



# FoNS Improvement Insights

## An Exploration of the Lived Experience of Patients and Staff Involved in Supportive Observations within a High Secure Environment

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### Project background

Ashworth Hospital is a high secure hospital in England which provides in-patient care and treatment for men who are deemed to be a grave danger to self or others, and are detained under the Mental Health Act. The services and systems within a high secure environment have historically been ones that have seen patients disempowered and marginalised and ones in which the contradictory roles of care giver and guardian often co-exist.

Supportive observation is the practice of intentional observation of patients who are in acute distress or may be a danger to themselves or others and is intended to be a therapeutic alliance between patient and staff. The project team recognised that there had been an increase in the use of supportive observations and that there was a resultant cost issue for the hospital.

### Aim and objectives of the project

The aim of the project was to gather the experiences of patients and staff involved in supportive observations to develop practice to achieve a more therapeutically orientated intervention, enhance the experiences of both care giver and patient and also inform policy and reduce costs. To achieve this aim, the following objectives were identified. To:

- Identify and engage stakeholders in the project
- Conduct qualitative narrative interviews with patients and staff to identify their experience of supportive observations
- Work with patients and staff in a focus group to further understand their experience of supportive observations
- Make recommendations based on the information gained through the project

### Key activities and outcomes of the project

A mixed methods approach was used combining both qualitative and quantitative methods.

- Audit

The team carried out an audit in relation to the number of staff hours involved and the cost of supportive observations to get baseline data.

- Team values and beliefs

The team facilitated values clarification exercises about the purpose of supportive observation with key stakeholders. Separate events were held for patients and each professional group of the patient care team. Each group started with individual statements which were then discussed in order to

formulate a group statement beginning 'we believe the purpose of supportive observation is...'

- Staff and patient interviews

These were designed to explore the personal experiences of being involved in supportive observations. Interviews were conducted by the team using open-ended and supplementary questions; they were recorded and key themes were identified.

- Patient focus groups

The project team arranged patient focus groups to build on the findings of the interviews and to gain a greater understanding of patient experiences by allowing them to share their own experiences in a small group setting, within a semi-therapeutic environment supported by a facilitator for each group. There were some practical challenges to organising the events, for example some patients cannot be in contact with each other because of clinical and security risk issues. Four groups were held, the last one being run as a joint patient and staff session. Patients appeared to be empowered to talk about their experiences and suggestions were made about practice and policy which form part of the recommendations of this report. These included: the involvement of patients in the training of staff in the use of supportive observations; patient involvement in the analysis and improvement of the policy on supportive observations; a reduction or change to documentation to enable a more therapeutic relationship between patient and staff member; and more individualised and flexible care plans for each person to address privacy and dignity issues.

- Final audit

A final audit of hours spent on supportive observation revealed a substantial reduction in time and costs since the start of the project. Additionally, the project team have observed and experienced that staff are feeling more empowered to take individuals off supportive observations, rather than waiting for the care teams to make that decision. Staff are now considering other forms of interventions, such as increased engagement and meaningful activities where clinically appropriate.

### Implications for practice:

- Engaging with a traditionally hard to reach group may be challenging but can bring a deeper understanding of the patient experience
- Change can have financial as well as therapeutic benefits
- Staff and patient empowerment can lead to practical recommendations

A full project report including references can be accessed from: <http://fons.org/library/report-details.aspx?nstd=53117>

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