



Newsletter from the now
annual meeting held on
29 January 2019

Reducing Restrictive Practice Bulletin 11

At the last meeting of the Reducing Restrictive Practice group at Sandal in January we began with a brief overview of the Security and Ops meeting that takes place once a quarter across Yorkshire and Humber secure services. This can be found on page 2. We then did some group work to find out what policies exist across services in 4 key areas—Smoking, Technology, what is going well and any other issues. These can be found on pages 3-7.

We spoke about the CQC guidance around blanket restrictions and this is on page 8. We finished the meeting by looking at the new Benchmarking Tool standards around RRP and we asked everyone to begin to benchmark themselves on this area. The standards are on page 10. Waterloo Manor gave us a few examples of how they have used the tool which is on page 9. We finished by thinking about the next steps for this group on page 11.



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Presentation—Security and Ops meeting
Group Work—Key issues for RRP
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Group Work—Benchmarking RRP
Next Steps

Reducing Restrictive Practice Agenda

Sandal Rugby Club Wakefield

Tuesday 29th January 2019



13.30 – 15.30



1. Welcome and Introductions



2. Presentation – Security and Ops Group

- Andrew Flerin NHS England



3. Group Work – Key Issues - Gathering data!

Smoking – Internet – Other key issues – what's gone well?



4. Presentation – CQC Guidance



5. Group Work – Benchmarking Tool!

- Example from Waterloo

- Benchmark Ourselves - How do we measure up across the Network?



6. Next Steps

Security and Operations Group

Andrew Flerin Case Manager from NHS England came to talk to us about the Security and Operations Group that meets quarterly across Yorkshire and Humber secure services.

The purpose of the group :

- Allow commissioners to disseminate learning from regional incidents, as well as incidents from across the country that are under review by the National Group, in order to share learning.
- Linked/Joint Quality audit approach to share incidents and learning from services in the Regions.
- To provide a supportive peer network where organisations can gain support from other providers in matters relating to security and incidents across the Yorkshire and Humber region.

All services in the Network are a part of this group so if you are interested in attending then let us know and we can give you some more information. The group is not open to service users as the group discusses security issues, however Holly and Jo attend when they can to ensure any relevant issues can be brought back to the Network Involvement meetings for further discussion.



Group Work - Key Issues

Gathering Data - Smoking/technology

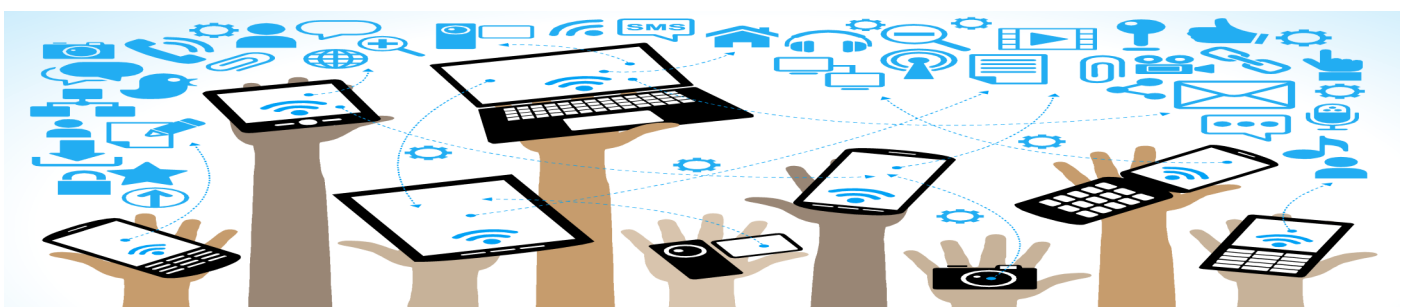
Smoking

| Service | Can you smoke in your grounds? | Is there a designated smoking area? | Can you smoke on escorted leave? | Can you smoke on unescorted leave? | Can you store smoking products within the hospital? | Can you use electronic cigarettes? | If so, where can you use them? | Can you only use a specific type of e-cig? (If so what kind) | How can you charge and store your e-cig? | Do you have access to smoking cessation? | Are there any other smoking related issues in your service? |
|-------------------|--------------------------------|-------------------------------------|----------------------------------|------------------------------------|---|------------------------------------|--------------------------------|--|--|--|---|
| Clifton House | No | No | No | Yes | Yes | Yes | On unescorted leave | Disposable | Disposable only | Yes | Cannot smoke on unescorted group leave |
| Cygnets Bierley | No | No | Yes | Yes | Yes in security | Yes | Bedroom | Lithium battery? | Office gives out after morning meeting | Yes | Yes |
| Cygnets Sheffield | Yes on driveway/bench | Yes | Yes | Yes | Yes | ? no one has one | --- | --- | --- | Yes | Would like a roof on the smoking shelter |
| Cheswold Park | No | No | No | Yes | Yes | Yes | Garden | Any | Designated area | Yes | Access to e-cig times |
| Humber Centre | No | No | Yes | Yes | No | Yes | Courtyard, bedrooms | e-burn yes soon | No | Yes | Yes |
| Moorlands View | Yes - e-cigs | Off hospital grounds | Line of sight | Yes | Yes | Yes | Courtyard | Type | Office lockers | Yes | Yes |
| Newsam Centre | No | Off hospital grounds | Not consistent | Yes | Yes | Not on ward | Outside hospital grounds | Any | Office | Yes | Some wards can/some cannot - unfair |
| Waterloo Manor | No | Dual service - on rehab side | Yes | Yes | Yes | Yes | Courtyard | No - any (unless) individual care plan needed | Office | Yes | yes |
| Wathwood | No | Off site | No | Yes | Yes | Only on unescorted leave | Leave | On ucl | Reception | Yes | Would like to vape |
| Bradley | No | No | No | Yes | Yes | Yes | Garden | Any | Nurses office | Yes | No |



Technology

| Service | Do you have supervised access to the internet? | Do you have unsupervised access to the internet? | Do you have access to a mobile phone? | Do you have access to a smart phone? | If so, where can you use this? (e.g. on or off ward) | Is there Wi-Fi available within your service that you can use? | Can you have your own laptop? | Can you use a games console with the internet? | If so is this in communal areas or just in bedrooms? | Are there any camera enabled devices allowed on your ward? | Are there any other technology issues within your service? |
|-------------------|--|--|---------------------------------------|--|--|--|-------------------------------|--|--|--|--|
| Clifton House | Yes | No | Yes | Yes – off unit, no – on unit | Off | No | Yes | No | n/a | On the internet suite | Wi-Fi not turned on. Staffing of IT suite |
| Cygnets Bierley | Yes | Off grounds (via mobile) | Yes | On leave | On leave | Yes | Yes (supervised) | n/a | n/a | No | Internet doesn't always work |
| Cygnets Sheffield | Yes | No | Yes | Not on ward - can be requested for S17 | ---- | No | Yes | No | n/a | No | PCs always break |
| Cheswold Park | Yes | No | Yes | On leave | Off ward | Yes | Yes | No | n/a | No | No |
| Humber Centre | Yes | Yes and no | Yes | Some (on leave) | On leave | Yes – LSU only | Yes | No but | Both | No | Yes!! |
| Moorlands View | Yes | No | Yes dumb phones | Yes in specific areas | ? | ? | ? | No | | No, however family room has one and reception | No |
| Newsam Centre | Yes | No (unless on smart phone off wards) | Yes | No unless on leave | Off the ward | Yes | Yes if used off the ward | No | n/a | No | No |
| Waterloo Manor | Yes | Yes | Yes | Yes (care planned limited locations) | Off ward | No | Yes | Yes (but no Wi-Fi) | Bedrooms | Bedrooms | No |
| Wathwood | Yes | No | Certain wards | Only on unescorted leave | On leave | No | Yes must be new and no camera | No | n/a | No | No |
| Bradley | Yes | Yes | Yes | Yes | Both | Yes | Yes | Yes | Bedroom | Yes | No |



Reducing Restrictive Practise - What's going well?

| Service | What's going well? |
|-----------------------------|--|
| Bradley Complex Care | <p>Wi-Fi. Smart phones. Access in the grounds after dark. No incident free period before leave. Reduced restricted items list. Patient involvement in recruitment and induction training.</p> |
| Clifton House | <p>Regular trips to the cinema. Making things to sell in the community. Volunteer work in the community. Recovery College. Walking group.</p> |
| Cygnets Bierley | <p>Mobile phones can be accessed on leave (internet). New menus. Trips in community – art trip (London). Lectures to uni students by service users. Smoking (health promotion). Open relaxed atmosphere. Improvement in how mental health patients are treated – dignity, choice, respect. Service users running groups. Input in medication. Ward round freedom to speak about own care. Good response to patient disputes (supported).</p> |
| Cygnets Sheffield | <p>Access to ward areas previously locked. Access to smartphones on S17. Smoking on leave now granted. Positive risks, eg netball hoop in garden. Soothing box now available on the ward. Least restrictive practice incorporated in training and updates.</p> |
| Cheswold Park | <p>Patient involvement in induction/recruitment, including patient guide on restraint video. We have NowTV. We have open access to kitchens, we are looking at a bursary to self-catering. We have a new structure to reducing restrictive practice meetings. Looking at access and assessment for restricted items. Developing a patient property policy.</p> |
| Humber Centre | <p>Reducing restriction group – service user involvement. Mobile phones in the unit. Smart phones on leave. LTS using S17 leave. Money – no blanket restrictions Wi-Fi in low secure unit.</p> |
| Moorlands View | <p>More service users attending the group. Meetings going ahead regularly. Smart phones areas. Smoking allowed on escorted leave.</p> |
| Newsam Centre | <p>Groups off the ward. Food related activities. Volunteer work which has led to some service users getting paid part time work.</p> |
| Waterloo Manor | <p>'Least restrictive principle' is still a topic of conversation and more thorough conversations take place. Some out of the box thinking, eg cutlery count done in a different way (trigger time) no longer everyone waits for everyone – tension. Safewards and other initiatives help staff thinking, self-awareness and their impact on service users – working together = happier times on ward and therefore less incidents. Safewards interactive board – changes monthly. Least restrictive practice culture is evident, open conversations happen and people feeling able to ask or challenge.</p> |
| Wathwood | <p>Access to internet. Using phones (mobiles) on some wards – staff training. Skype. Use of iPods, looking at other MP3s. Recovery College course on how to use iPods. Use of internet.</p> |

Reducing Restrictive Practise - Any other issues?

| Service | Any other issues? |
|-----------------------------|---|
| Bradley Complex Care | Use of plastic plates and cups. Communal toilets locked. Kitchen doors locked – supervised access. |
| Clifton House | Can make drinks throughout the day and night. Opportunity to self-cater full time. Monthly meals in the community tasting different cuisines. LUFC |
| Cygnets Bierley | All people want to go out, sometimes cannot accommodate this (staff). Smoking? |
| Cygnets Sheffield | Limited access to our laundry. Limited access to our restricted/contraband cupboard. Limited access to our skius kitchen. Limited access to our activity room. Limited access to our multi-faith room. One and half hours out of bedroom for cleaning. Patients encouraged to be in bedrooms by 11pm. |
| Humber Centre | Greentrees – no kitchen access. Cancelled leave. 'Smoke free'. |
| Newsam Centre | Smoking restrictions on escorted group leave, ie Sandal Meetings "not equal". What can we do? No energy drinks on ward. Staffing issues (if people want to cook/go out sometimes not enough staff to do everything). Kitchen access times? |
| Waterloo Manor | New staff – upkeep of training on RRP (and diluted message). People's interpretation of Reducing Restrictive Practice and 'blanket rules'. Balance security with least restrictive can be challenging at times. Night staff – food in the night and restricting people, need for clearer care plans. Fear of technology - staff pass buck when service user want to use computers. World is full of tech – yet secure is behind (tablets/smart tech should be encouraged – whilst in safe place with education and guidance. |
| Wathwood | Using vapes (smoking vapers). Access to mobile phones on all wards. IT very slow in trust. Would like to get new compatible technology installed for: Google chrome, Skype, using MP3 players. |

Brief Guide to Blanket Restrictions from the CQC

Where blanket restrictions are identified as necessary and proportionate there should be a system in place which ensures these are reviewed within a regular time frame, with an overall aim at the reduction of restrictive practices.


Appendix 1 sets out normative expectations regarding blanket restrictions at different levels of security. It is only a guide. When making a specific judgement, inspectors must take account of factors specific to the unit/service. For example, it might be appropriate for staff on an acute admission ward to search all patients returning from leave, as a temporary measure, if drugs are coming onto the ward and staff suspect that patients are being coerced into bringing drugs in for others.

Appendix 1: Normative expectations regarding blanket restrictions at different levels of security

| | Security level | | | | |
|--|---|--|--|---|---|
| | General (acute) | PICU | Low | Medium | High |
| Banned items | All services will have banned and restricted items: alcohol, weapons, illicit drugs (see appendix 2). | | All services will have banned and restricted items in addition to those found in general (acute) ward policies (see appendix 2). | | |
| Random or routine searching | Not without specific cause (see appendix 2) | Policy on searching should require clear rationale given on the purpose of any search. | Random searching likely, may be routine at times in response to specific issues | Routine searching likely. Pre-discharge/ recovery wards may have random searching. | Expected to be routine due to inherent risk of population. |
| Access to mobile phones and the internet. | Wards should provide personal access to the internet and mobile phones, particularly to communicate with friends and family. Restrictions on access should be individually justified and not be a blanket measure. Wards may provide non-camera phone handsets and arrange for safe charging of patients' electronic items (electrical leads can be a ligature risk), e.g. with short-lead chargers or charging in the nursing office). | | Some units are piloting access to mobile phones. Dependent on the risk profile of the patient group. | All access to internet likely to be supervised and restricted as part of ward security. | All access to internet will be supervised and restricted as part of ward security. |
| Access to money | Restrictions on access to money should be based upon individual risk assessment, and justifiable on grounds of best interests. | | Restrictions on access to money will be part of security fabric of ward. | | |
| Buying takeaway food | No restrictions | | Restrictions on take away food may be in place to ensure that therapeutic activity of the ward environment is not undermined. | | |
| Food restrictions | During inpatient care staff should review the physical health of the patient as well as the mental health. Advice and encouragement should be given to patients to have a healthy well balanced diet. Restrictions of access to certain food should not be part of this and can be viewed as a blanket restriction. | | | | |
| Smoke free | NHSE have issued guidance on mental health units becoming smoke-free. This should be considered to be as a blanket restriction that is justifiable. | | | | |
| incoming or outgoing mail | Staff have no legal powers to interfere with postal items but may withhold outgoing post from a detained patient where addressee has requested that this be done (MHA s.134(1)(a)). Staff may ask patients to open mail in front of them if there are concerns over contraband items or the patient's likely reaction to mail. Staff should justify as necessary and proportionate to an identified risk. It should not amount to an interference with the postal item itself. Staff should not read patients' mail in such arrangements. | | | | Security directions allow monitoring and interference with postal items (see appendix 3). |
| Telephone monitoring | No legal powers to monitor patients' telephone calls. Patients should expect privacy when using the telephone. In exceptional cases (e.g. when a patient makes nuisance or unwarranted emergency service calls) access to the telephone might be restricted. | | | | Security directions allow monitoring of phone calls (see appendix 3). |



Waterloo Manor - RRP Benchmarking Examples

Standard 1

| | Reducing Restrictive Practice | Examples of RRP | Suggestions for Evidence for RRP | Own Service Examples & Evidence | RAG Rating |
|------------|--|---|---|---------------------------------|---|
| standard 1 | A working group meets regularly that includes service users and staff and that is open to carers | meeting minutes. Involvement meetings. Agendas. | Action Plan. Feedback from Service Users and staff. Terms of reference. | |  |




We have given this an amber rating as we no longer have a separate meeting that is open to RRP but is a standing agenda item on the one voice meeting and discussed at community meetings on individual wards

Standard 2

| | Reducing Restrictive Practice | Examples of RRP | Suggestions for Evidence for RRP | Own Service Examples & Evidence | RAG Rating |
|------------|--|--|---|---|---|
| standard 1 | A working group meets regularly that includes service users and staff and that is open to carers | meeting minutes. Involvement meetings. Agendas. | Action Plan. Feedback from Service Users and staff. Terms of reference. | | |
| standard 2 | Everyone (staff and Service Users) receive training on Reducing Restrictive Practice as part of induction. Service Users may be part of the delivery. The training is regularly revisited e.g. every 12 months | Training Records. Induction Information. Recovery College Course. Training Material. | Incident logs and reports. Training materials and books. Audit of restrictive practice. |  Microsoft PowerPoint Presentat |  |

Training records and attendance sheets. On a 2 yearly cycle, part of MAPA for new starters

Standard 3, 4 & 5

| | Reducing Restrictive Practice | Examples of RRP | Suggestions for Evidence for RRP | Own Service Examples & Evidence | RAG Rating |
|------------|--|--|---|---------------------------------|---|
| standard 3 | There is a process in place to identify restrictive interventions, practices and blanket rules | Community Meeting agenda. Policies and Procedure reviews. Security Protocol. | list of blanket restrictions in place-checked quarterly at Governance. | |  |
| standard 4 | Reducing Restrictive Practice is kept on the agenda at established meetings | Community meetings. Clinical Governance. | continued and ongoing discussions noted. Number of meetings. Minutes of meetings | |  |
| standard 5 | Conflict Reduction initiatives are used to increase positive ward culture | Safewards initiatives as an example. RAID board. Morning meetings with positive outlook. Verbal de-escalation in restraint training. | safewards champions/ noticeboard. Ward atmosphere scale. Morning meeting booklet. | |  |

We have an Audit tool around RRP that is carried out monthly

RRP is on the agenda of community meetings, one voice and Governance

We have a notice board that is changed monthly We still need champions on wards. Safewards standards need rotating

| RAG rating | |
|------------|-----------|
| Green (3) | Fully met |
| Amber (2) | Part met |
| Red (1) | Not met |



Reducing Restrictive Practice Standards

| <u>Number</u> | <u>Standard</u> | <u>Examples</u> | <u>Our Evidence</u> | <u>Score</u> |
|---------------|--|--|---------------------|--------------|
| 1. | Staff and service users meet regularly to talk about restrictive practice and the meeting is open to carers | Meeting minutes Involvement meeting agendas Terms of reference | | |
| 2. | Staff and service users have regular training about restrictive practice and it is linked with the Recovery College | Training records Induction information Recovery College Course Training material | | |
| 3. | There are ways for everyone to identify restrictive interventions, practices and blanket rules | Community meeting agenda RRP meeting minutes Policies and Procedures Security protocol Clinical Governance | | |
| 4. | Reducing Restrictive Practice is on the agenda of established meetings | Community meetings agendas Involvement meeting agendas Clinical governance agendas | | |
| 5. | Conflict Reduction ideas are used to improve the wards and peoples experiences | SafeWards initiatives Positive Handovers Ward atmosphere scale Morning meeting agendas RAID board. | | |
| 6. | Blanket restrictions are only used when absolutely necessary (proportionate, measured and justified) | Regular reviews Audit Ward expectations Training records | | |
| 7. | Restrictive interventions are reduced over time For example: a) observations b) seclusion & segregation c) physical and medication led restraint | Review documentation Records from MDT meetings Incident logs/ reports Care plans Low secure standards comparison Peer review CQC | | |
| 8. | Restrictive Practices are reduced over time For example a) communication and technology b) access to locations in building c) access to risk items | Plan/ Strategy/ Framework in place – reviews demonstrate progress Positive behaviour support plans Individualised care plans Risk management scores | | |
| 9. | Strategies to make things better are regularly reviewed and evaluated | Audit Reviews Outcome Measures | | |
| 10. | Best Practice is shared between services at meetings and events | Yorkshire and Humber Network attendance Security and Ops meetings Presentations at meetings Newsletters | | |

What's Next?

The group thought it would be useful for the Network to have an annual Reducing Restrictive Practice meeting to bring people together to discuss and share best practice and any issues around restrictive practices. Please look out for future dates on this topic!

