



Reducing Restrictive Practice Bulletin 4

**Next meeting:
4th January 2017
2-4 @ Sandal**

At the last meeting of the Reducing Restrictive Practice CQUIN group on the 6th September 2016 we started off with a presentation from Amber Lodge—they spoke about how they are progressing, and we also heard from one of their service users about his journey and experiences of restrictive practice. They also asked some questions of the group. Thanks to Amber Lodge. This can all be found on pages 2 and 3.

We then did some group work and got an update from everyone about where they are up to, what is going well, and what is not going so well. This can be found on pages 4 and 5.

We then had a presentation from Moorlands View and from the Humber Centre—these are the 2 services that are leading on this CQUIN group. Thanks to both for their help and support in planning the meeting. Their presentations are on pages 6 and 7.

We also had a quick presentation from Guy Cross from the DoH who attended—this is on page 8. Thank you.

We finished off with some more group work to look at what sort of training services are going to be delivering in quarter 2. This is on page 9.

Also included in this newsletter on pages 10 and 11 are photos of a recent workshop that took place at LYPFT's forensic low secure units to look at reducing restrictive practice—thanks for sharing.

On page 13 is the flowchart that we spoke about at the meeting from the Positive and Proactive Workforce document.

Thanks to everyone for your contributions.

Reducing Restrictive Practice

CQUIN Group Agenda

Sandal Rugby Club Wakefield

Tuesday 6th September 2016

14.00 – 16.00



1. Welcome and Introductions

2. **Presentation – Amber Lodge**

3. **Group work – Where are you up to?**

What has gone well? What has not gone so well?

4. **Presentation – Moorlands View**

5. **Presentation – Humber Centre**



6. **Reflective practice – What you should consider...**

7. **Presentation – Guy Cross –**  Department of Health

8. **Group Work – Training – recipe for success**



Next meetings: To be confirmed on the day

Contents

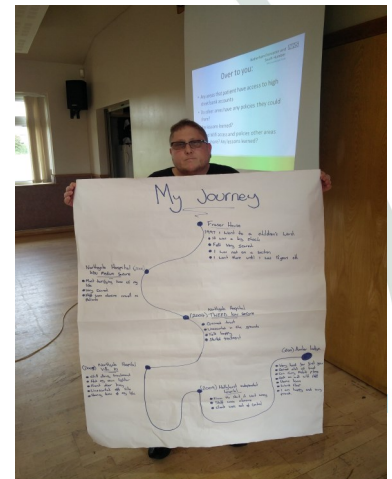
Summary of last meeting	1
Presentation—Amber Lodge	2, 3
Group work—where are we up to?	4, 5
Presentation—Moorlands View	6,
Presentation—Humber Centre	7
Presentation—Guy Cross—DoH	8
Group work—Training	9
Posters from LYPFT workshop	10, 11
CQUIN Indicator Guidance	12
Positive and Proactive Workforce	13
Poster for next meeting—4th January 17	14

Reducing Restrictive Interventions in Secure Services AMBER LODGE

- Over to Reagan:

Thank you Amber
Lodge—and Reagan for
sharing your journey!

Patient Story



Contents:

- Blanket restrictions update
- Positive behaviour support plans
- RRI training and education
- Access to money management and Internet cafe

- CQC 2013 review and report
- Action review Operational policy against unit restrictions:
- Community meetings established
- Therapeutic milieu (staff & Patients)
- Ward rules (patient agreed and led)

- Restrictions that are in place are individual to patient not “one rule for all” care planned and patient is involved.
- Patients involved in developing positive behaviour support plans.
- Use of De-brief with patients after incidents to up-date PBSP

- RRI team in the Rdash trust are involved in supporting the team.
- Be-spoke team building day for ward teams
- Education during handover scenario
- “saying no” (alternatives to saying no)
- Attendance at Team De-brief to support the learning lessons- discussion of RRI

Future development

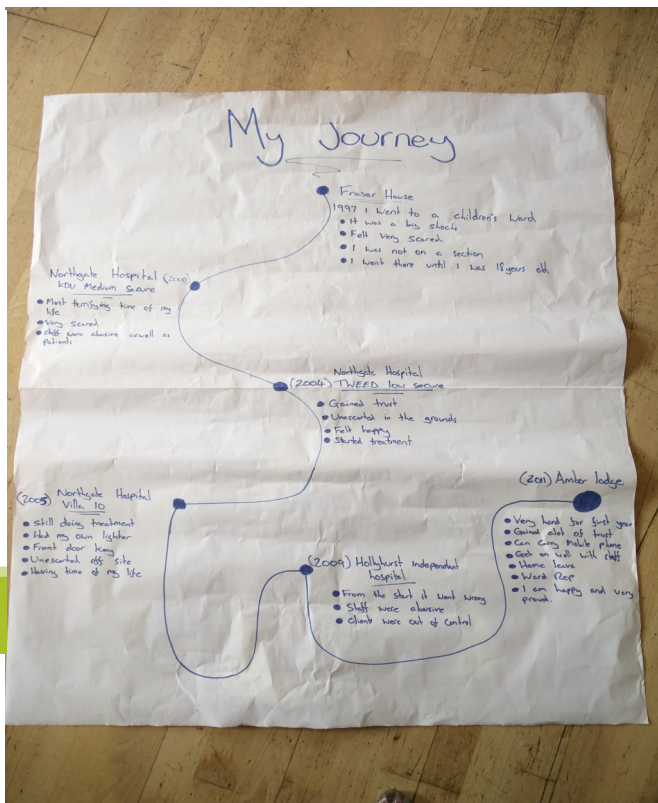
- Money Management Policy review.
- Working group including staff patients and finance department.
- Review current policy against patients wishes.
- Ensure process and systems are in place to support patients but ensure finances are kept safe.

Access to internet Cafe

- Current basic access to internet/ IT
- Identified area for internet café
- Involve IT in support and understanding of WiFi and internet access and any safeguards that need to be in place.
- Develop policy
- Trial and review

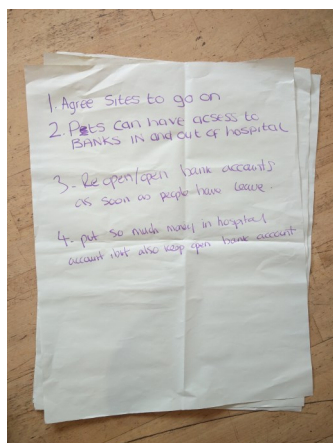
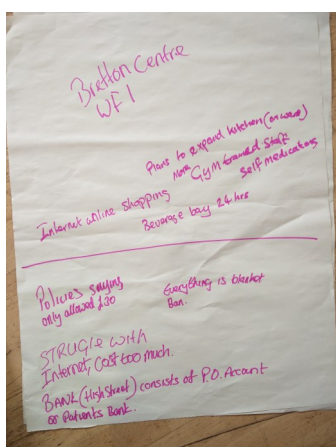
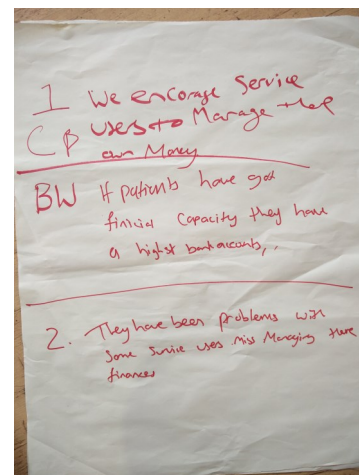
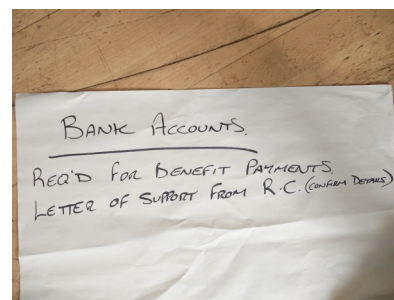
Over to you:

- Any areas that patient have access to high street bank accounts
- Do other areas have any policies they could share?
- Any lessons learned?
- IT and Wifi access and policies other areas could share? Any lessons learned?



High street banks

- Policy saying only allowed £30. Everything is blanket ban. Bank (High Street) consists of PO account or patients bank.
- We encourage service users to manage their own money. If patients have financial capacity they have high street bank accounts. There have been some problems with some service users miss managing their finances.
- Bank - patients can have access to banks in and out of hospital. Bank accounts required for benefit payments. Letter of support from RC to confirm details.
- Put so much money in hospital account but also keep open bank account. Re-open / open bank accounts as soon as they have leave.



IT and Wi-Fi access

Struggle with Internet - costs too much

Internet - agree sites to go on

Group work

Where are we up to? What is going well? What is not going so well?

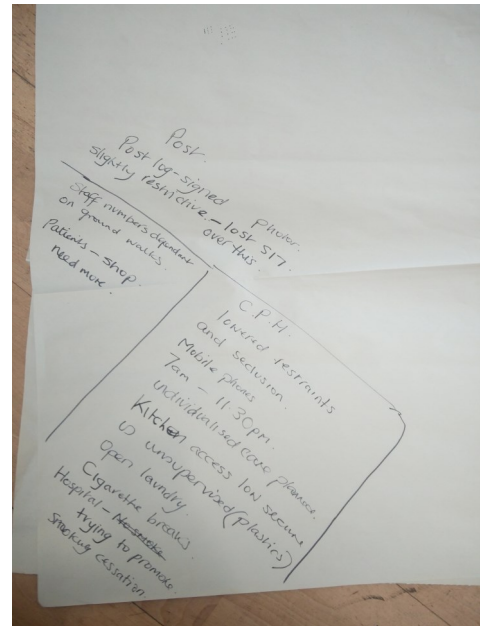
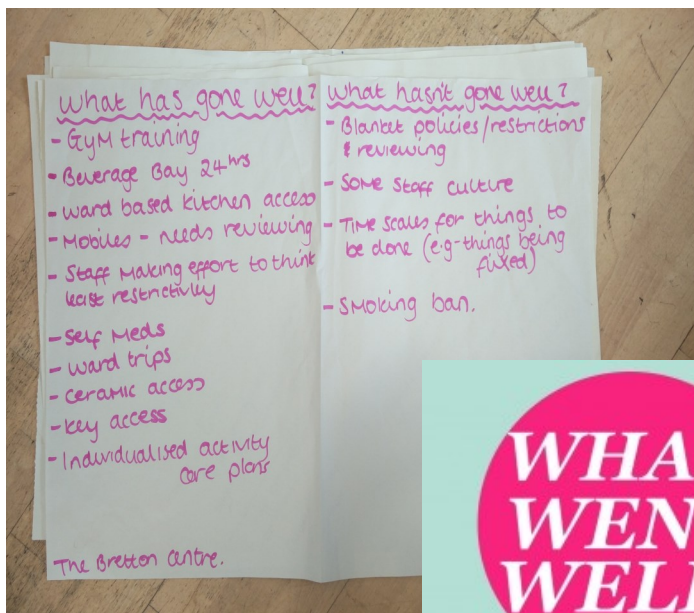
Bretton Centre

What's gone well?

Gym training, Beverage bay 24hours, Ward based kitchen access, Mobiles - needs reviewing, Staff make an effort to think least restrictively, Self medication, Ward trips, Ceramic access, Key access, Individualised activity care plans

What hasn't gone so well

Blanket policies/restrictions reviewing, Some staff culture, Time scales for things to be done (EG. things being fixed), Smoking ban



Cheswold Park Hospital

What's going well

Lowered restraints and seclusion, Mobile phones 7am - 11.30pm, Individualised care plans, Kitchen access low secure is unsupervised (plastics), Open laundry, Cigarette breaks, Hospital trying to promote smoking cessation

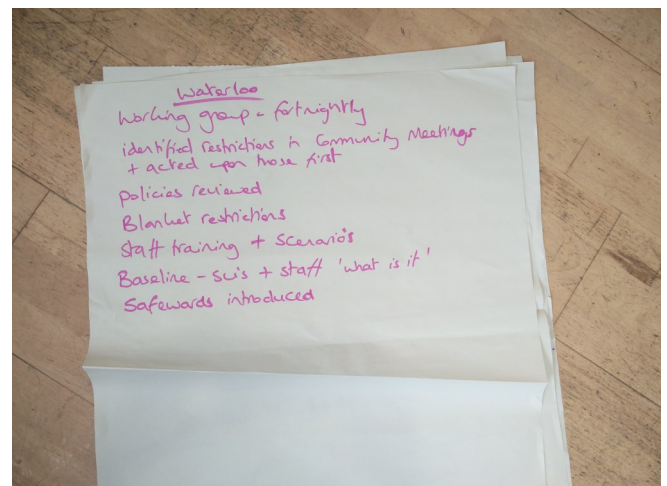
What's not going so well

Staff numbers dependant on ground walks, Patients shop - need more, Post log - signed photos slightly restrictive - lost S17 over this

Waterloo Manor

What's going well

Working group - fortnightly, Identified restrictions in community meetings and acted upon those first, Policies reviewed, Blanket restrictions, Staff training and scenarios, Baseline - service users and staff - what is it, Safe wards introduced



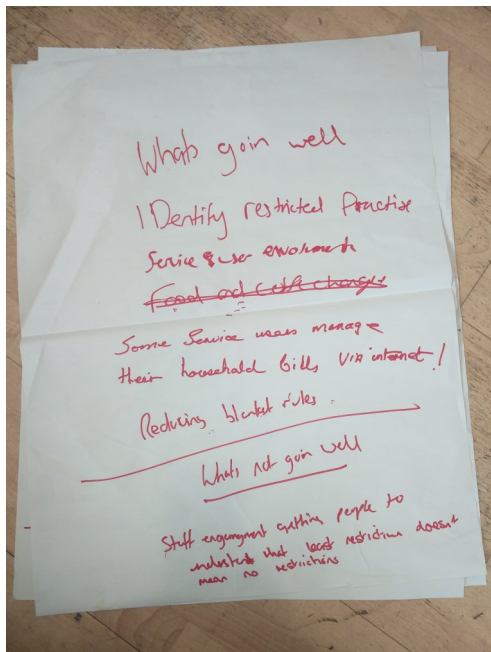
Bradley Woodlands

What's going well

Identified restrictive practices, Service user involvement , Some service users manage their bills over the internet! Reducing blanket rules

What's not going so well

Staff engagement , Getting people to understand that least restrictive doesn't mean no restrictions



Humber Centre

Where are we up to?

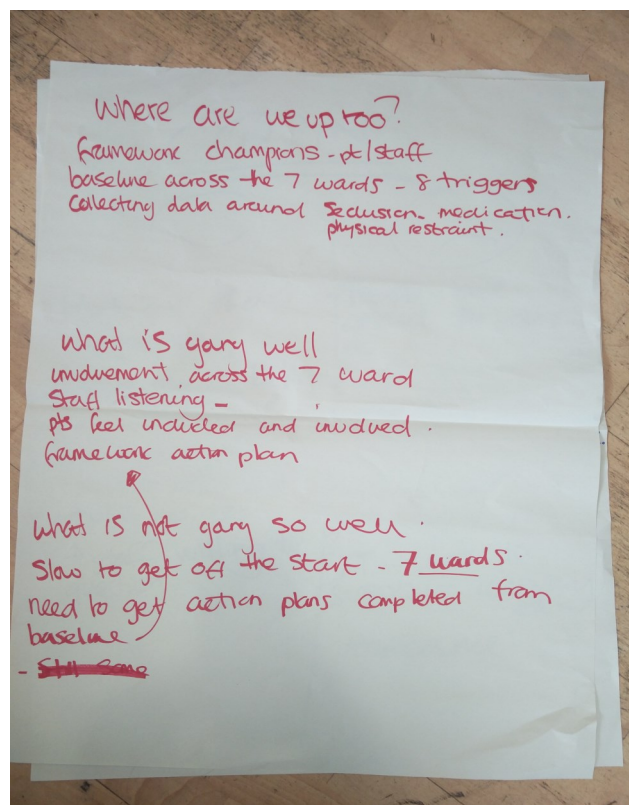
Framework champions - patients and staff, baseline across the 7 wards - 8 triggers, Collecting data around seclusion, medication and physical restraint

What is going well

Involvement across the 7 wards, Staff listening, Patients feeling included and involved, Framework action plan

What's not going so well

Slow to get off the start - 7 wards, Need to get action plans completed from baseline - framework action plan



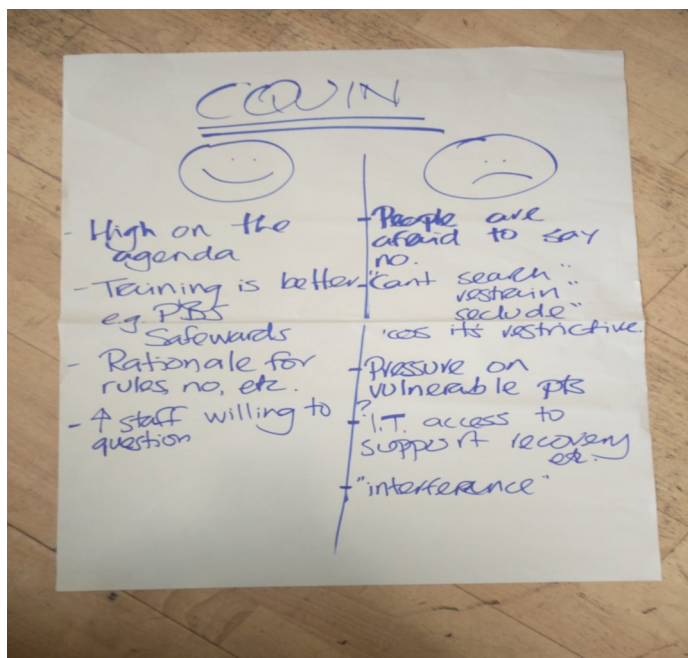
LYPFT

What's going well

High on the agenda, Training is better - eg PBS, safe wards , Rationale for rules, no, etc. More staff willing to question

What's not going so well

People are afraid to say no, "Can't search, restrain, seclude" because it's restrictive, Pressure on vulnerable patients, IT access to support recovery etc. "Interference"



Reducing Restrictive Practices

An update from Moorlands View September 2016

What are we doing?

- Reducing Physical Restraint, Rapid Tranquillisation, Increased observations:
- Existing reports from our Risk Management team in these areas are discussed in Risk Management and Quality and Safety Meetings.
- Looking at an audit of usage of PRN

- Reducing Episodes of Supportive Observations:
- Developing an observation checklist
- Zonal observation already in place on two wards
- Increasing Positive Ward Culture:
- Training – what are Restrictive Practices, Positive Behaviour Support
- Positive Handovers. Encouraging Service users to be involved in handovers.

You & Your Care

www.bdct.nhs.uk

- Monitoring Service User feedback and outcomes:
- Monthly feedback to group from community meetings also 1:1 feedback from service users every quarter independent of ward
- Audits of CPA outcomes, service user collaboration in Risk Management
- Audit of service user participation in therapeutic activities – care plans, treatment groups

How have we done it?

- Working group involving nurses, community staff, Advocacy, service users
- Meeting weekly / fortnightly to track progress
- Workstreams that individuals complete and then bring back to the group
- Quarterly feedback to unit governance group.
- Staff training ongoing – Restrictive Practice / PBS completed by end September

You & Your Care

www.bdct.nhs.uk

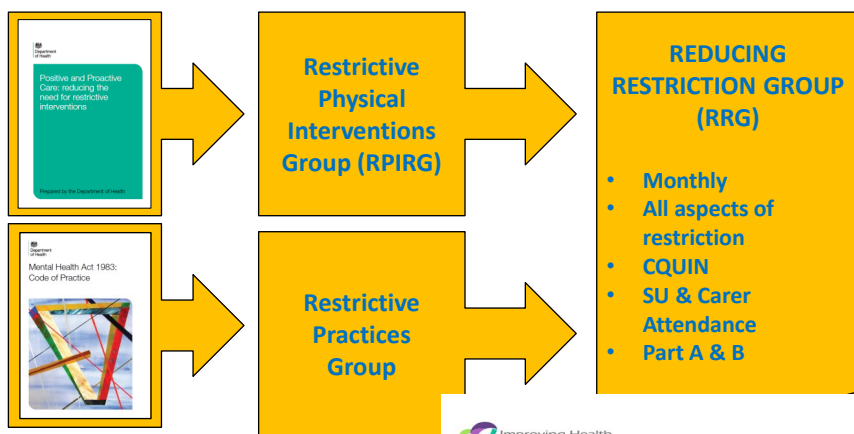
How are things so far?

- Main service user issues:
- Smoking and e-cigarette ban
- Mobile phones including smart phones
- Restricted takeaways
- Access to toiletries
- Access to drinks
- Not being able to be in rooms together
- Leave

- Staff survey of understanding of Restrictive Practices:
- Staff have basic knowledge of Restrictive Practices although some confusion with Restrictive Intervention.
- Seen as knowledge of procedures, legislation, security, ward policies, de-escalation, medication, DOH Positive and Proactive Care.
- Use of care plans to support service users but less evidence of assessment of why distress / anger / inappropriate behaviour occur and use of conflict reduction strategies
- Some practices have “evolved”
- Used to design the training

Restricting Restriction at the Humber Centre

The journey so far.....



Reviewing Policies and Procedures

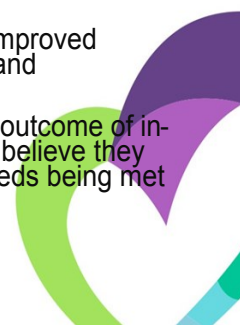
Ref No.	LSU	MSU	Revised by	Notes	Date of Review	Next Review
FPS 003	✓	✓	Security Group		06/02/2016	06/02/2016
FPS 004	✓	✓	Security Group		02/10/2013	01/10/2015
FPS 005	✓	✓	Security Group		08/06/2016	08/06/2016
FPS 007	✓	✓	Security Group	ICM REVIEW	21/02/2015	21/02/2016
FPS 008	✓	✓	Security Group	ICM REVIEW	08/10/2015	08/10/2016
FPS 009	✓	✓	Security Group	ICM REVIEW	26/11/2015	21/01/2016
FPS 011	✓	✓	Security Group	ICM REVIEW	21/01/2014	21/01/2015
FPS 012	✓	✓	Security Group	ICM REVIEW	15/04/2016	15/04/2016
FPS 013			Security Group		ongoing	
FPS 014			Security Group		ongoing	
FPS 016	✓	✓	Security Group		31/03/2014	01/03/2017
FPS 017	✓	✓	Security Group		02/02/2016	02/02/2019
FPS 018	✓	✓	Security Group		14/06/2013	14/06/2016
FPS 019	✓	✓	Security Group		14/06/2013	01/08/2016
FPS 021	✓	✓	Security Group		02/02/2016	02/02/2019
FPS 022			Security Group		ongoing	
FPS 023	✓	✓	Security Group		02/02/2016	02/02/2019
FPS 024			Security Group		ongoing	
FPS 025			Security Group		ongoing	
FPS 026	✓	✓	Security Group		11/06/2011	01/06/2016
FPS 027	✓	✓	Security Group		04/09/2013	01/09/2016
FPS 028	✓	✓	Security Group		17/01/2014	01/01/2017
FPS 029	✓	✓	Security Group	ICM		
FPS 030	✓	✓	Security Group		07/07/2015	07/07/2016

Progress so far....

- Mobile phones
- Search
- Patient's correspondence
- IT access
- Money in possession
- Smoking (for now!)
- Signage

CQUIN

- % of service users that show positive outcomes in outcome-focused 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 of in-patient experience - % of service users who believe they have been listened too in respect of their needs being met where restrictions are necessary.



Positive and Safe



CQIN
6TH September 2016

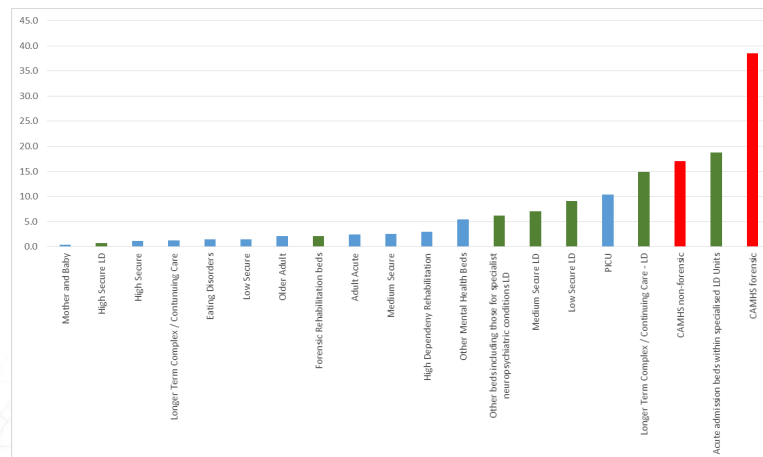
Guy Cross – Policy Lead, Positive and Safe, Department of Health

Why focus on reducing restrictive interventions?

- Human rights
- Injuries to staff
- No one likes restraining service users
- Money



Use of Restraint per 10 beds



What have organisations been doing?

- Reviewing their training – more focus on non physical interventions
- Looking at where and when restraints happen
- No Force First, Safewards
- Positive Behavioural Support
- Developing Trust wide restrictive intervention reduction plans



Positive & Safe - Building a Network of Champions

- Moving towards 300 champions
- 2 national and 8 regional champions' events
- 4 regional culture change workshops with FoNS over 300 staff attended
- Newsletters



<http://www.england.nhs.uk/6cs/gro-ops/positive-safe-champions/resources/>

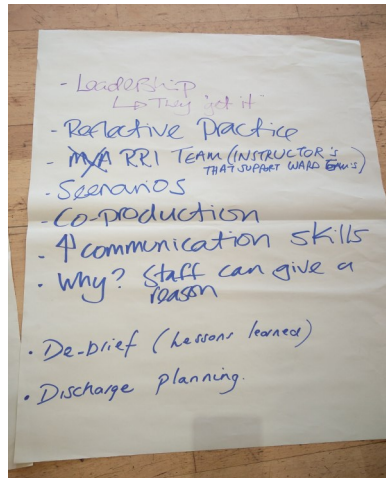
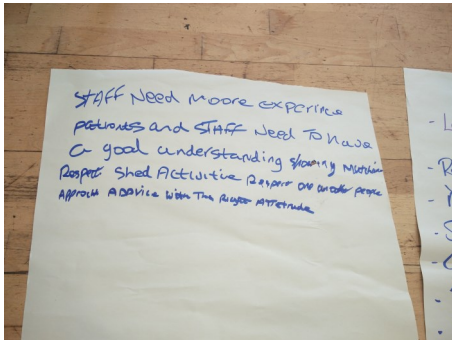
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Contact Details

Guy Cross
Guy.Cross@dh.gsi.gov.uk

Group work – Training

- Patients and staff need to have a good understanding showing motivation and respect
- Staff need more experience
- Shared activities
- Respect one another
- People approachable
- Advise with the right attitude



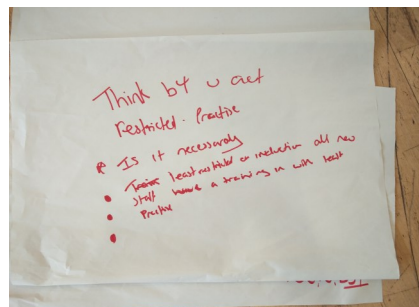
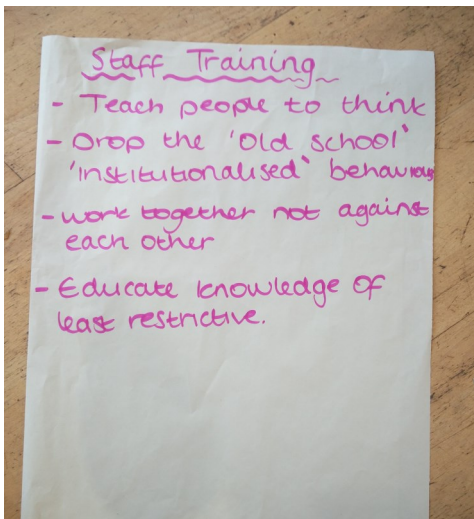
- Leadership - they "get it"
- Reflective practice
- RRI team - instructors that support ward teams
- Scenarios
- Co-production
- Increase communication skills
- Why - staff can give a reason
- Debrief - lessons learned
- Discharge planning



- Teach people to think
- Drop the 'old school institutionalised' behaviour
- Work together not against each other
- Educate knowledge of least restrictive

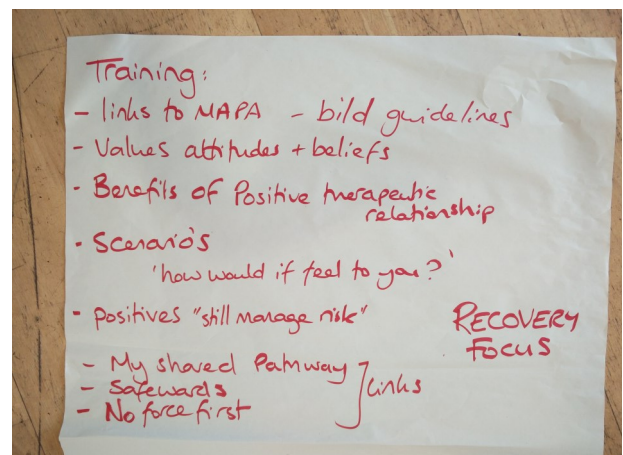
A positive and proactive workforce

A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health



- Think before you act
- Restricted practice - is it necessary
- Included on induction on new staff
- All staff have training on least restrictive practice

- Links to MAPA - BILD guidelines
- Values, attitudes and beliefs
- Benefits of positive therapeutic relationship
- Scenarios - "how would it feel to you"
- Positives - "still manage risk"
- Recovery focus
- Links to My Shared Pathway, safe wards, no force first



Posters from LYPFT recent meeting around reducing restrictive practice across their Low secure units

"Deescalation did not occur. It would have been helpful if staff talked to me before"

Seclusion/segregation

"it's like being in a police cell"

"no intervention" ... "apart from calming myself down"

"staff should know the patient"

"I ended up in seclusion because staff (agency) did not know me"

"staff should talk to the patient. listen to what the patient says"

"staff should develop care plans with patients"

"staff should be visible" - "No more than 2 staff in the office at the same time"

"Talking to patients and listen to what they say"

"Collaborative Care plan"

Reducing Physical restraint

"Deescalation does not always occur it would be helpful if staff talked before"

"Staff should use strategies before physical restraint, i.e. quiet room, PRN meds." "There is not a proper quiet room on the ward"

"Having someone to talk to before incidents happens"

"Staff visible"

"I feel like I'm not listened to about the side effects of my medication"

Reduce episodes of medication led restraint

"Resulting in me not taking it!"

"medication management plans as a wider safety plan"

Reduce episodes of supported observations

"lack of privacy -> bathroom -> bedroom" "hiding behind the wardrobe door to get dressed"

"it increases irritability (pts) when followed about by staff who do not talk to you"

Other -ve aspects - Staff shimmy bodies on a night.

Staff opening doors without telling you.

Increase positive culture -> develop conflict reduction strategies i.e. starwards for handovers and saying no to audits!

"Each member of staff should say 1 positive statement in each handover"

"Staff should set a collaborative goal each shift"

A baseline of 'starwards' across the service is occurring.

kitchen/laundry access

Restricted have to use another ward for self catering.

kitchen locked (+ve)

+ve laundry goes missing - prefer door locked (few wds)

Need another tumble dryer 1 not enough.

Good easy access

open 'good access'

-ve - have to rely/wait for staff to access kitchen/laundry

"want to get snacks in the evening"

"want access to a drink during the night" Staff response varies

"we can have cereal but not toast on an evening/night"

Posters from LYPFT recent meeting around reducing restrictive practice across their Low secure units

Incoming/outgoing mail - (It's ok)

Reception to notify when post arrives - could be sent to ward with food

General agreement - staff observe opening, but not food content. PT opens.

Access to certificate 18 media

DVDs restricted in day room unless everyone in agreement to watch. Can watch in quiet room

No problem - we are not under 18 yrs. As long as people do this in the privacy of their room. Should have freedom to watch bedroom or side quiet room

Bedroom/Personal searches

generally ok - Good - safer stops people having things they should not have

Everyone should be searched - keeps us safe

Not proportionate i.e. - near discharge or when person has increased level especially when moving to open unit

Blanket Restrictions

Courtyard/grounds access:

-ve Not enough access. Some dedicated time/slots. Not always enough staff on to facilitate. If this could be unescorted then would not be an issue. We need personal quiet time.

Would like more activities/games
Would like hourly access. → 15mins for a walk.

+ve Good courtyard access depending on staff availability. Better communication when door open.

Use of the wider grounds/garden could be increased (group leave) (walking group)

restricted to certain hours, sometimes this changes

Feels like a date queue on a Monday

Bank holidays can be a problem

Access to money

need to see time for each ward

Have a ward slot at reception - male/female

know what you want the day before

This is a problem if your money is paid into an external bank and you have no leave.

Access to internet

could be better! more access!

this can be a problem if not enough staff - may miss slot!

Its ok we have agreed Contract / care plans

Camera phones kept in safe - why not in lockers?

Access to telephones inc mobiles

Access is good - get mobile in morning and hand in at night!

"Good access happy with this"

"Its ok we have to use quiet room - why can't we use our bedrooms?" (one ward)

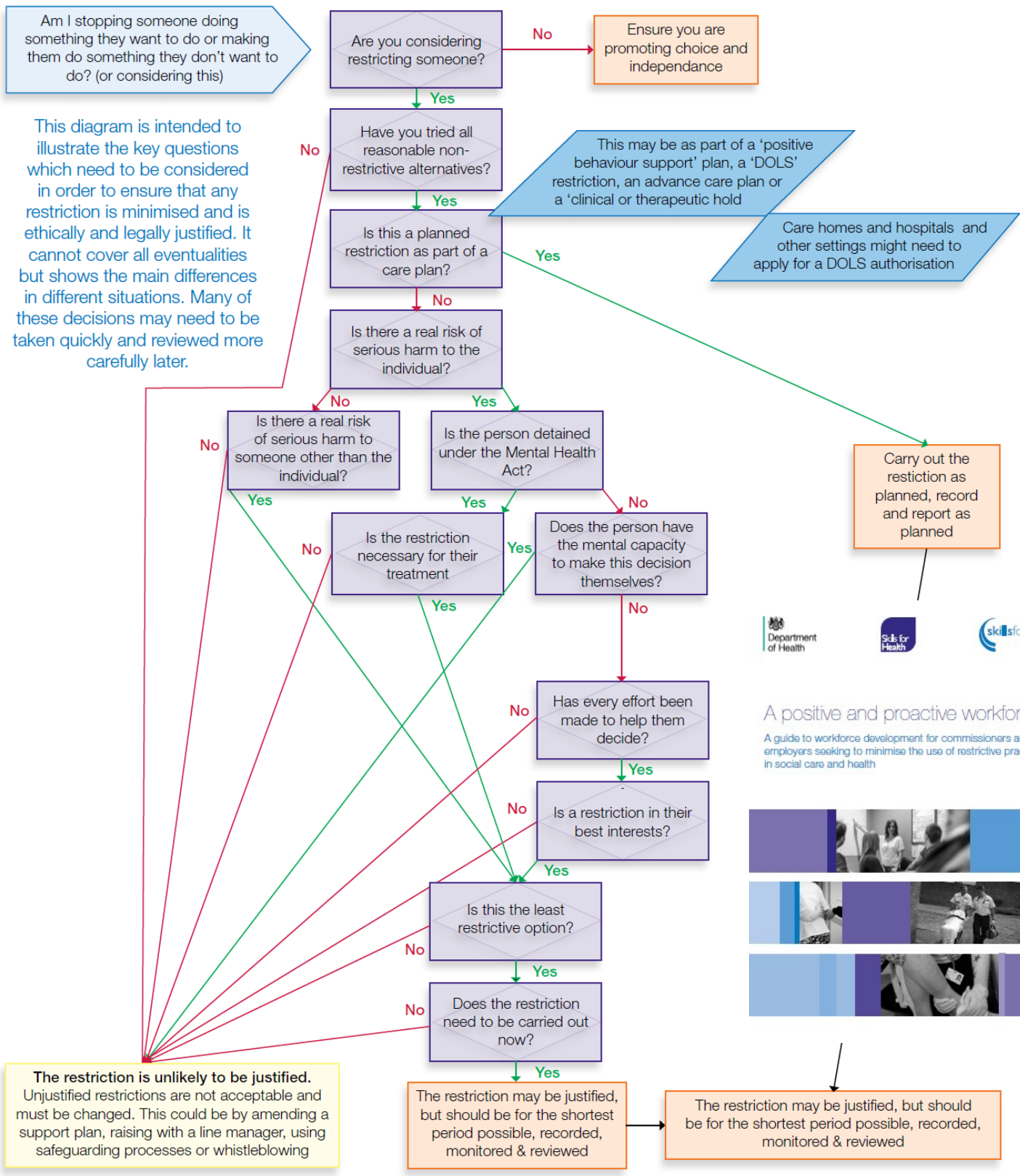
Fine flexible book by his before

Supervised visits/visiting hours

family room too small (can we use other room i.e. social space?) - no access to drinks!

Should be longer if someone (visitor) is late.

Restrictive practices - what you should consider



Information on assessing 'mental capacity' and 'best interests'; <https://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act>

Seclusion is never justified except when the person is detained under the mental health act.

'Least restrictive' will depend on the likelihood of harm occurring, the severity of the harm and how proportionate the restriction is to the level of likely harm. How often is this restriction carried out? How long does it last? How intense / forceful is it? What other options are there?

MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

YEAR 1 (2016/17) 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.

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:

- 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 of 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 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

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.



Reducing Restrictive Practice CQUIN Group

Dates for 2017

Wednesday 4th January - Thursday 30th March

Thursday 8th June - Thursday 14th 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

