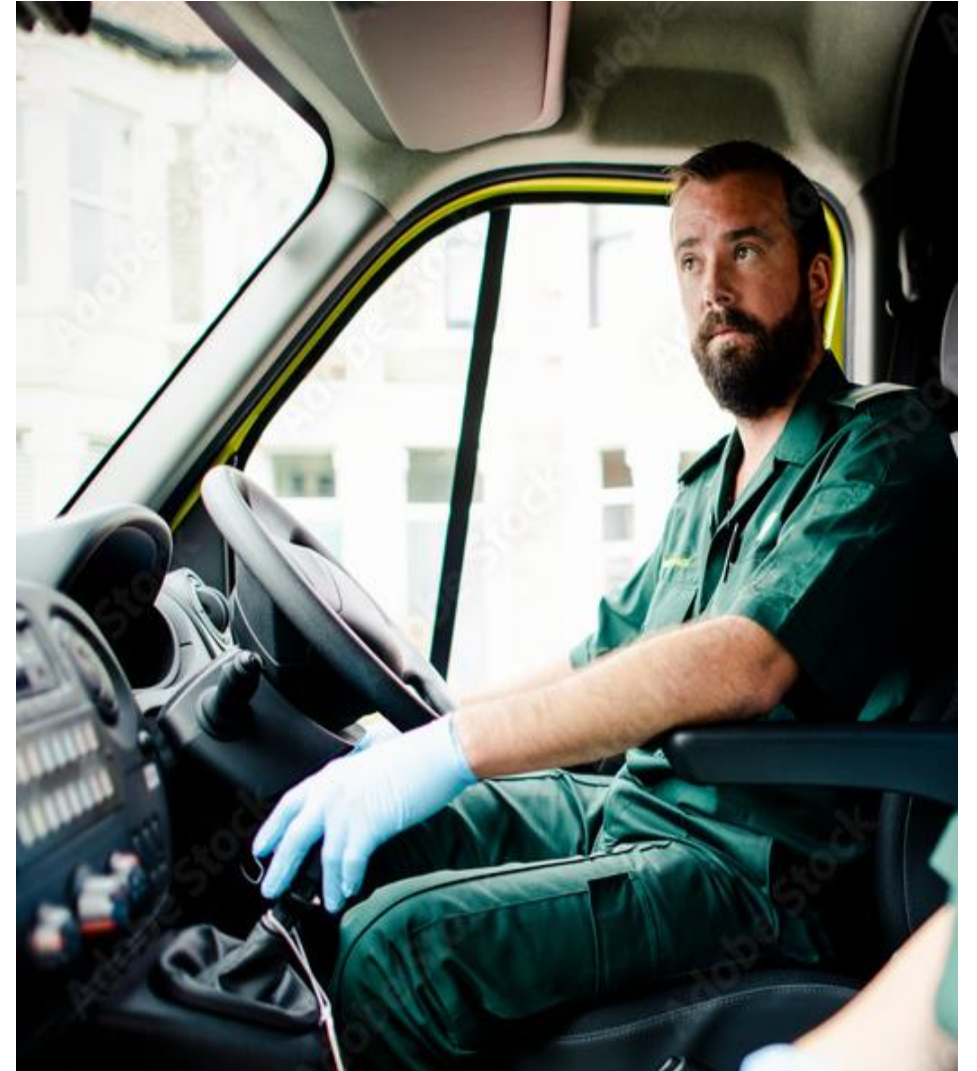
Trying to rest while taking a break on shift

... if a manager walks in and all the lights are off, you'd be in trouble. But I never saw a policy on that, but people were obsessed about keeping these big LED lights on all the time there's no dimmer switches, our chairs are, I think, definitely uncomfortable.

I'd like to even then go, go on the floor, get some blankets so I can bring in for myself and try out a sleep. But you can't, because people are always walking in and the lights turn on automatically.

What happens when staff try and raise fatigue

..the other day, I'd say when I was driving, I felt so tired to drive and didn't feel safe to drive, let alone attend a patient. I think that was completely ignored by the control room, I was made to feel like I was a problem.



Impact on personal life

Paramedic who worked weekend night shifts for three months without any day shifts:

I'm also a churchgoer, so that was basically three months where I was essentially watching, watching church services online, so you know...you miss out on the interaction.



Patients: views on fatigue interventions

On roster design:

I really like the sound of the chronotype matched rostering. I'm a morning person, and ..my husband is not a morning person. ...We don't even talk to each other when he gets up.... so I completely get this because if you get somebody like him who's been given a morning shift as a paramedic, you know it's just an accident waiting to happen. So, I think that's brilliant.

On technology for fatigue monitoring:

So, the automated fatigue monitoring, I think that's a really, really good idea because that might actually help some people who are in denial. "I'm fine. I'm fine. There's nothing wrong with me." And the colleagues are there thinking, 'There is.' But again, it needs to be used for good, not to punish somebody.

Patients: views on fatigue interventions

On staff taking sufficient shift breaks:

I found that the ambulance, when they got there, they are your frontline workers and what they do often makes much more of a difference than what a doctor will do an hour later. And so, they need to be as alert and responsive.... I think I would approve of more breaks personally.

On seeing staff with eyes closed/napping

On a personal level, it wouldn't bother me, but I know that on a public level it would probably bother the public quite a lot. I think maybe there needs to be some sort of sign somewhere ... that would indicate that this is a normal part of their work....there does need to be a really big marketing campaign around it, so it's all over the NHS.

Patients: what could improve

The outcome for me would be quality care....people are really keen on quicker response times, which would not necessarily be the case if they had more breaks, but it would be.. something about response....so they might not arrive there grumpy or stressed.....to say "look they arrived there calm, relaxed."

If they're very tired and they go home, and have all this stuff to do, they get more tired, and it becomes like a never-ending cycle. If this is put into practice and it works, it means that it's going to improve their external life and then they're going to come back, and their work is going to be better and improve.

I was very surprised it says that the fatigue reduction management system to prevent fatigue are not routinely used within the NHS at all. ... there are so many areas that people are working. And I thought maybe something like this then could be rolled out across the NHS or something like that. So, I think it's an excellent study, excellent study.

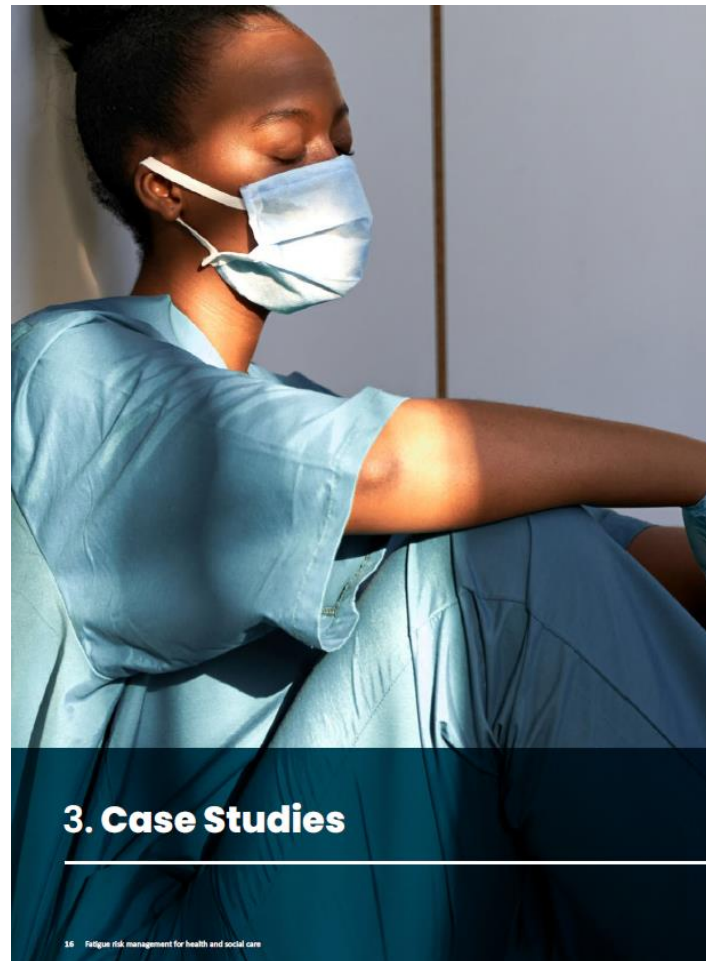
Getting the message out, making a difference

Jeremy Dearling is a patient with lived experience of fatigue, he leads our patient and public work for CATNAPS

He designed and hosts a podcast to get a behind-the-scenes look at a research study like CATNAPS

<https://www.uea.ac.uk/groups-and-centres/projects/catnaps/disseminationpublicengagement>

Fatigue risk management for health and social care



3. Case Studies

Developing a Fatigue Risk Management System (FRMS) for the NHS Ambulance Sector: CATNAPS Study

Professor Kristy Sanderson, Chair in Applied Health Research, School of Health Sciences, University of East Anglia, and NIHR Applied Research Collaboration East of England, for the CATNAPS team

i Background

Public ambulance services are an important sector of the health system to consider for fatigue management given the nature of care delivery: emergency care in often unpredictable locations, periods of extreme demand and sometimes stressful work, and high-speed use of ambulances and other response vehicles posing a potential risk to staff, patients and other road users. In 2019, the Association for Ambulance Chief Executives

(AACE), the industry body for Chief Executives and Board Chairs of public ambulance services, nominated staff fatigue as a priority issue they wanted to try to tackle collaboratively across the UK. They had anecdotal case studies and evidence from two research studies in ambulance trusts, including one done by our team, that fatigue was common, associated with feeling unsafe on scene, and a potential risk to patient safety.

>> What happened next?

With support from the NIHR Health and Social Care Delivery programme, we were able to start designing a new approach to tackle fatigue and promote better sleep health for staff in ambulance services across the UK, using a mixed-methods approach.

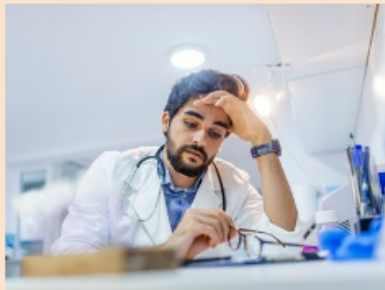
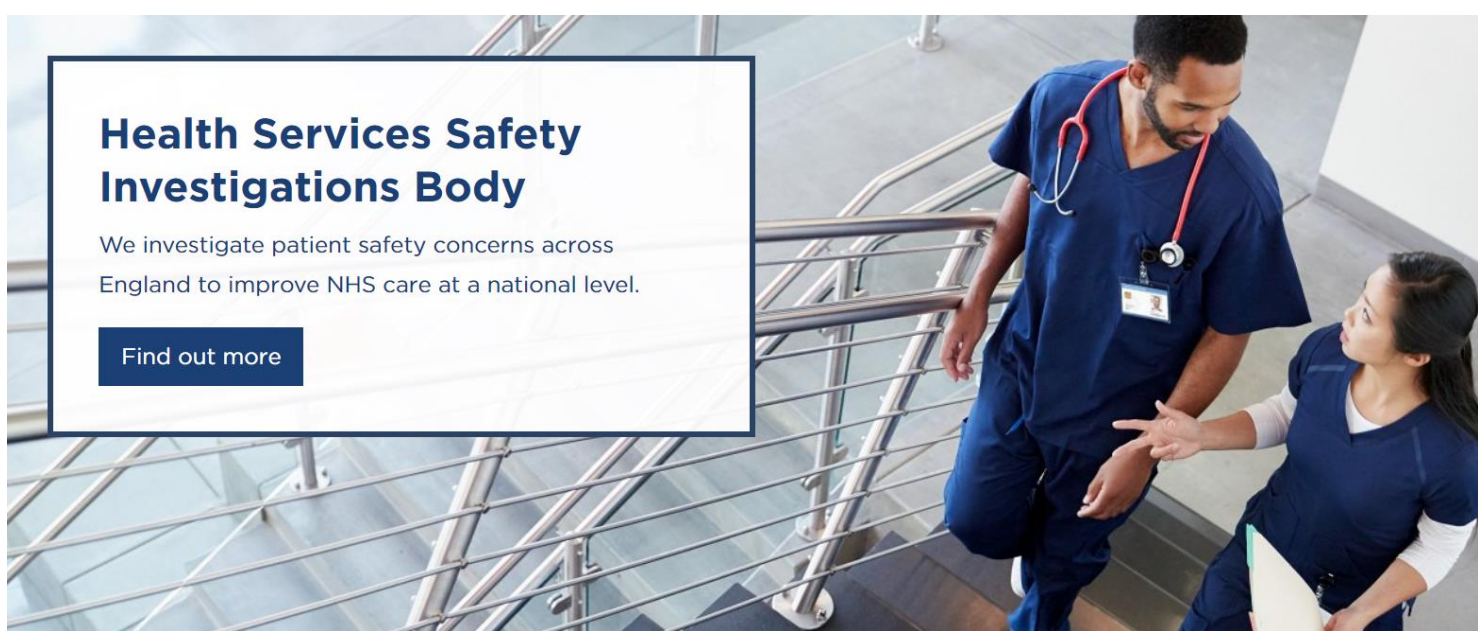
✓ What we did

This study was developed, and is being delivered, in partnership with AACE, South East Coast Ambulance Service NHS Foundation Trust, East of England Ambulance Service NHS Trust, Scottish Ambulance Service, East Midlands Ambulance Service, Health and Safety Executive, and the Universities of East Anglia and Hertfordshire. Ambulance service frontline staff and patients have shaped the design and delivery of this study, with an extensive consultation period informing the research proposal. We involved senior managers in ambulance services responsible for working conditions and supporting staff wellbeing, as well as unions and fatigue management experts.

Health Services Safety Investigations Body

We investigate patient safety concerns across
England to improve NHS care at a national level.

[Find out more](#)



Fatigue risk in healthcare and its impact on patient safety

Fatigue presents a potential significant risk to patient safety and staff wellbeing. In other safety-critical industries, fatigue is monitored and routinely considered as a potential contributory factor in safety incidents.

[Read the summary](#)

Launched

Theme:
NHS staff,
Patient safety
themes

catnaps.study
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