



Green Walking Case Study

Derbyshire Healthcare NHS Foundation Trust

Project Description

Background

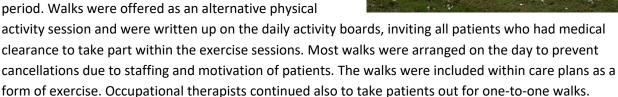
In April 2019, staff from the Hartington Unit in Derbyshire began a weekly walk with patients, having signed up to be a Green Beacon site as part of the Green Walking Project. The purpose of the project was to assess the various barriers and enablers of introducing an activity that provides supported access to a green space on an adult inpatient psychiatric ward.

Ward setting

The Hartington Unit is divided into three wards and has its own therapy services which combine Occupational Therapy and a Recreation Team. Occupational Therapist and Recreation Workers work across all three wards delivering physical and therapeutic activities and have all undergone walk leader training. The Hartington is based within the grounds of Chesterfield Royal Hospital which consists of open fields, woodlands and a nature walk leading to the local community golf course.

Approach

Eight group walks took place in the three-month pilot period. Walks were offered as an alternative physical





Benefits

Patient outcomes: Patients expressed that it was "good to get off the ward" and that they "didn't feel like they were in hospital".

Environmental/Financial: There was no need to seek funding before starting the walking group as the program drew on the time of regular salaried staff and had no additional costs.

Social: Staff noticed that walking together in a group fostered social inclusion, encouraging conversations between patients who may not have interacted due to being on different wards. In one example, support for a walk was offered from patients who had taken part in walks before, and who were familiar with the route. Staff encouraged this by taking a step back allowing conversations and the aims of the walk to be led

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by the participants. After the walk, the patients arranged to go out again together at some point over the weekend, which they were able to do without staff being present.

Barriers

Low motivation and mood of individual patients was a barrier to their willingness to attend the walking group.

Differences in walking abilities could make it difficult to keep the group together. At least one of the patients found walking in a group to be uncomfortable and much preferred the one-to-one walks.

Lack of appropriate clothing was a barrier at times though the team got around this by asking family members to bring appropriate clothes to the ward.

Due to staffing issues on the ward, it was difficult for ward staff to be released from duty to join in on the walking group. Staff shortages also led to some timetabled activities being cancelled (undermining patients' confidence); this was one of the reasons for arranging walks ad-hoc instead.

Plans to hire a mini-bus to take the group out to the Derbyshire countryside proved to be too costly and not a sustainable option.

What the team had to say:

"We will continue to offer walks, as part of a person's physical exercise programme and continue to build upon the social inclusion aspect"

Key Aspects of the Project

There was already interest in the idea of a walking group at this location, with staff already taking patients out for one-to-one walks. Being part of the Green Walking project increased awareness of other ways in which a walking group can be used for therapeutic purposes and encouraged the therapy team to link in more to the ward nursing staff. Walks are now included within care plans as a form of exercise, and have been incorporated into the gym programme.

Following the project, senior management at the Trust asked the team to support their sister unit in Derby with process of setting up walks, including supporting staff to complete walk leader training.

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