February 2017

Yorkshire and Humber Involvement Network

Reducing Restrictive Practice Bulletin 5

Next meeting: Thursday 30th March 2017 2-4 @ Sandal

At the last meeting of the Reducing Restrictive Practice CQUIN group on the 4th January we started off by doing some group work and getting an update from everyone about where they are up to so far.

We then had a presentation and some group work from Amber Lodge to look at technology and how they are moving with the times in terms of reducing restrictive practice in this area.

Following this we had a presentation and some group work from Moorlands View about the challenges that they have faced with reducing restrictive practice in some areas and they followed this up with some group work to see if everyone thought certain restrictions were reasonable, proportionate and necessary.

We finished the meeting by getting everyone to write down on a postcard their New Years Resolutions to do with Reducing Restrictive Practice for the year ahead. We can then revisit these next year and see whether they have been fulfilled!

Thank you to Moorlands View and Amber Lodge for supporting with the planning of this CQUIN group and for your presentations, and as always to everyone who attended for all your contributions and hard work.

Contents

restraint reduction network

Reducing Restrictive Practice CQUIN Group Agenda

Sandal Rugby Club Wakefield

Wednesday 4th January 2017   14.00 – 16.00

WELCOME   1. **Welcome** and Introductions

2. **Group Work** – update from services

3. **Presentation and Group Work** - Amber Lodge

– Technology, moving with the times

Presentation and Group Work - Moorlands View

– Challenges of reducing restrictive practice and training   TRAINING

4. **New Years Resolutions!** – 2017 Pledge on a Postcard

Developed by Holly Alix and Jo Harris on behalf of the Yorkshire and Humber Secure Services

Moving With The Times

"Modern Technology"

Amber Lodge

Rotherham Doncaster and **NHS**
South Humber
NHS Foundation Trust

Forensic Services

Rationale

Rotherham Doncaster and **NHS**
South Humber
NHS Foundation Trust

- Recovery Orientated model enabling patient's

- National drivers for Reducing Restrictive Interventions

- RRI CQUIN –Ensure the application of blanket restrictions which are no more proportionate, measured and justified responses to individual identified risks and which restrict patients' liberty and other rights as little as possible. Giving reference to access to the internet, mobile phones, access to certificate 18 media, piloting of new policies in relation to these.

Forensic Services

Group Work

Rotherham Doncaster and **NHS**
South Humber
NHS Foundation Trust

- What access do patients currently have to mobile phones, internet access, access to certificate 18 media?

- What are the plans for your service for the short term and how is this going to be implemented?

- What are the plans for your service for the long term and how is this going to be implemented?

- How are you reviewing/evaluating the progress?

Forensic Services

Where We Are....

Rotherham Doncaster and **NHS**
South Humber
NHS Foundation Trust

- Assessing patients risks and access to mobile phones on an individual basis- going well. The use of individual contracts have proved successful. ☺
- Internet access on the wards coming in place in 2017. What policy as a TRUST we have currently for internet use and ideas around an operational policy we need to consider for Amber.
- Patient Training-how to get the most out of the internet

RDaSH
leading the way with care

Forensic Services

Where We want to be......

Rotherham Doncaster and **NHS**
South Humber
NHS Foundation Trust

- Staff Training- (Techno phobias/ mature staff) Also how to support patients to get the most out of the internet.

- Staff Training- For everyone- how to check for risk. Ultimately want least restrictive practice but also important that staff have the training and skills and knowledge to check items such as play stations.

RDaSH
leading the way with care

Forensic Services

Questions

Rotherham Doncaster and **NHS**
South Humber
NHS Foundation Trust

- Any questions?

- Thank you for listening and bringing ideas forward

RDaSH
leading the way with care

Forensic Services

Group Work

Rotherham Doncaster and South Humber NHS Foundation Trust

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RDaSH
leading the way with care

Forensic Services

Internet
Computers accessible - supervised by staff in groups and individually
Wifi on grounds and wards - individualised access

Plan - 18 certificate media - on ward, violence, nudity etc. monitored - not allowed
CP can have access to 18+ media in own bedroom assessed individually

Internet
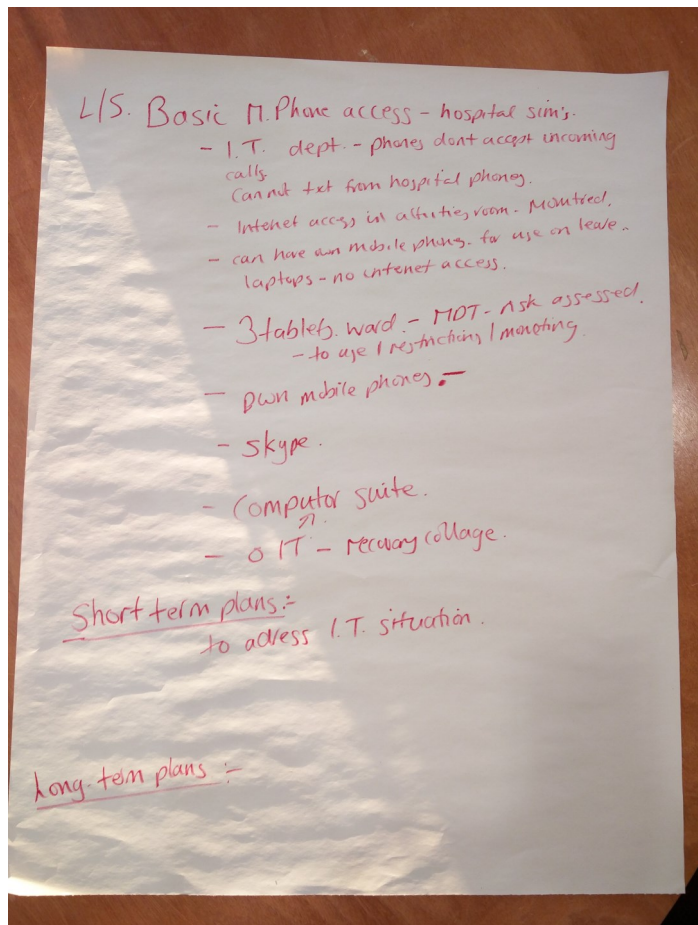Supervised access, tablets / hospital computers
Skype visits
Email accounts

Access
Low secure
BW Phones - no camera, no internet, own phone but kept in safe in apartment, can only be used at set times, tablets on ward with restrictions
WM individually assessed, basic phones in hospital, smart phones off ward
18+ individually assessed

Short term plans
BW phones - individualised times for service users to access
WM phones - waiting for policy to catch up
18+ - use of environment, noise and other people
Internet - access to computers on evenings and weekends

Access
Low secure
Basic mobile phone access - hospital sims
IT department- phones don't accept incoming calls
Cannot text from hospital phones
Internet access in activities room - monitored
Can have own mobile phones - for use on leave
Laptops - no internet access

Long term plans
Change organisational culture and anxieties re internet and social media

Internet
3 tablets on the ward - ask - assessed - used / restrictions and monitoring
Own mobile phones
Skype
Computer suite
OT recovery college
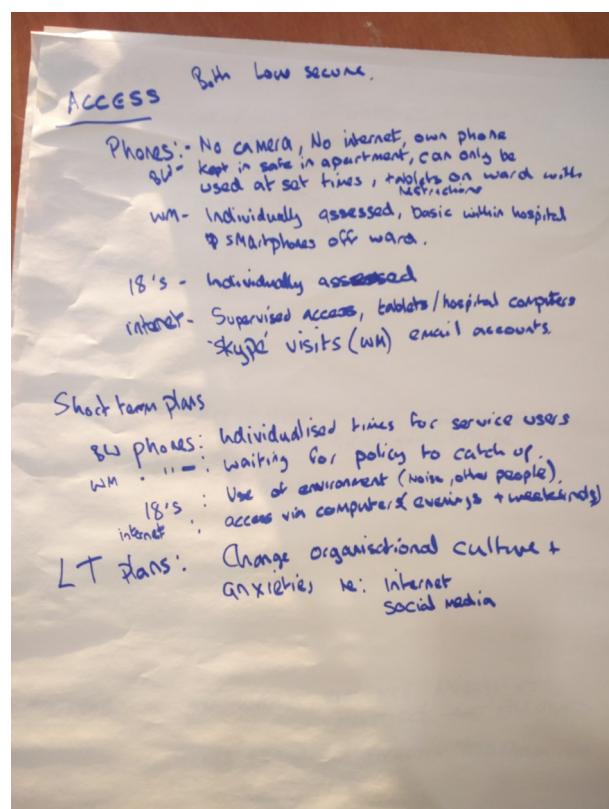Short term plan is to address IT situation

Access
No camera phone on ward but can use others outside
Basic phone on ward
Care planned individually
Those that don't have mobile access have access to ward phone

WRITTEN IN STONE VS HIDDEN RULES

- Identifying which rules are set in policies and formally recognised and which have just become part of 'normal' practice

DETECTIVE WORK

- Trying to find out where rules originated from and the reasoning behind it.

SURELY THIS IS SIMPLE....

- Tried to tackle the simple rules such as caffeinated coffee
- Came across various complications from different places
- Feel more confused...

UNDERSTANDING

- Restrictive practice DOES NOT mean remove all rules
- In secure setting some rules are required to keep everyone safe

FINDING A BALANCE

- Once rules are in place how do you make changes or go back
- Need to try find a happy balance

CATASTROPHIC THINKING

- 'its easier to make rules for the whole ward'
- 'It will cause trouble if one person is treated differently'
- People thinking the worst if treatment is individualised
- Staffing levels
- Busy wards – no time

TRAINING

- Adapt to ward pressures
- Deliver during handover
- Move away from generalised rules to individualised care
- Question the justification of rules
- Understand what restrictive practices means
- Use Positive Behavioural Support method to help shape specific interventions

# IS IT REASONABLE, PROPORTIONATE AND NECESSARY...

Examples:
- No caffeinated drinks
- No TV after midnight
- No access to internet
- No Takeaways

Either using the above examples or one you may have in your service, identify whether it is reasonable, proportionate and necessary...

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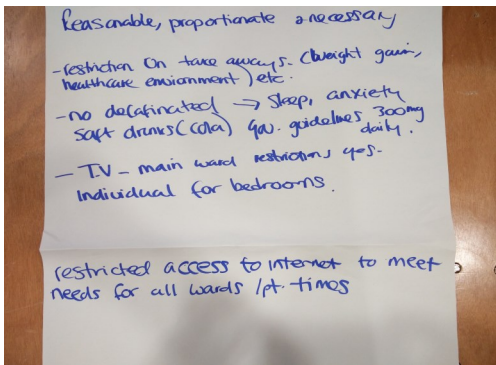
No energy drinks
No lucozade
No hot drinks after midnight
No vehicle trips without minimum of x2 staff
Only x2 takeaway
No unsealed food

Restrictions on takeaways- weight gain, healthcare environment
No caffeinated drinks, soft drinks i.e. Cola - sleep, anxiety, government guidelines 300mg daily
TV - main ward restrictions - yes
Individual for bedrooms
Restricted access to internet to meet all wards - patient times
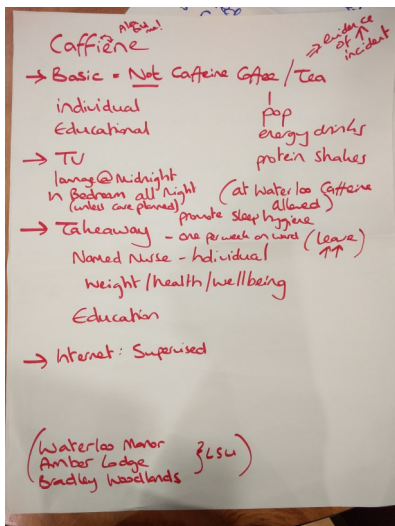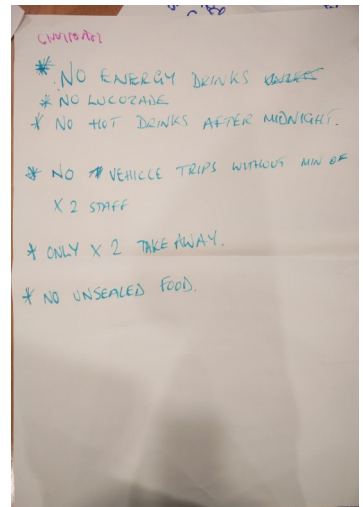
Caffeine
Basic - not caffeinated coffee/tea/pop/ energy drinks and protein shakes - evidence of increase in incidents
Individual
Educational
WM - caffeine allowed
Takeaway
One per week on ward
Leave increased
Named nurse and individual
Weight

TV
Lounge at midnight turned off
In bedroom on all night unless care planned otherwise
Promote sleep hygiene

Internet
Supervised

Update from services—where are we up t o?

Humber Centre

Introducing Safe Ward's- relational security and cultural change

Policies reviewed and ongoing - restrictive areas in policies

Opened up beverage services

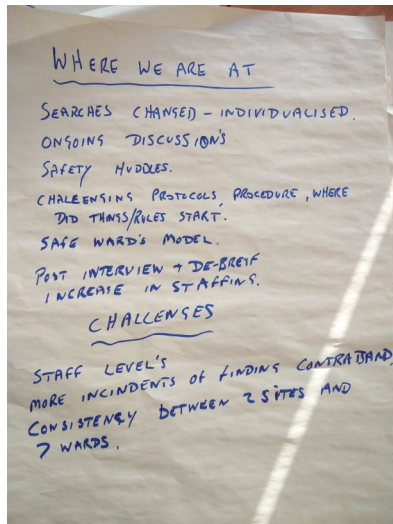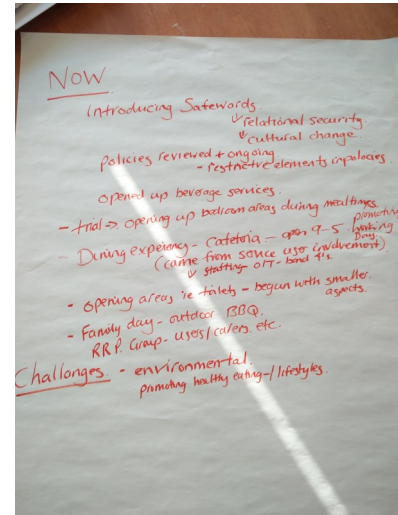Trial - opening up bedroom areas at mealtimes

Dining experience - cafeteria - open 9-5 - promoting working day - came from service user involvement and staffed by OT band 4s

Opening areas i.e. Toilets - begun with smaller aspects

Family day - outdoor BBQ

RRP group - service users and carers etc.

Challenges- environmental and promoting healthy eating/ lifestyles

LYPFT

Searches changed - individualised
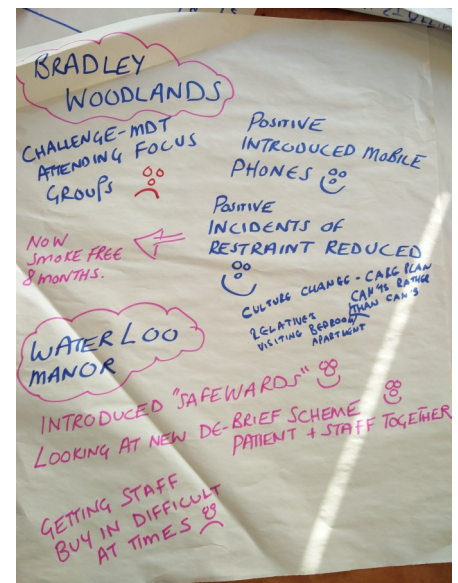
Ongoing discussions

Safety huddles

Challenging protocols, procedures, where did things start

Safe wards model

Post interview debrief
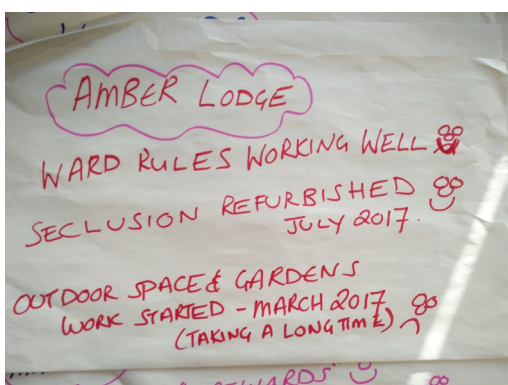
Increase in staffing

Challenges - staffing levels

Amber Lodge

Ward rules working well

Seclusion refurbished July 2017

Outdoor space and gardens work started - March 2017 - it's taking a long time

Bradley Woodlands

Challenge MDT attending focus groups

Positive introduced mobile phones

Positive incidents of restraint reduced

Now smoke free for 8 months!

Culture change- care plan can't rather than cans

Relatives visiting bedroom and apartments

Waterloo Manor

Introduced "Safe Wards"

Looking at new de-brief scheme - patients and staff together

Getting staff to buy in is difficult at times

4. New Years Resolutions! – 2017 Pledge on a Postcard

To respect all
More staff to facilitate groups
Coffee
Dual screen computers
Keep challenging
Out of hospital
Section changed
More boundaries around food and noise
Updated ward
Internet on my PS4
Improved access to internet for patients
To loose weight
I'd like to use my phone twice a day
Internet changed
Smartphones
Individually risk assessed for aerosols
Unsealed food on ward
To have perfumes and sprays in bedrooms
More access to kitchen
Wi-fi access within medium secure services
Gain internet access in our low secure service
Moving on
Access to wif-i and smartphones
Buy a winning lotto ticket!
Appropriate internet usage across the wards
Teaching of patients to stop them stagnating/ruminating
Possibly something to help when they are discharged to obtain a job
To continue with current least restrictive practices- observe and monitor for areas to develop
To reduce restrictions on visiting times for family and friends
More staff who are regulars who know you for you
Provide service users with more opportunities to cook on the ward
Having an extra computer screen so staff can monitor from a distance
More positive risk taking within MDTs
Speak with IT services on moving restrictions forward
Change organisational attitude to social media
Some access to smartphones in ward areas
Increased access to social media / internet
To encourage services to share least restrictive practice interventions to improve practice across secure care
Reducing restrictive practice by reducing seclusion, more sensory therapy, more positive behaviour support plans, mor debriefing and reflection
Phone use not limited to certain hours - individually assessed
Review of patients money management- access to high street banks / alternatives to only using hospital account
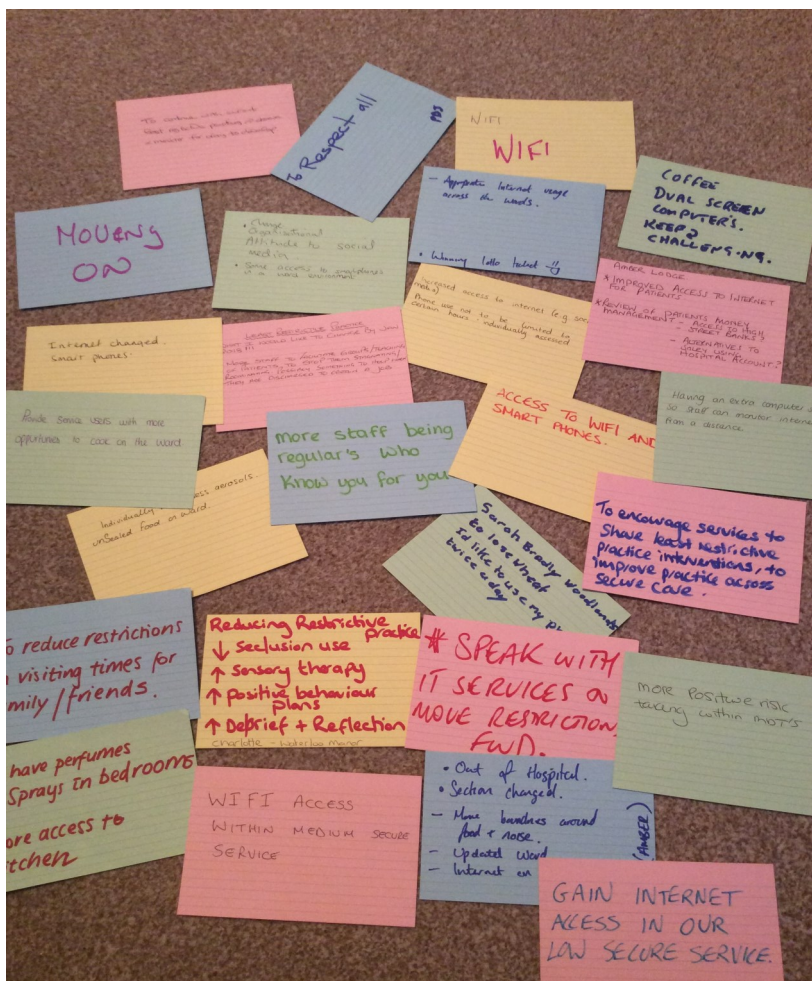
MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

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) 2) Reduce episodes of supportive observations by developing an appropriate framework e.g. care zoning.

3) 3) Reduce seclusion and Long term segregation by utilizing best practice guidance in this area.

4) 4) Reduce episodes of medication-led restraint.

5) 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) 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) 7) Ensure robust evaluation of outcomes and governance is in place to monitor the progress of the improvement strategies.

8) 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

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