



Reducing Restrictive Practice Bulletin 7

**Next meeting:
Thursday 14th September
2-4 @ Sandal**

At the last meeting of the Reducing Restrictive Practice CQUIN group on the 1st June 2017 we started off with a presentation looking at the new CQUIN guidance. The guidance can be found on pages 2 and 3.

We then had a presentation from the Humber Centre looking at “What we say, and what we do!” This presentation is on page 4.

After this we looked back at the New Years Resolution cards that we all wrote in January, to see if we have made any progress towards our resolutions yet and to add some more. Information from these can be found on page 5.

After the break we asked everyone to write an update from their service and we played monopoly—with each of the services being a property on the board and some fun Chance Cards! As well as some giant dice courtesy of the Humber Centre. This got everyone involved and we had an update and some fun along the way! This is all on pages 6 and 7.

We finished the meeting with a last bit of group work facilitated by Lauren Kerrigan from the commissioning team to look at section 17 leave and to find out everyone’s views on this. You can read about this on page 8.



Reducing Restrictive Practice CQUIN Group Agenda

Sandal Rugby Club Wakefield

Thursday 1st June 2017



14.00 – 16.00

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1. Welcome and Introductions

2. New CQUIN guidance and reporting



3. Presentation – Humber Centre

– What we say and what we do!



4. Group Work - Resolutions!

- How far have we come and where are we going?



5. Feedback and fun! – Monopoly

6. Group Work – Section 17 Leave



MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services

Scheme Name	MH3 Reducing Restrictive Practices within Adult Low and Medium Secure Services
Eligible Providers	All providers of medium and low secure mental health services
Duration	April 2016 to March 2018.

YEAR 2 (2017/18)

During 2016/17 providers and Service Users have highlighted the reporting focus has been on numbers and indicators instead of cultural change and embedding CQUINs in the true spirit of improving collaboration, quality and sustainable innovation. For Restrictive Practice this is about everybody within services being aware of what has changed as a result of the forums.

- Demonstrate patient collaboration and co-production within the set up and development of the Restrictive Practice groups within services.
- Collaborative presentation of achievements and ongoing strategy, sharing good practice and learning from each other are key to effecting sustainable change. Regular attendance at the CQUIN workshops facilitated by the Involvement Network is vital and that each service should give at least one collaborative presentation at the CQUIN involvement network meetings during the year.

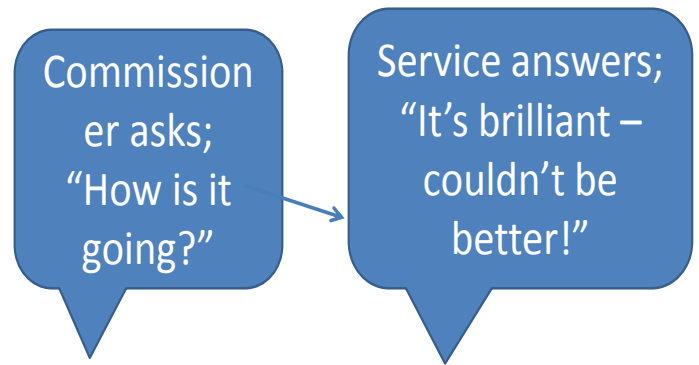
- **Quarters 1, 2 and 3**
- Continue training across whole service and implementation of framework
- Ongoing review of framework and consider further improvements
- Ongoing engagement and collaboration of service users and staff
- Develop and implement robust governance and evaluation within the service to ensure long term sustainability.
- Review provider monitoring information, data collection and insights gained.
- Completion and submission of the quarterly commissioner standardised reporting template. Submitted 3-5 days prior to the date of the collaborative presentation.
- Delivery of the Quarterly service user/staff collaborative presentation to commissioners

- **Quarter 4**
 - Continue training across whole service and implementation of framework
 - Ongoing review of framework and consider further improvements
 - Ongoing engagement and collaboration of service users and staff
 - Ongoing implementation of the robust governance and evaluation within the service to ensure long term sustainability.
 - Review provider monitoring information, data collection and insights gained.
 - Completion and submission of the final quarterly commissioner standardised reporting template, to include a brief report which evaluates the success of the 2 year scheme including initiatives that have changed the way the service has been delivered.
 - Delivery of the final quarterly service user/staff collaborative presentation to commissioners. The presentation to include evidence of the evaluation of the overall 2 year scheme
- **2017/18 Reporting Process:**
 - Quarterly service user/staff collaborative presentation to commissioners at quarterly contract/service review meetings in service. These will not exceed 30 minutes in duration. The presentation should include:
 - Detail behind the standard reporting template.
 - Evidence of staff and service user engagement in developing a restrictive practice framework and the piloting of this.
 - The outcomes from the monitoring data collected i.e.
 - service users involved in discussions around individualised least restrictive practice and managing individual risk
 - Service user feedback in respect of positive outcome of in-patient experience, who believe they have been listened too in respect of their needs being met where restrictions are necessary.
- Completion and submission of the quarterly commissioner standardised reporting template. Submitted 3-5 days prior to the collaborative presentation. This will be an A4 report which provides the audit trail/evidence to support the quarterly presentations. The report is not to include any additional documents this is the supporting evidence to the presentation
 - Attendance at the CQUIN workshops with expectation of one presentation per year
 - NHS England Case Managers to be more involved in monitoring delivery of the scheme in the service.
 - During Q1 agree and set the dates for the collaborative presentations
 - Quarterly reporting to take place in the month following the quarter end , except for Quarter 4, which will take place in February/March 2018.

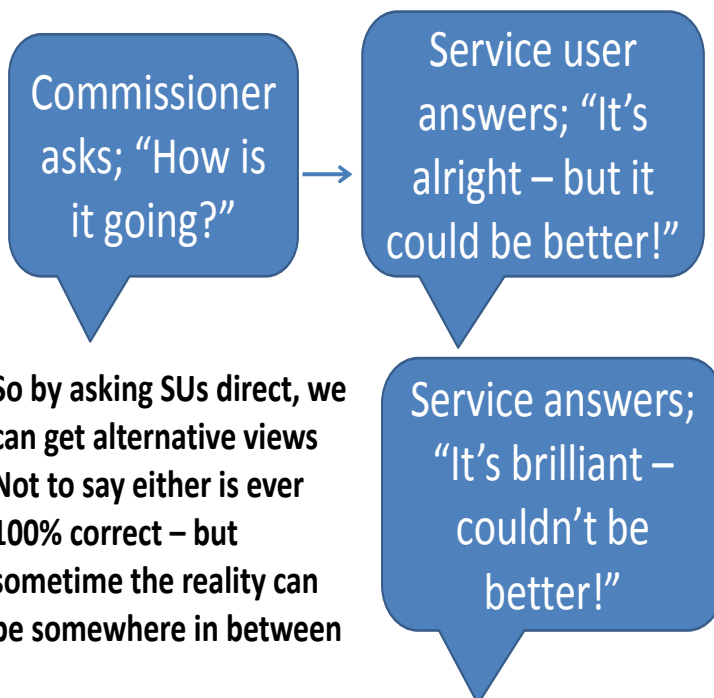
What we say, and what we do...

The challenge of embedding

changes in practice at the
Humber Centre



Sometimes services can think that they are delivering exactly what is needed / required. May answer the question for service users.



So by asking SUs direct, we can get alternative views
Not to say either is ever 100% correct – but sometime the reality can be somewhere in between

Examples

We have an approach that all patients have access to their bedroom key

- *Feedback at RRG meeting is that some are still waiting*

We think that suitably assessed patients can own and use smart phones when on leave

- *some definitely are*
- *Some aren't able to, told that it's because there isn't a policy*

Two Questions

- Has this happened in your service?
- What gets in the way of implementing changes in restrictive practice?
- Why do we think it happens?

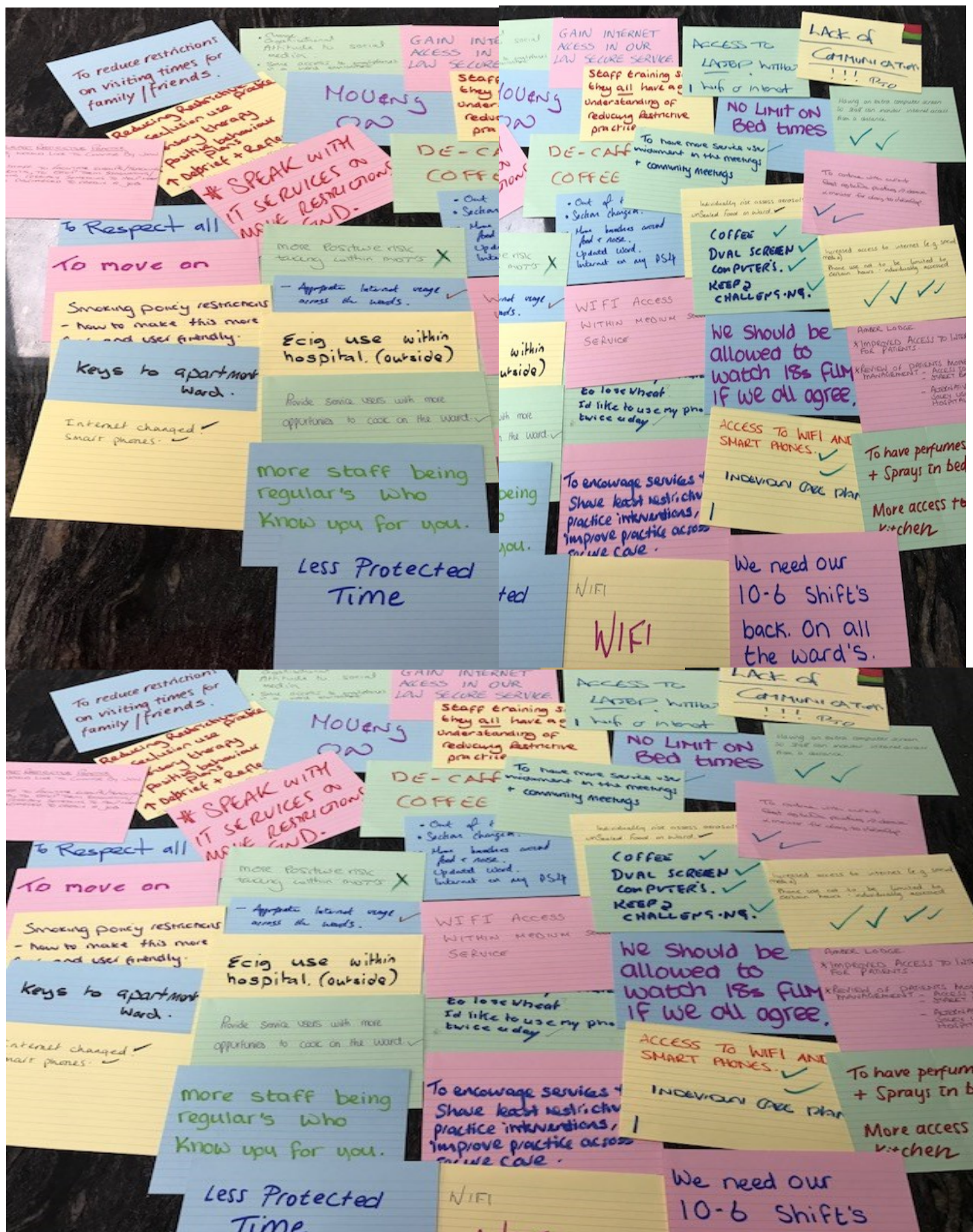
Feedback & discussion



- Staff don't like change
- May prefer to stay in control
- Some SUs may have abused the option
- May feel that they can't without a written policy
- New approach may not have been communicated very well

Resolutions

Where are we up to and where are we going?



Monopoly Update and fun!

CHESWOLD PARK

Phones on wards and in rooms – no camera / internet
 Iron out – at all times – low secure
 Knives out – at all times – low secure
 Toaster out – at all times – low secure
 Laptops – care planned – no internet / camera
 Have to go to bed 12-6am
 Internal unescorted leave to the shop – policy done – forms to complete themselves and hand to reception
 External unescorted
 £25 cash allowed in the locker in rooms

NEWSAM CENTRE

Seeing more regular staff on the ward
 Searches care planned individually
 More 1-1. Safe Wards – staff training and positive words. Safety thermometer – service users asked if we feel safe on the ward more often. Lockers for people who smoke to keep lighters and tobacco products
 Starting monthly meetings across wards – feedback to put views across
 Safety huddle at handovers

AMBER LODGE

Introductions of mobile phones – assessed on an individual basis / laptops
 Patients access to outside bank accounts – our RDASH service improving bank accounts and access to savings accounts. Took away blanket rule of how much money patients can hold on the ward
 Training on the ward around RRI – Away Day. RRI agenda item on all staff and community meetings
 Training on staff being restricted – how does it feel for you?/reflections/lessons learnt
 All staff and patients PBS training. Patients lockers – Infection control/ restrictions of food in their rooms – having to ask staff to get food from the kitchen

Ongoing plans

Looking at what is Safe Wards. RRI Team delivering Safe Wards training to staff and patients in July 2017. Building work ongoing

CLIFTON HOUSE

Garden access (unescorted) anytime
 Smoking lockers
 Using smartphones when off the ward
 Increase in activities. Community meeting
Ongoing plans
 Bed times – 11.30pm. Staff shortages
 Home leave limited due to lack of staff
 Local leave limited due to lack of staff

BRADLEY WOODLANDS

Individualised mobile phones – care plan access
 Continued meetings
 Monitoring restraint, seclusion and IMI use
 Tackling the 'contraband' list
Ongoing plans
 Keys to the apartments
 WIFI internet use throughout the hospital
 E cigarette use within the hospital
 Opening access to the secure garden
 Additional access to wired internet access on evenings and weekends. Smart phone access





MOORLANDS VIEW

Good training programme for staff – rolling programme
 “tell us about us” sessions, Still trying to get decaf coffee

Ongoing issues to do with smoking (Trust issue)

More individualised / personalised risk assessments for personal items eg. Smarty phones on leave, skype etc. Already have internet access in education room and basic mobile phones on 2 wards. Looking at smart phones again on an individual basis

Positive risk taking in MDTs based on risk assessment

FOREST LODGE

Spreadsheet highlighting where we are up to and what can/has been changed

Advertised service user involvement on the wards and encouraged to highlight any restrictions

Ongoing plans

Taking the restrictive practice information into community meetings to highlight anything the staff and clients think are restrictions and if these can be reduced and to do updates

Making a focus group with interested clients so they can be advocates for reducing restrictions, attend CQUIN meetings and do presentations

Smoke free questionnaire to see where these blanket restrictions can be reduced

NEWTON LODGE

24 hour access to hot drinks

Unrestricted payphone usage

Swimming group – less restrictive activities

Involvement in hospital magazine

Least restrictive dining experience

Family Fest – x4 per year – carer involvement

Lodge Fest / Christmas concert

Creative Minds budget

Less restrictive staff:patient ratio for access

Community meeting

Controlled items stored securely in bedrooms

HUMBER CENTRE

Regular meetings with staff and service users

Care plans much more individualised

Reduction of blanket policies eg. Introduction of smart phones on community leave

Beginning to look at unrestricted movement in the Humber Centre for individual risk assessed patients ie. Using swipe cards and zones that service users can move freely in

Use of computer access for all patients

Looking at the reduction in use of seclusion

Section 17 Leave

What does section 17 leave mean to you?

Distinguishes us from prisoners

It allows you to feel normal and have some freedom

Its therapeutic

Makes you feel good – like buying new things and experiencing new activities

Means I have contact with my family

Independence, trust, happiness and empowerment

Hope

Part of treatment and discharge pathway – working towards getting back into the community

Let's me and others know that I am making progress

Confidence building

What do you need to do to get section 17 leave?

Take your medication and be compliant

Engage in psychology and OT activities

Follow and engage in the graded process of leave – start off with a small amount of leave to a local area and build it up

Fill out a leave request form and then ask the MDT if they don't all agree then you don't get leave

Being "settled no screaming and shouting" it is also about being a good role model

Follow the care plans

Be appropriate with other patients and staff

Get MoJ approval

Follow communication passport

Setting and achieving SMART goals

What is the most important thing about section 17 leave?

Having space to think and a break from the ward

Doing normal things and making choices

Seeing family and children away from the hospital

Accessing new experiences and activities

Accessing education

Having a better quality of life

More privacy and developing trust

Feeling normal



Reducing Restrictive Practice CQUIN Group

Dates for 2017

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

