



Reducing Restrictive Practice Bulletin 3

**Next meeting:
6th September
2-4**

At the last meeting of the Reducing Restrictive Practice CQUIN group on the 31st May we started off with a short presentation summarizing the CQUIN Guidance. We then did some group work to find out where everyone was up to with this CQUIN as we are already well into Quarter 1. This group

work looked at “where are we now”, “where do we want to get to”, and “how can we tell how we are doing”. This can be found on pages 4 and 5.

We then used some examples of scenarios that were spoken about in the presentation from the Humber Centre at the last meeting. Everyone practiced these in pairs and then fed back to the group how they had responded to the examples. You can find these on pages 6 and 7.

We then looked at observations and this information is on page 8.

We finished by thinking about the next meeting, asking for people to present and help plan the next agenda for September.



Reducing Restrictive Practice Agenda

Sandal Rugby Club Wakefield
Tuesday 31st May 2016 14.00 – 16.00

1. Welcome and Introductions
2. **Presentation – CQUIN Guidance summary**
3. **Group work – Where are we now?**



4. **Group work Quiz – Practicing Least Restrictive Practice**



5. Next agenda, presentations, lead services and planning

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Next meeting: Tuesday 6th September 2-4



MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

Aim of the CQUIN

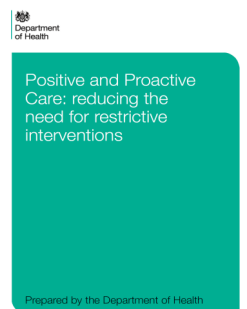
- To develop an ethos in which people with mental health problems are able fully to participate in formulating plans for their well-being, risk management and care in a collaborative manner.
- As a consequence more positive and collaborative service cultures develop reducing the need for restrictive interventions.

Identify restrictive interventions, practices and blanket restrictions in service and gather baseline policy information including with respect of to the following eight areas, in the expectation that introduction of the framework will:

Literature

A number of important national documents have recommendations associated with this issue and have highlighted the need for services to review and reduce restrictive practices in services.

- MIND Report 'Restraint in Crisis' (2013)
- Department of Health guidance: *Positive and Proactive Care: reducing the need for physical interventions* (2014)
- Revised Mental Health Act Code of Practice (2015)
- Recent NICE guidance (NG10) Violence and Aggression: Short Term Management in mental health, health and community



Quarter 1

Develop a working group which includes service user representation which will be responsible for developing the framework.

The Framework should be designed to allow future consideration of additional restrictive practice issues as they arise.

It should identify how service users and staff will identify new areas/issues that need to be considered and reviewed and the process by which this may take place.

- 1) Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g. No Force First, safe words, restrain yourself.
- 2) Reduce episodes of supportive observations by developing an appropriate framework e.g. care zoning.
- 3) Reduce seclusion and Long term segregation by utilizing best practice guidance in this area.
- 4) Reduce episodes of medication-led restraint.
- 5) Increase positive ward culture by developing conflict reduction practice based initiatives e.g. positive handovers, 'saying No Audits' (safewards); developing a psychologically- informed Sense of Community.
- 6) Increase the involvement of service users, carers and their advocates in these initiatives and including them in the development of training for staff to deliver these objectives.
- 7) Ensure robust evaluation of outcomes and governance is in place to monitor the progress of the improvement strategies.
- 8) Ensure the application of blanket restrictions which are no more than proportionate, measured and justified responses to individuals' identified risks, and which restrict patients' liberty and other rights as little as possible.

These will include reference to:

- Courtyard/grounds access
 - Kitchen/Laundry facilities access
 - Access to telephones including mobile phones
 - Supervised visits/visiting hours
 - Access to money
 - Access to the internet
 - Incoming or outgoing mail
 - Access to certificate 18 media
 - Bedroom/personal searches
- Produce an action plan outlining the development of the framework which will outline: a process for staff/patient engagement; staff/patient training; piloting of new policies; implementation and evaluation process.
 - Baseline Data/Monitoring Information: collecting monitoring data flows covering the eight areas identified in Trigger 1.
 - Monitoring outcomes: Design and implementation plan for collecting the following monitoring data flows i.e. develop a data collection template :
- % of service users that show positive outcomes in outcome-focussed CPA plans, in particular focused on improved mental health, reducing problem behaviour and developing insight.
 - % service users involved in discussions around individualised least restrictive practice and managing individual risk
 - % of service users in particular focused on improved mental health, reducing problem behaviour and developing insight.
 - Service user feedback in respect of positive outcome in-patient experience - % of service users who believe they have been listened too in respect of their needs being met where restrictions are necessary.

• Quarter 3

- Incorporate learning from Q2 into the framework and implement across service.
- Monitoring data flows identified in Q1
- For large/multi-site providers a pilot phase can be implemented prior to roll-out across all services, subject to agreement with NHS England contract/commissioner lead.

• Quarter 4

- Implementation to continue
- Provide detailed evaluation report showing what changes in practices have occurred. This should include a description of any good practice initiatives that have occurred from the introduction of the framework and monitoring data.

• Quarter 2

- Preparation for implementation of action plan, including: engagement, training of staff, adoption of policies, evaluation plan.
- Provision of training in accordance with Positive and Proactive Workforce (2015) to ensure staff are committed to and have the necessary skills and competencies to deliver change.
- Progress report on action plan.
- Evaluation report of staff/patient engagement process

YEAR 2 (2017/18)

Quarter 1

- Develop robust governance and evaluation to ensure long term sustainability.
- Continue training across whole service
- Review monitoring information data collection and insights gained.

Quarter 2

- Progress report on implementation plan.
- Evaluate framework implementation and consider further improvements

Quarter 4

- Write up and disseminate the success as a joint report with service users, through national forum/s. Provide evidence of the report and success of the scheme including initiatives that have changed the way the service has been delivered.

Group work—where are we up to?

Where are we now?

- Collaborative risk assessments
- Internet but restricted to staff facilitation
- Looking at how to reduce restrictions
- Mobile phones
- Restriction audits – Justify restrictions

Where do we want to get to?

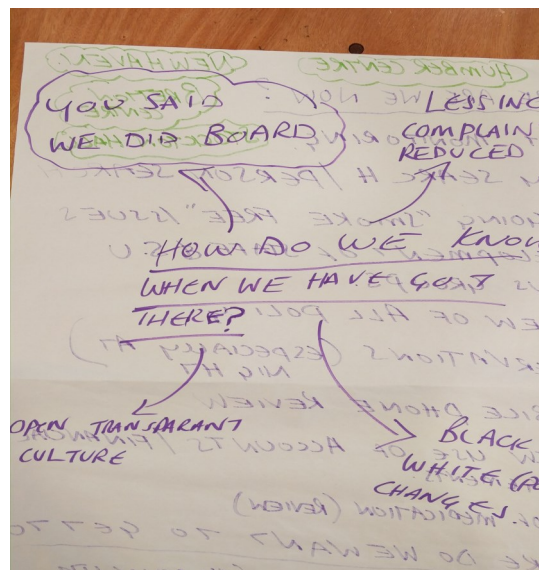
- Good service user experience
- Training and induction. Consistency
- Reduced / limited blanket rules
- Individually assessed
- Open courtyard access

How do I get there?

- Patient feedback
- Training collaboratively
- Forums / conferences

How can we tell how we are doing?

- Reviews. Audits. Surveys. Feedback



Where are we now?

Blanket rules – reviewing of:

- Access to garden (internal). Access to dining rooms
- Questioning why can't service users have MP3s in sec/seg
- Challenging practices
- Service users involved in facilitating training
- Service users involved in recruitment
- Survey of service users and what they want to be referred as
- Flexible visiting times
- (N/L) visits on the ward – unless child visits
- Support people to bring pets. Pet therapy
- More access to telephone
- Need more access to kitchen. Access to drinks
- Access to mobile phones. More access to internet
- TV packages. Service user involvement in the shop
- Real work opportunities. Allowed own bedding and towels

Where do we want to get to?

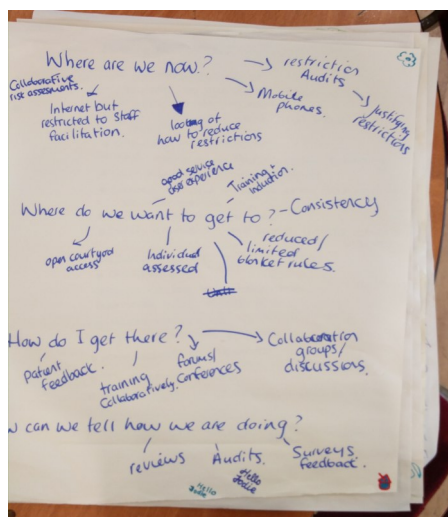
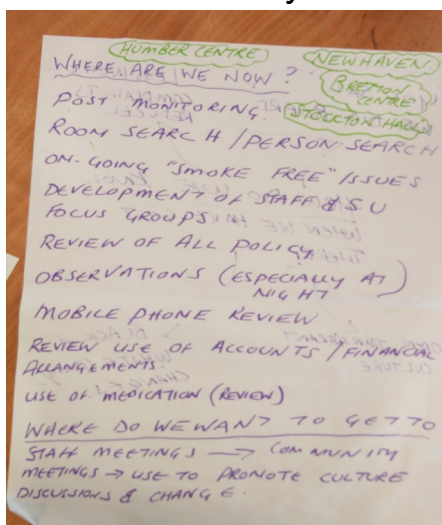
Joint training across the board – service users and staff
 Recruitment strategy. More staff working collaboratively
 Reduced risks. Random searches – randomising button
 Service user training in first aid and food hygiene

How do we get there?

Involve service users in working group
 Make it enjoyable and fun. Start now!
 Bring trainers in. Asking people what they want
 Therapeutic relationships. Get key individuals on board

How do we know when we get there?

Feedback . Audit

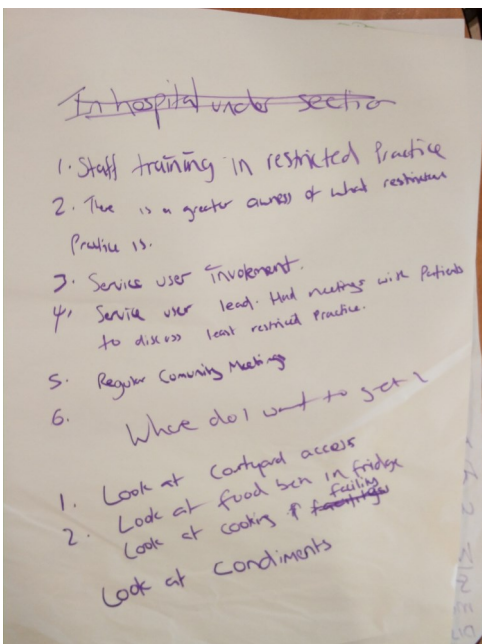
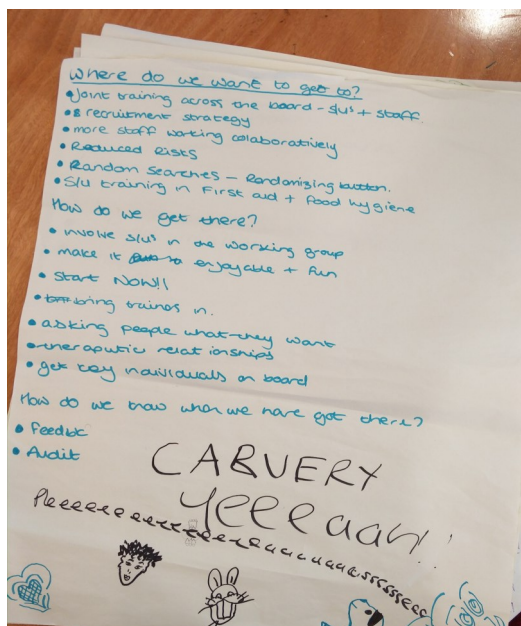
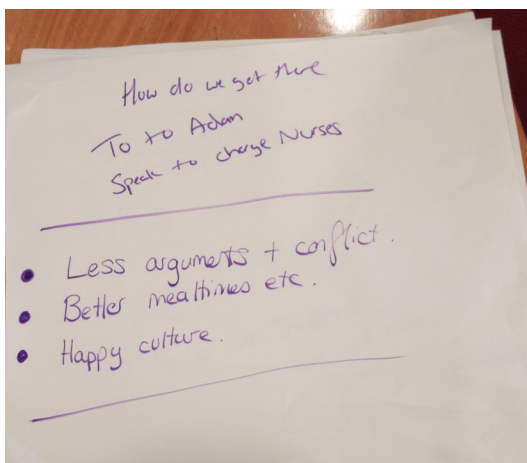
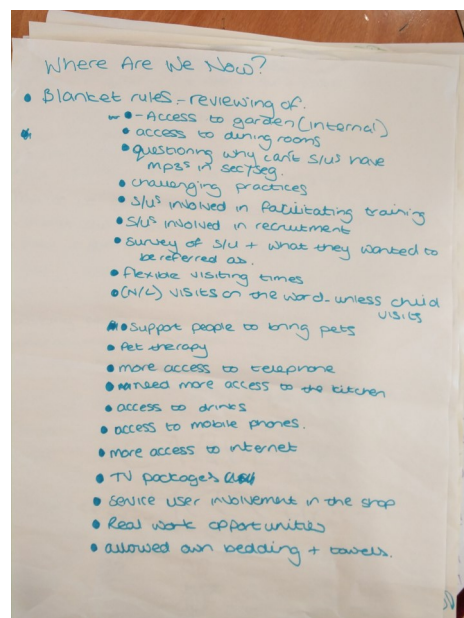


Where are we now?

- Post monitoring
- Room search / person search
- On going 'smoke free' issues
- Development of staff and service user focus groups
- Review of all policy observations (especially at night)
- Mobile phone review
- Review of accounts / financial arrangements
- Use of medication (review)

Where do we want to get to?

- Staff meetings – community meetings – use to promote culture discussions and change
- How do we know when we get there?
- You said we did board
- Less incidents - complaints reduced
- Open transparent culture
- Black and white (policy) changes



Where are we now?

- Staff training in restricted practice
- There is greater knowledge of what restrictive practice is.
- Service user involvement
- Service user lead. Had meetings with patients to discuss least restrictive practice
- Regular community meetings

Where do I want to get to?

- Look at courtyard access. Look at food kept in fridge. Look at cooking facility
- Look at condiments

How do we get there?

Speak to Adam. Speak to charge nurses

How do we know we have got there?

- Less arguments and conflict
- Better mealtimes. Happy culture



Group work - Quiz

Practicing Least Restrictive Practice

Exercise – the alternative to **NO**

- In pairs, taking turns, read a statement to your partner and wait for their response.
- They cannot say 'no'.
- They might even just say 'yes'.

Yes with a contingency

“Of course you can, just as soon as the next member of staff is available”

Alternative choice

“I’m afraid that we can’t do that this afternoon, but we could do this instead”

Yes with a consequence

“If you want to, but remember what happened last time you had eighteen pints”

Or just

“Yes”

The alternative to NO

Scenario 1

You are a library worker and a customer is asking to take out four new books, but he hasn't paid the fine for the last four books he borrowed two months ago. There is a fine of £6 to pay.

What would you say?

Scenario 2

You are the manager of an adult short breaks home. It is 1pm and Michael, a resident, wants to go to the shops. His support worker, Ray, is not due to arrive until 2pm. There are two other staff members on shift (Geoff and Nancy) but Michael prefers to go with Ray.

What would you say?

Scenario 3

You are a housing officer and a customer wants your help to fill in a form. They need this doing urgently, but you are the only one on shift at the moment, and there is a queue at the counter. Your colleague is due back from lunch in 30 minutes.

What would you say?

Scenario 4

You are a support worker in an adult residential home. Four people are in the lounge watching Coronation Street. Gary arrives and demands to watch Emmerdale.

How would you respond?

Scenario 5

Roger is 28 and has just bought and eaten a burger, milkshake and six chicken nuggets. He is now going to the counter for an apple pie.

What would you say?

The alternative to NO again

Scenario 1

You are a support worker and a resident is asking to take out all of his money from the safe in the office.

What would you say?

Scenario 2

Michael is diabetic. You are with him in a pub, and he asks the barman for another pint of lager. You know that this has sent him into a 'hyper' in the past. Michael also knows this.

What would you say?

Scenario 3

You are a library worker and a young person is using the computer, which is charged for by the half hour. She has gone over the time limit, and has asked for 'just ten minutes for free' so that she can send the work to her college tutor.

What would you say?

Scenario 4

You work in reception at a large store. An angry customer is at the counter, demanding to see the store manager. The store manager will not come to reception.

How would you respond?

Scenario 5

You are a support worker in a residential home and Betty – a resident – who normally has a small whiskey at 7pm, has already had it, then a second. She seems a bit tipsy, and is asking for a third.

What would you say?

Observations

Observations are a form of restrictive practice and this is one areas we looked at as a whole in the group.

There are a number of people who are looking at the issue of 1:1 observations around the country and wanting to know what service user opinions are on this.

We looked at how it feels to be observed from a service user perspective and also how it feels to have to observe someone from a staff members perspective. We then looked at some possible alternatives to using 1:1 observations. This can then feed into the other work that is taking place on this topic.

How does it feel to observe/be observed

Invasion of privacy

When ill feels supportive, when better intrusive

Feel violated. Embarrassing

Not nice to watch people all the time

Pestering. Bullying. Mistrusted

Angry. Frightened

Frustrating running around ticking boxes

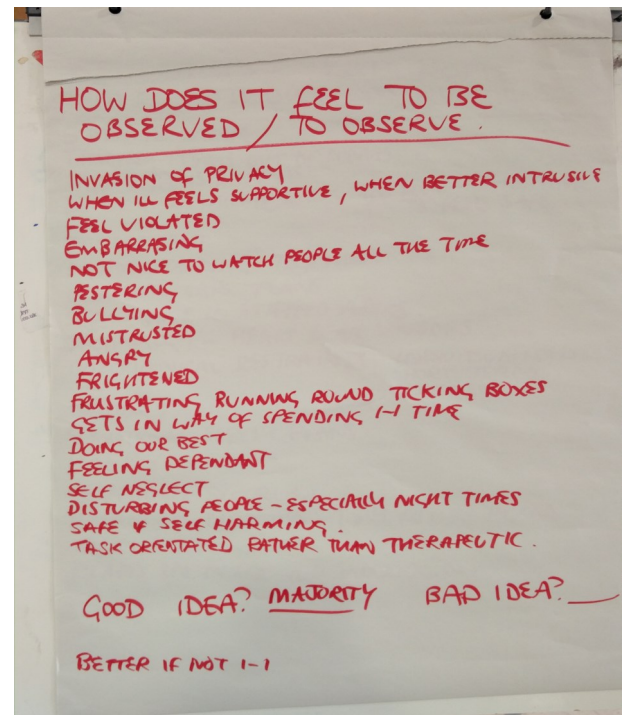
Gets in the way of spending 1-1 time

Doing our best. Feeling dependent

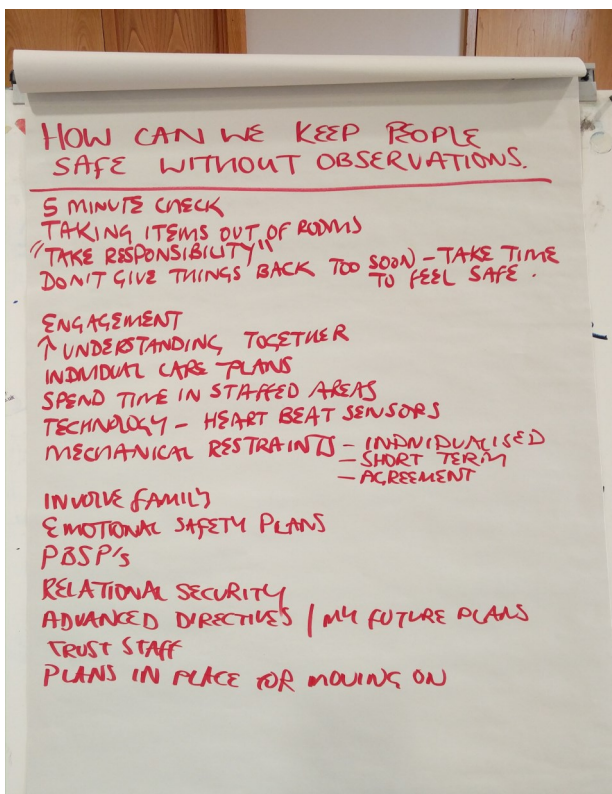
Self neglect. Safe if self harming

Disturbing people – especially night times

Task orientated rather than therapeutic



Majority feel observations are better than not but it's better if not 1-1



How can we keep people safe without observations?

5 minute check

Taking items out of rooms

“take responsibility”

Don't give things back too soon – take time to feel safe. Engagement

Increase understanding together

Individual care plans

Spend time in staffed areas

Technology – heart beat sensors

Mechanical restraints – individualised, short term, agreement. Involve family

Emotional safety care plans

Positive behaviour support plans

Relational security

Advanced directives / Mental health future plans

Trust staff. Plans in place for moving on

MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

YEAR 1 (2016/17) Quarter 1

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Quarter 2

Preparation for implementation of action plan, including: engagement, training of staff, adoption of policies, evaluation plan.

Provision of training in accordance with Positive and Proactive Workforce (2015) to ensure staff are committed to and have the necessary skills and competencies to deliver change. Progress report on action plan. Evaluation report of staff/patient engagement process

Quarter 3

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Quarter 4

Implementation to continue

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Reducing Restrictive Practice CQUIN Group

Tuesday 6th September

Sandal Rugby Club Wakefield

2 – 4 pm - Refreshments Provided

Role Description for attending Yorkshire and Humber Network meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service

