Reducing Restrictive Practice - Bulletin 12 Annual Update

Unfortunately our workshop on April 2nd could not take place face to face due to Covid-19 protocol but we still wanted to bring you a Newsletter!

Our last Workshop was in January 2019 where we gathered some data around Technology & Smoking Status from around the region to be able to compare and contrast. We trialed the benchmarking tool as a group (now re-branded the SeQuIn Tool) to ensure the standards we had created together worked and evidence could be captured for each, this was led by a demonstration by Waterloo Manor. Group work also looked at what was going well with reducing restrictive practices in services and where improvements could be made; Bulletin 11 can be found on the Yorkshire & Humber website www.yorkshireandhumberinvolvementnetwork.nhs.uk if people want another look!

This edition of the newsletter will capture an update from the security & ops meeting led by NHSE, service examples of how reducing restrictive practice is still being considered at Cygnet Bierley, Amber Lodge & Waterloo Manor. Information from BILD & the Restraint Reduction Network who were on the agenda and who have kindly let us share, before a reminder of the SeQuIn Tool and a page of useful links to help you continue to Reduce Restrictive Practice.

CONTENTS

Thank you for all your contributions

	Reducing Restrictive Practice Summary
	Security & Ops Update
	Cygnet Bierley– Audit
	Amber Lodge– Safety Cross
	Waterloo Manor– Safewards Board
	Good Practice & Useful links

Security & Ops
Andrew Flerin NHSE

The Security and Ops meetings have been taking place regularly over the last year with increased attendance by services, NHSE and the Yorkshire and Humber Involvement Network Team with great success and enthusiasm not only for security and procedures but for reducing restrictive practice too.

Question to the Network: *'what standards should be considered around the use of seclusion and what does a safe exit plan look like?'* please email answers to us that we can share with security & ops.

The Security & Ops formal Meetings will currently continue in a virtual capacity within Covid-19 guidance and will be available for clarity around exceptional measures that may have to be taken to keep everyone safe under current circumstances. They will still be monitoring safety and ask services to continue sharing learning in these unknown times.

The security and Ops Lead Andrew Flerin urges caution around 'blanket restrictions' that may creep in and advises to treat everyone as an individual with their own risk plans even during this difficult time'

People do need to be prepared for additional restrictions over the coming weeks that support the National approach and advice of the Government in limiting social contact and protecting the vulnerable from the spread of Coronavirus. Safety of all is the priority.

Coronavirus (COVID-19): what you need to do

Stay at home

- Only go outside for food, health reasons or essential work
- Stay 2 metres (6ft) away from other people
- Wash your hands as soon as you get home

Anyone can spread the virus.

STAY AT HOME   **PROTECT THE NHS**   **save lives**

Bierley

Cygnet Health Care

Reducing Restrictive Practice

Here at Bierley, we continuously work collaboratively with our service users, in order to identify blanket rules. There are many forums for this to take place, such as community meetings, people's council (Involvement meeting), and also the quarterly Reducing Restrictive Practice meetings. This meeting enables service users and staff, to review all current blanket rules, and remove them if necessary. If blanket rules remain in place, justification is discussed, and will be reviewed at the next meeting.

Following each meeting, a copy of the blanket rules is made available on the wards for service users, as well as in the ward office for staff to see. The audit spreadsheet also includes any rules that have been removed. So far, 33 blanket rules have been removed from our 2 low secure wards.
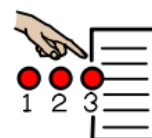
Example of the Blanket Rules Audit:

Blanket Rule or Restriction	Yes/ No	Reason for rule (risk management element)	Negative impact of rule (on service users)	Suggested solutions aimed at reducing /eliminating	Action plan to eliminate or reduce restriction	Staff and Service Users involved in review (and date of review)	Next review date
Limited or no access to the Internet	yes	Accessing restricted sites. Computers are in a locked room that requires staff to access with a key.	Limits to the amount of time that service users can access the internet.	Extra computers throughout the unit.	Currently 3 computers and 4 laptops. There will soon be a computer on each ward also. Some computers are located off ward in a locked room, resulting in limited access.	MDT and service users.	Jun-20

Collaboration. Hope. Encouragement. Empowerment. Respect. Support. Fun

NHS
Rotherham Doncaster
and South Humber
NHS Foundation Trust

Amber Lodge

The Safety Cross

The Safety Cross is all about increasing patient engagement and reducing incidents.

It is split into 2 areas – Nursing & Occupational Therapy - and identifies how many activities are facilitated on the ward. Nursing activities are represented by yellow circles and O.T. activities by blue circles. We use green dots to visually represent patient attendance and red triangles to represent patient incidents/ IR1s.

Our Safety Cross is displayed in the Meeting Room where our MDT Meetings and CPA's are held. This provides professionals with easy access to the information.
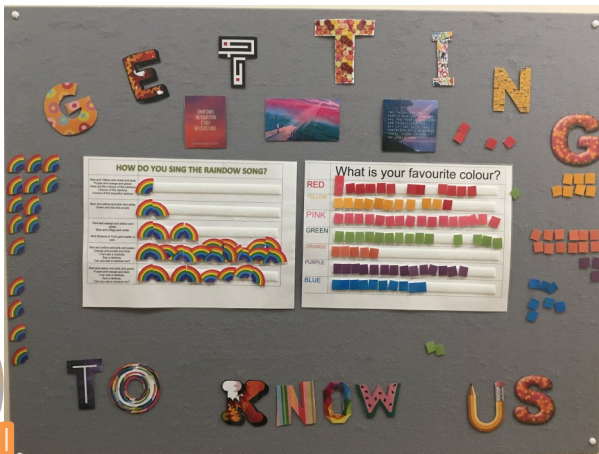
inmind HEALTHCARE GROUP

Waterloo Manor
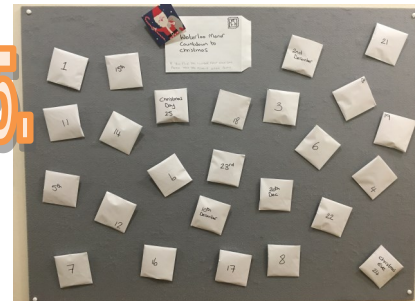

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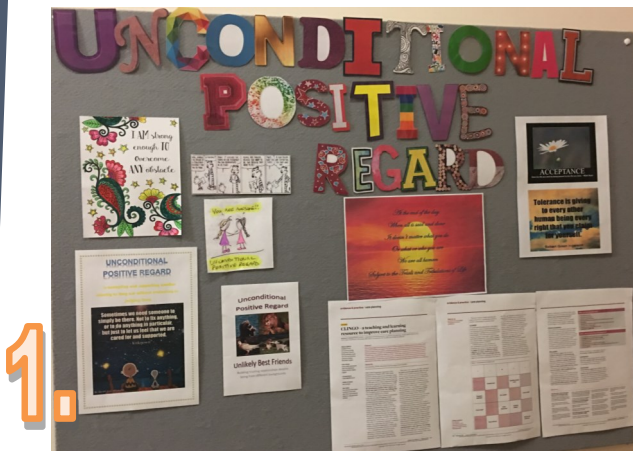
Each Month at Waterloo we change our interactive noticeboard and choose topics with Safeward's in mind. We try and focus on highlighting positivity, sharing ideas and creating conversation

1. 'Unconditional positive regard'; we tackled language on this board– challenging staff to undo their negative clinical lingo and asked people to stick up quotes that sent out positivity

2. 'Getting to Know us Rainbow'; we used the board to create interactive voting polls– we have disagreed for years on the correct colour order of the rainbow and asked people to vote! It created plenty of conversation and brought back good memories

3. 'Colour Mindfulness' people could take a sweet treat and a guide to mindfulness using colour as a focus to try out

4. 'Wellbeing pledge' if its written you are more likely to stick to it (right??) we asked people to stick up health pledges for 2020

5. Giant Advent– first to the board could reveal the days picture and message of hope (and find a chocolate coin!)

6. 'Winner Winner Chicken Dinner' helped us share our NSUA winning news and asked for people to add their own positive stories to a plate

7. Stress Bucket– this allowed us to throw in our stresses as we passed by and share coping strategies

We have had many others too…. And still trying to think up new ones!!
Any suggestions welcome.

Collaboration. Hope. Encouragement. Empowerment. Respect. Support. Fun

Restraint Training

Is your training in line with the new standards? More pointedly how do you find out? In order to make the process of comparing existing provision against the new standard simple, a benchmarking tool has been developed:

https://restraintreductionnetwork.org/wp-content/uploads/2019/06/RRN_CoP_training_audit_2019_edit.pdf

The RRN Training Standards Aim To:

1. Protect people's fundamental human rights and promote person centred, best interest and therapeutic approaches to supporting people when they are distressed improve the quality of life of those being restrained and those supporting them

2. Reduce reliance on restrictive interventions by promoting positive culture and practice that focuses on prevention, de-escalation and reflective practice

3. Increase understanding of the root causes of behaviour and recognition that many behaviours are the result of distress due to unmet needs

4. Where required, focus on the safest and most dignified use of restrictive interventions including physical restraint

https://restraintreductionnetwork.org/know-the-standard-2/

Certification of training services will be a requirement for NHS commissioned services and the Care Quality Commission from April 2020.
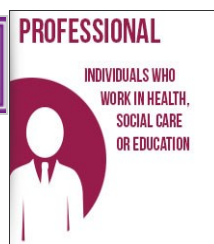
- BILD Association of Certified Training has been set up to certify training services that include a restrictive intervention. We are licenced by the Restraint Reduction Net-work to certify services as complying with the Restraint Reduction Network Training Standards.
- BILD Association of Certified Training have been granted accreditation by UKAS as meeting the ISO standards for certification which ensure impartiality, credibility and integrity.
- Training providers should apply where their training:
⇒ has a restrictive intervention component,
⇒ are either in-house (e.g. within an NHS Trust) and/or a commercial organisation, and who provide training to health, social care or education in the UK.
- The certification process takes approximately one year to complete and lasts for three years. During this time, 20% of training curricula, senior trainers and affiliate organisations will be observed.

https://bildact.org.uk/wp-content/uploads/2020/01/20190923_BILD_ACT_procedural_handbook.pdf
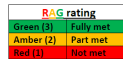
And Become a free member of the RRN and have access to online recourses and a network of like minded people trying to make a change!

PROFESSIONAL INDIVIDUALS WHO WORK IN HEALTH, SOCIAL CARE OR EDUCATION

ORGANISATION PROVIDERS OR COMMISSIONERS OF HEALTH, SOCIAL CARE OR EDUCATION ORGANISATIONS

SUPPORTER ANYONE WHO SUPPORTS THE EFFORTS OF THE NETWORK AND ITS MEMBERS

Reducing Restrictive Practice Standards

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

Number	Standard	Examples	Our Evidence	Score
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		

The SeQuIn Tool: *Reducing Restrictive Practice* is due by the end of April 2020!

Don't forget to collaboratively score your service on the 10 standards we agreed upon for this area. Upload scores onto the Yorkshire and Humber Website (as well as all your evidence of how you are reducing restrictive practice). You can benchmark against other services and lay the foundation to be able to benchmark against yourself next year. Create an action plan from all the discussion Including any lower scoring areas and pick one or two standards to focus on improving this time.

We are asking people to shout about any areas of good practice and offer support to others who need it, and to those who need to make improvements please make use of the Network and ask if you need support in a particular standard. We will also be keeping an eye out for any themes or trends that might need a group workshop to work something out together!

We are also looking for feedback on how you are finding using the tool? Are the standards still relevant? Let us know your thoughts on the RRP standards.

CareQuality Commission

Appendix 1: Normative expectations regarding blanket restrictions at different levels of security
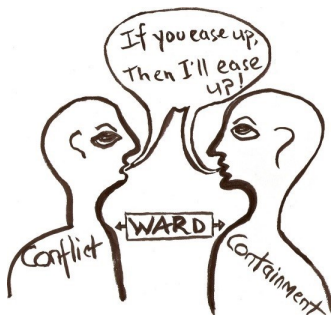
	Security level				
	General (acute)	PICU	Low	Medium	High
Banned items	All services will have banned and restricted items: alcohol, weapons, illicit drugs (see appendix 2).		All services will have banned and restricted items in addition to those found in general (acute) ward policies (see appendix 2).		
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).

CQC: https://www.cqc.org.uk/publications/themed-work/interim-report-review-restraint-prolonged-seclusion-segregation-people
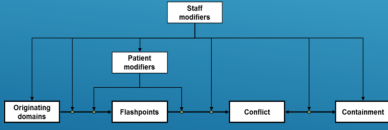
http://www.safewards.net/

Clear mutual expectations
Soft words
Talk down
Positive words
Bad news mitigation
Know each other
Mutual help meeting
Calm down methods
Reassurance
Discharge Methods

WHAT IS IT?

A model of care
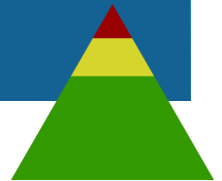
Based on Conflict and Containment

Created by Len Bowers;
1. 20 years personal research (why do people abscond? What are nurses attitudes to patients with PD?)
2. Literature review (1181 papers)
3. Thinking Creatively

https://www.bild.org.uk/about-pbs/

https://www.challengingbehaviour.org.uk/supporting-you/for-professionals/for-professionals.html

Positive Behaviour Support (PBS) is about working in partnership with people, treating them with dignity and respect and enabling them have a better life. All behaviours have a meaning. Positive Behaviour Support aims to understand what behaviours that challenge tell us so that the person's needs can be met in better ways. The way the person is supported often has to change to achieve this and this needs to be regularly reviewed by all the people involved.

https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/enabling-environments-ee/the-enabling-environments-process-document-2019.pdf?sfvrsn=10b4616c_2

The Enabling Environments Journey is a standards-based quality improvement process which aims to support the development of healthy social environments and promote the value of relationships in improving overall effectiveness and positive outcomes for everyone involved.

SMALL CHANGES, BIG IMPACT; Star Wards is a perfect example of how to engage and motivate staff and service users to improve the inpatient experience without a mandatory regulation scheme and high cost tag attached

Star Wards enables mental health inpatients to make best use of their time in hospitals and allow staff to use all their skills and personal qualities.

reduce restrictive practice

Although we missed out on meeting this time round - We will be planning a 2021 date for our annual reducing restrictive practice workshop

In the meantime we would still love to hear from you

- **Send us your blanket restriction busting techniques**
- **Send us a description or pictures of how you reduce restrictive practices**
- **Let us know how you are keeping safe during this isolation period**
- **Send us your Covid-19 coping strategies**
- **Let us know if you use any of the useful links**
- **Send us any research or best practice you find to share**

Be Safe

keep IN TOUCH

We all have those things that we need to talk about. So if there's anything on your mind, big or small, please get in touch.

For more information contact:

charlotte.byrne3@nhs.net   holly.cade@nhs.net   jo.harris9@nhs.net

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Www.yorkshireandhumberinvolvementnetwork.nhs.uk