

Star Wards' evidence-base

Our work has an eclectic range of influences, most of which also form the evidence base. There are all the predictable (and therefore important!) ones - the reports and research anguishing over the state of acute care. These are included in the Star Wards' publication. The following is a list of other publications, and people, that inform, influence and enliven our work.

Bright organisationally

Ricardo Semler, author of *Maverick* and *The Seven Day Weekend*. Semler's large, disparate and successful Brazilian company is run in an astonishingly laid-back, employee-determined way. Semler's trust in staff and their resultant freedom to organise themselves, gives us the inspiration and confidence to keep operational policies to the minimum (currently none) and generally be highly flexible and responsive.

http://en.wikipedia.org/wiki/Ricardo_Semler

Star Wards

Our greatest influences and teachers are our members. We are continuously dazzled by what we learn about and from their work with seriously mentally ill patients. We'd love to be able to commission Proper Research which explores and validates this - and any potential funders reading this should feel more than free to contact Marion day or night - 07932 696083. In the meantime, we rely on, and the Star Wards' community benefits from, accounts, visits to wards, survey responses, press cuttings, steering group minutes, emails, conversations.... anything that illustrates that despite the exceptional challenges faced by acute wards, it is possible to provide superb care to acute inpatients. If we need evidence of particular (or general) great acute care practice, we just ask Malcolm Rae, joint national lead for acute inpatient care. He knows everything, as well as everybody. We love Malcolm.

Institutions

Marion has had a real thing about 'total institutions' since reading Goffman's classic *Asylums*. The fact that it is still highly relevant about 45 years after it was written illustrates the ossified nature and devastating effect of total institutions on people who live in these large, closed, usually involuntary establishments.

http://www.amazon.co.uk/Asylums-Situation-Patients-Inmates-Sciences/dp/0140137394/ref=pd_bowtega_1/026-2305087-1780457?ie=UTF8&s=books&qid=1188846572&sr=1-1

Star Wards' structure and approach

Closer to home, another Semler enthusiast is Henry Stewart, founder and CEO of Happy (www.happy.co.uk), regularly voted one of the best, as well as most ethical, workplaces in the country. Henry is actively supportive of Star Wards and convinced us at an early stage that rather than trying to impose yet more performance indicators, quality standards or prescriptive practices on wards, we should inspire and support. How right he was! Wards have come up with much more creative, sustainable and locally suited opportunities for inpatients than we could ever have done. And interestingly, most of our members have chosen to introduce a very systematic model of quality assurance, one that they have created and are committed to.

Henry not only introduced me to Semler (OK. Not in person. And not with a free flight to São Paulo.) But also to a book whose title and sub-title may not immediately inspire confidence - *A Perfect Mess - The Hidden Benefits of Disorder*, by Abrahamson and Freedman. It's a wonderful analysis of the costs of being highly organised and the converse benefits of informality, asymmetry, uncertainty and general scrappiness in many situations. The positive manifestations of these include diversity, flexibility, responsiveness, creativity, improvisation, adaptation, spontaneity, serendipity. (They do concede that it's best to have meticulously organised and systematic pilots, brain surgeons etc. But wouldn't the world be just that much lovelier if traffic wardens were given Semler-like trust to use their own judgement sometimes?)

http://www.amazon.co.uk/Perfect-Mess-Hidden-Benefits-Disorder/dp/0297852043/ref=sr_1_1/026-2305087-1780457?ie=UTF8&s=books&qid=1188847616&sr=1-1

In relation to Star Wards, as we've only just come across this quirky text, it's more a case of reassuring justification rather than having used its powerful examples as an evidence-base when we were designing the project. (Neatly illustrating a messy, intuitive approach that worked out fine.)

Open source is described by its 'stewarding' organisation (www.opensource.org) as "a development method for software that harnesses the power of distributed peer review and transparency of process. The promise of open source is better quality, higher reliability, more flexibility, lower cost, and an end to predatory vendor lock-in." Star Wards' focus swiftly changed from advocating a portfolio of 75 ideas, to being one of inspiring, discovering and sharing the great practice taking place on acute wards. Central to this is the recognition that front-line staff and patients necessarily have a much better grasp of what's needed than we can do. And the process and fact of developing their own methods, priorities and practices also increase the likelihood of sustainable improvements. More specifically, Star Wards can only operate thanks to the

generosity exercised by open source participants. This might be in software development, creating collaboratively compiled resources such as the invaluable Wikipedia (<http://en.wikipedia.org>) or, in our case, members producing, adapting and sharing tools for improving acute care. (<http://www.brightplace.org.uk/starbench.html>)

And let's not forget Mao's contribution to the introduction of dialectical behavioural therapy and comedy evenings on acute wards. Marx may have been more into dialectical stuff than Mao, but he didn't come up with the *Let A Hundred* (sic - it has become swollen to the popular Thousand value) *Flowers Bloom* campaign. As a colleague pointed out, Star Wards is a bit like the blooming campaign but without the slaughter of the intellectuals. Right. The parallel is simply about providing some inspiration and guidance from the centre and then leaving local people to develop services in the ways most appropriate to local circumstances. A Star Wards' example of this is our forthcoming Star Awards for healthcare assistants. We'll set out some broad eligibility criteria for the three levels of attainment. But it's an achievement acknowledgment not an accreditation scheme, and different ward managers will apply the criteria differently, even idiosyncratically. And that's great. Unheavy, unbureaucratic, trusting, validating.

Star Wards' principles and contents

Again, the primary texts we rely on are in the Star Wards' publication, covering talking therapies, self-management, peer support, activities' programme and community links. An additional, strong influence is *Self-help and health* by Robinson and Henry, unfortunately now out of print. (It was published 30 years ago.) It compellingly sets out the benefits of self-help groups, including in comparison with (or in addition to) getting information and support from professionals.

Self Help Groups by Wilson and Myers has a handy summary and lots of practical advice and you can choose new or second-hand from Amazon:

http://www.amazon.co.uk/Self-Help-Groups-Getting-Started/dp/1874259003/ref=sr_1_1/026-2305087-1780457?ie=UTF8&s=books&qid=1188870593&sr=1-1

Spreading the word, or 'social marketing'

Communication is what we do. We don't sit next to anguished patients for hours, listening to them non-judgmentally and compassionately. We don't wrestle with conflicting staff needs to create a viable ward rota, or have to find someone to cover a shift in an hour's time because a nurse's 5 year old son has been sent home for flicking a collage of wet toilet paper onto the ceiling of the school loos. We communicate. We find out about excellence in acute care and enthuse about and publicise this.

We're into 'social marketing' - identifying and meeting the needs of users of public services. (That's not an official or even totally accurate description. It's a messy one, which is more accessible than the jargony textbook ones.) Luckily, mainly because of its similarities with its non-identical capitalist twin, there's masses of social marketing evidence on which to base our work. We're particularly attached to:

Fostering Sustainable Behaviour by McKenzie-Mohr and Smith, who have applied the fabulous discoveries of the social psychologist Robert Cialdini to creating socially beneficial campaigns which have a lasting impact.

http://www.amazon.co.uk/s/ref=nb_ss_b/026-2305087-1780457?initialSearch=1&url=search-alias%3Dstripbooks&field-keywords=fostering+sustainable+behaviour

http://www.amazon.co.uk/s/ref=nb_ss_b/026-2305087-1780457?initialSearch=1&url=search-alias%3Dstripbooks&field-keywords=cialdini

Alongside these, it's pretty essential to recognise that each of us is in a different place in relation to changes we are, or others want us to be, making. 'Stages of Change Theory' was ground-breaking as well as firmly rooted in findings from the successful efforts of thousands of people who have got over addictive behaviours. Similarly, wards are at different stages of achieving excellence in their treatment of inpatients and efforts to engage and resource them need to reflect this.

http://www.amazon.co.uk/Changing-Good-James-O-Prochaska/dp/038072572X/ref=sr_1_1/026-2305087-1780457?ie=UTF8&s=books&qid=1188850735&sr=1-1

It turns out that we've put together a structure and approach which covers what the masterminder of 'multiple intelligences', Howard Gardner, lists as the essentials for convincing people. According to *Changing Minds*, what's needed are:

- Reason (our rationale for Star Wards is informed and supported by staff, patients and carers)
- Research (we may be a bit anarchic or free-form but even this has a credible book attached to it)
- Resonance (it's clear from our members that it's the extent to which Star Wards' tone, intention and contents resonate with them that plays a big part in their motivation to participate)
- Representational redescription - rather a clumsy phrase, contorted for consistency with the other re-s, and meaning what symbols and images are used to represent the issue or message (Buddy, Marion's dog, minimally conveys an accessible, unthreatening, informal organisational 'personality'. And is particularly appreciated by dog-lovers. Particularly by Tibetan Terrier lovers.)
- Resources and rewards (sharing of information and practical resources; staff public recognition through non-competitive awards' schemes)

- Real world events (our suggestions, strategy and practice are informed and continuously adapted in line with what's happening out there)
- Resistances (our appreciation of the realities of the multiple, heavy-duty challenges experienced by acute wards helps us to work with them to overcome impediments to involvement)

Customer care and leadership

These two are related and crucial to improving acute care but not totally conjoined. We're fortunate to be advised as well as influenced by Phil Dourado who is an expert in both areas. Phil also cares for his wife who has Huntington's Disease and his own and his family's individual descriptions of their experiences are the most powerful accounts of carers' lives we've come across.

http://www.amazon.co.uk/60-Second-Leader-Everything-Leadership/dp/1841127450/ref=pd_bowtega_1/026-2305087-1780457?ie=UTF8&s=books&qid=1188869732&sr=1-1

http://www.amazon.co.uk/Learning-Live-Huntingtons-Disease-Familys/dp/1843104873/ref=sr_1_1/026-2305087-1780457?ie=UTF8&s=books&qid=1188869835&sr=1-1

A good place to finish our list. If you just choose one book to read from all this lot, we'd strongly recommend it should be this one.