

Workshop: Good communication to improve the inpatient experience

Co Presenters: Jackie Edwards (family carer) & Vicky Romilly (Speech & Language Therapist)

The **aim** of this workshop was to explore how understanding the Speech, Language and Communication Needs of the Transforming Care Population are integral to improving people's lives and ensuring that we involve people meaningfully in their care.

The **objectives** were to:

- To consider current practice in how staff multidisciplinary teams document and understand a person's speech, language and communication needs.
- To consider the skills within the current workforce and what learning and development opportunities are available
- To consider how families are enabled to share their expertise in considering their child's speech, language and communication needs.
- To consider whether communication is or can be usefully linked to ideas around 'risks'.

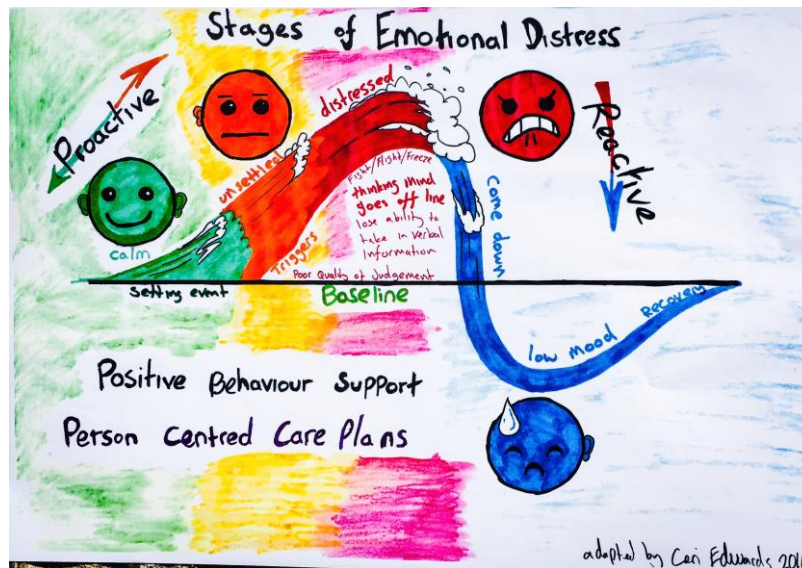
Background

Transforming Care has created a focus on an important, vulnerable population in our society. This group of people did not historically have their Speech, Language and Communication Needs (SLCN) recognised and with such emphasis on communication and involvement, we need to get communication right and make involvement meaningful. The role of the family and significant others can be crucial to understanding, developing and maintaining positive communication.

The development of community services to meet the needs of this population comes at an exciting time where communication and information needs have been recognised both through the Five Good Communication Standards and the Accessible Information Standard. Our knowledge of the SLCN of this group of people, alongside these standards enables us to consider carefully what we require in our community workforce.

Workshop discussion

The group discussed that it was important to consider how information is presented in order to ensure it is implemented. A participant shared that in his service everyone has two versions of their PBS plan. A 16 page detailed PBS plan and a 2 page laminated grab sheet containing the essential information that you immediately need to know. Should communication passports be DVD's? A 15 minute DVD can often capture the person better than a paper version of a communication passport. Workshop participants discussed a graphic of PBS:



There are lots of positive national policy drivers to ensure a persons Speech, Language and Communication Needs are recognised and met including:

- *5 Good Communication Standards* (arose from Winterbourne View concordat)
- *The Accessible Information Standard* – by law health and care professionals must identify, record & share information if people have communication and information need.
- *Building the Right Support / National Service Model*
- *Learning Disability Senate Outcomes*
- *Local Transforming Care Partnerships (TCP) planning*

The term meaningful involvement is widely used but what does it mean? What discussion around communication takes place before plans are made to involve people in their care? Need to think creatively and flexibly about national policies and guidance and tailor involvement to the individual. Meaningful involvement should take account of:

- Speech language and communication needs
- An ability to focus, process and retain information
- A persons' emotional arousal level
- A person's mental health presentation

It was felt that people are often not meaningfully involved in their care planning e.g. asked to join the end of a meeting after decisions have been made. Discussion focussed on how best to involve people properly. Ideas discussed were:

- Preparation before and after for some individuals with named nurse or advocate
- Contributing by DVD

Risk

One participant commented that a lack of Speech & Language Therapy input can hinder an individual's progress and that it should be an essential as part of the inpatient experience. Dysphasia is often prioritised over communication needs when there is a shortage of Speech & Language Therapists. The view was expressed that people do not always link

communication with risk but that it is helpful to think about it in this way. An example was given of people who 'get into trouble' e.g. arson which can be caused by people ruminating on thoughts. These individuals may not be identified as having a speech and language need. People who display behaviours that challenge often have an inability to communicate their needs. It would be helpful for MDT's to be explicit about the risks stemming from communication needs and document these in risk assessments.

A concern was raised about people with a forensic history never being allowed to forget their history or given a chance. Positive risk taking should be allowed but this is often not the case.

Care & Treatment Reviews (CTR's)

Participants highlighted the importance of thinking carefully about when and how to involve people in Care & Treatment Reviews. Examples were given of professionals disagreeing in a CTR and conflict being difficult for the person. Another example given was choices being presented that are not available. It was agreed that the points raised earlier in the workshop about meaningful involvement would provide a useful checklist for consideration before a CTR to plan a person's involvement in the review.

Workforce

Participants were asked to consider the following

- What do the workforce currently know about speech, language and communication needs?
- Are learning and development opportunities inclusive of parents and carers?
- What do we need to do to ensure family members feel listened to when they are describing their son or daughters communication?
- What if...everyone we supported had their communication needs recognised and documented?

It was felt that people have their communication needs understood and met is a basic human right. In order to deliver this the workforce either needs more Speech & Language Therapists or all training across the workforce to include communication. The resilience of the workforce also needs to be considered as there is a high turnover of staff in the sector. It was suggested that Team Leaders in frontline support are a key group to target to enable them to train new staff members and model behaviour i.e. practice leadership.

The group discussed the importance of leadership in implementing change. Who owns communication? Needs to be everybody's responsibility. Outcomes won't be met without this.

Finally the issue of service specifications was discussed. Practitioners had found that if communication needs are not clearly specified in the service specification then the support required is not delivered.

Actions

Two key priority actions to feed back to the CB-NSG, LD Professional Senate and other stakeholders.

What	Who	When
1. Each inpatient service to have a communication strategy based on the 5 Good Communication Standards	Royal College of Speech & Language Therapists to liaise with the Senate & CBF to create an audit tool & action plan template to enable inpatient services to audit and review action plan annually	March 2017
2. A checklist of meaningful involvement has been produced. Feed checklist into Care & Treatment Review (CTR) review with the aim of changing process so that involvement discussed & agreed before CTR takes places.	Vicky Romilly, Shaun Gravestock & Gemma Grant	ASAP
3. Review communication standards included in LD AIMS & Forensic Peer Review to ensure up to date and reflect the 5 Good Communication Standards	Shaun Gravestock	November 2017
4. Statutory training. Workforce core competencies for team leaders of front line staff	Discuss with Health Education England, Skills for Care, Skills for Health CB-NSG and LD Professional Senate to formally write to all about how to take forward.	
5. Develop/collect examples of service specification involving communication needs for people moving out of inpatient setting. Feed into expert reference groups.	LD Professional Senate and CB-NSG members to be asked for good practice examples. RCSLT to consider how to take forward with partners.	November 2016, with deadline for response by end December 2016.