

## Examples / Quotes:

A. Patient asked to paint a wall in her bedroom on the ward. Staff said 'No this is a hospital not your home, you can't do that.' When we thought about this further there were lots of reasons why it was actually a good idea:

- It is a good distraction technique
- It made her feel useful and valuable
- It encouraged patients to respect and improve their surroundings
- A personal space where patients feel safe is likely to aid recovery
- It made the patients feel ownership of the ward and believe they could make positive changes
- Just because it wasn't usual didn't mean it couldn't be done

### Quotes:

- 'I feel I was listened to'
- 'I felt I had achieved something'
- 'I felt pride which I hadn't felt in a long time'
- 'I was doing something normal'
- 'I felt like my opinions counted'
- 'I wasn't dismissed'

B. On admission to one of our wards a patient expressed the desire to bring his own pillow in as he had neck problems and found his own pillow soothing. Fire safety and infection control regulations state that on the hospital premises all bedding used must be pre-approved. So the answer was a "no", but on reflection staff felt that the pyjamas the patient was wearing were just as inflammable as his pillow. They exercised their judgement and brought the patients distress levels down by allowing the pillow and then sought the necessary permission.

## Acknowledgement:

The idea of No Audit originated on **Mulberry 2, CPFT** and was led by **Jane Poppitt** and **Terry Hill**.

# No Audit: Reflect to Reframe

*Theme: Reflective Space*

## Objective:

- Empower staff to be creative in saying yes and embed a can do culture
- Create reflective space to explore the balance between the needs of one patient against those of the others
- Put patients first, capture hope and decrease frustration

**Concept:** From time to time staff members say no to patients. Each instance is an opportunity to REFLECT. Capturing and creating a non-judgemental space to think through how we came to the decision and whether we could have said yes helps us put the patient first.

We think about:

**R – Reframe: What would it have taken to say yes?**

**E – Easy: Was 'no' the easy option?**

**F – Feeling: What would it have felt like?**

**L – Listen: Did we listen?**

**E – Explain: Did we explain?**

**C – Creative: Where we creative enough?**

**T – Time: Did we take the time?**

Reflecting on these questions encourages staff to think more about their practice and how we can continue to improve. This leads to a culture of "First say YES". When we do say "no" our responses are kind and considerate. Patients can understand where we are coming from and get a sense of what would need to happen for us to have said "yes". E.g. leave from the hospital contingent on improvement they make.

## Pragmatics:

- Set up a collection box for 'no slips'.
- Encourage reporting by putting up a poster above the collection box saying we like to say yes, tell us if we have said 'no' to you.
- Keep the 'no slips' simple – if we said no to you to please tell us about it
- For this to be embedded in every day practice, build it into your reflective practice sessions, supervisions and handovers etc.
- Evolution of recurring themes, the quality of the discussion and less incidents will allow you to monitor progress over time.

**Top Tip:** Maintain a non-judgemental stance at all times and create ownership and delegate responsibility of the process to the frontline staff by encouraging open and honest reflections and dialogue.

**Note:** This is not about discarding policies and procedures as they have been put in place for a reason, however when policies override common sense and clinical judgement, staff are encouraged to take a view and put patients first while at the same time keeping an eye on what it means for the rest of the patients.



Time:

Cost:

Training:

Staff:

Quick Win: