



Reducing Restrictive Practice Bulletin 8

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

At the last meeting of the Reducing Restrictive Practice CQUIN group on the 14th September we started off with a quick update from everyone about what the main themes are that

services are identifying as still needing work on. This can be found on page 5. We then had a presentation from 2 service users from Amber Lodge about their service user led training program. Their presentation is on pages 2 and 3. We had some group work to look at issues around healthy eating and takeaways and this can be found on pages 4 and 5. We had some further group work to look at the issues around smoking and E-Cigarettes and this can be found on pages 6 and 7. We also had a brief discussion around technology—mobile phones and the internet.



restraint reduction network

Reducing Restrictive Practice CQUIN Group Agenda

Sandal Rugby Club Wakefield

Thursday 14th September 2017



14.00 – 16.00

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1. Welcome and Introductions



2. Discussion – Update from you - Main themes



3. Presentation – Amber Lodge

- “Leading our own way”



4. Group Work – Healthy eating & Health Promotion



5. Group Work – Smoking and E-cigarettes



6. Discussion – Mobile phones and the internet

Service user lead training session for Reducing Restrictive Interventions

Contents

- What we did?
- Why we did it?
- How we did it?
- What was good about it?
- What next?

What We Did?

- We organised 3 training sessions for other service users
- Catherine helped us put a book together to use to give other service users information about Reducing Restrictive Interventions
- We held the first session – 5-6 service users came

Why we did it?

- We felt some service users didn't understand what restrictive practices are
- We wanted to share our understanding
- We wanted to help other service users
- We have to "move with the times"

How we did it?

- We talked about how things were (5 years ago)
- Then we talked about what changes there had been
 - For example, bedtime use to be set at 11pm on week days & 12pm at weekend but now its personal choice, *there is no set rule (Blanket Rules)*
- We talked about *Blanket Rules V's Individual Care*
- We talked about there are things we can not change
 - Section 17 – Legal “Stuff”
 - Medication times, etc

What was good about it?

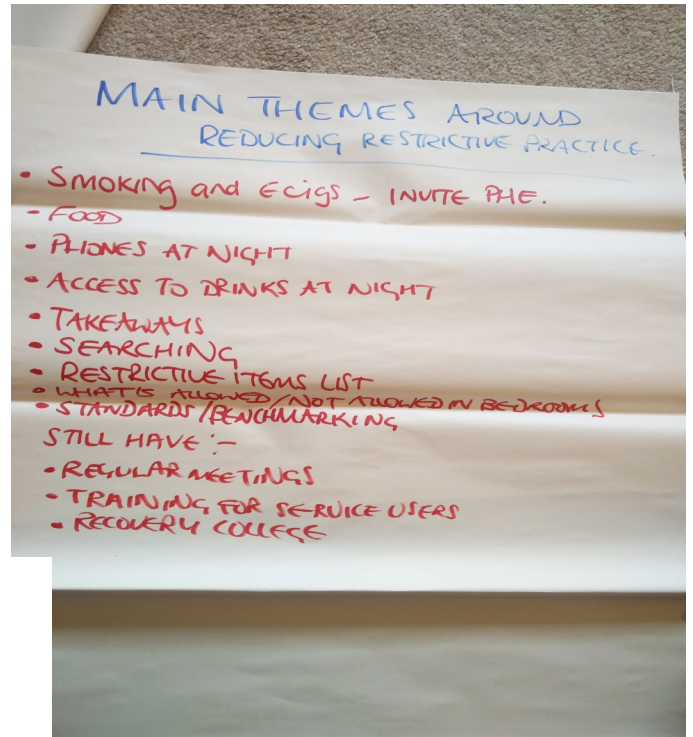
- Service users gave us positive feedback
- They felt they “understood things better”
- They felt “empowered” to challenged “Blanket Rules”
 - *For example one service user has challenged his RC about his leave that has no restrictions*

What Next?

- We have 3 more sessions booked so that all service users at Amber Lodge will have the opportunity to attend.

Identifying the main themes around RRP

- Smoking and e-cigs
- Food
- Phones
- Access to drinks at night
- Takeaways
- Searching
- Restricted items/banned items lists
- What is allowed/not allowed in bedrooms
- Standards/benchmarking
- Services still having regular meetings, training for service users, recovery college



The Takeaway Test



- I can order a takeaway whenever I want
- I know enough about diabetes
- I eat too many takeaways
- I can access a gym or exercise
- I should be able to order a takeaway whenever I want
- I have put on weight since I came in to hospital
- It is reasonable to restrict the number of takeaways that I order
- The hospital food is pretty good
- Takeaways are important to me

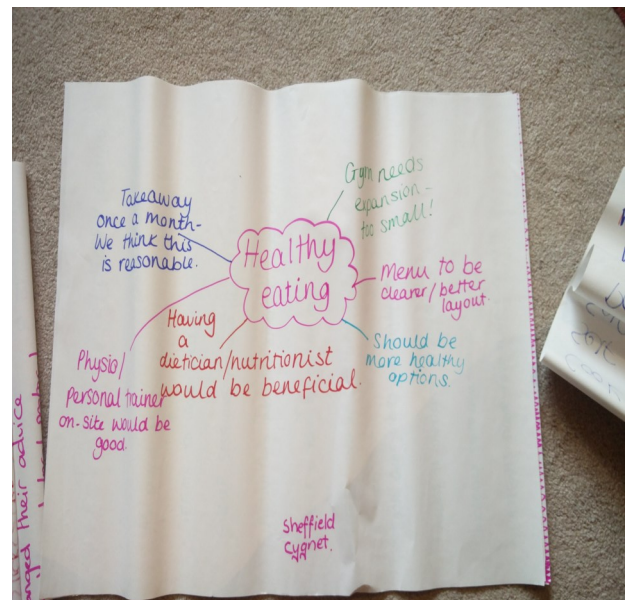
Hands up if.....



Health Promotion

Moorlands View

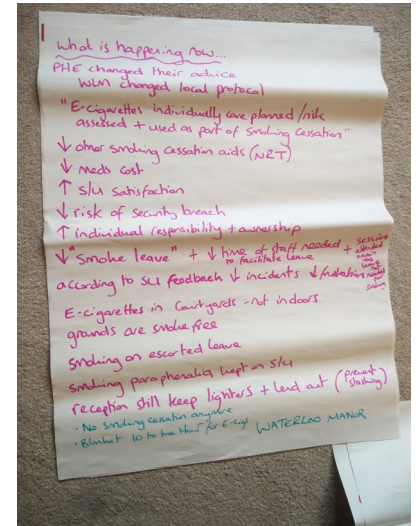
Time of day to order takeaways – not past 9pm. Wards differ – specific takeaways need to be used (due to risks related to some). They have to have a food hygiene rating of 3* or more. Gym and outside exercise groups available. Individualised care plans. Dietician access. Diabetic nurse access.



Health Promotion

Cheswold Park, Bradley Woodlands and Forest Lodge

Access to weight watchers in the community. Takeaways once per week. Access to the gym on site/off site. Healthy menus cooked by service users with staff. Menus chosen by service users. Diabetes awareness sessions. Healthy eating group. Access to dietician. Weight loss promotion £1000 for 1000lbs! Bespoke exercise classes. External partner – Doncaster Rovers co delivery. Walking group. Tailored exercise prescription. Access to GP.



Clifton House and Amber Lodge

We can have takeaways whenever we want. Access to HLA and Gym. People access slimming world and sports centres. Cook chill is terrible. Self catering as a group. Self catering on own is experience. Theme nights. Portion sizes. Dietician and OT's.

Cygnets Sheffield

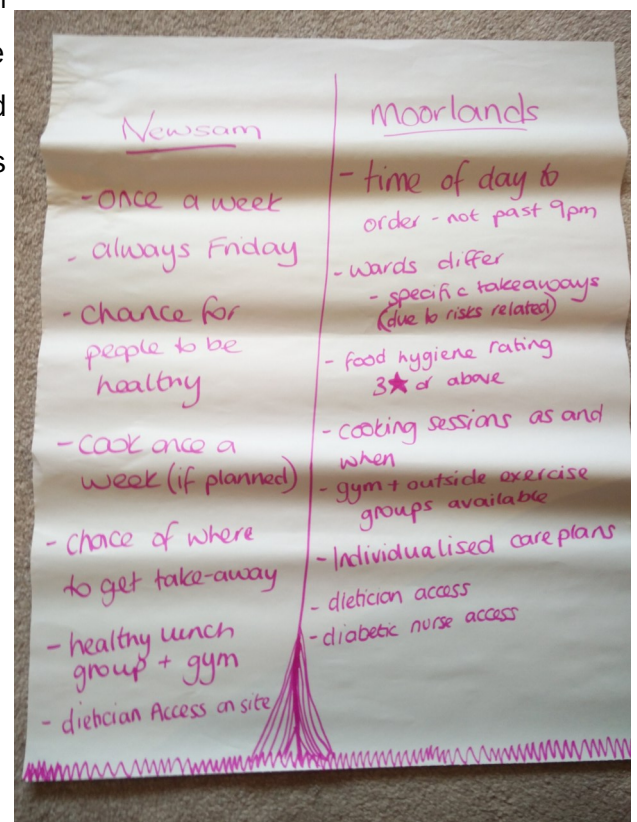
Healthy eating. Should be more healthy options. Menu should be clearer/better layout. Gym needs expansion – too small! Having a dietician or nutritionist would be beneficial. A physio or personal trainer on site would be good. Takeaways once a month – we think this is reasonable.

Forensic BDU – Newton Lodge, Newhaven and Bretton Centre

Takeaways are allowed to order once a week but you can spend as much as you want. Seems to work well. Group sessions around healthy eating. Activities including exercise, sports day. Light lunches on certain days. Weekly check in with staff, supported to do healthy eating. Cook own meals and breakfasts. Access to dietician regularly. Increased amount of gym staff are trained. Patients done food hygiene courses.

Newsam Centre

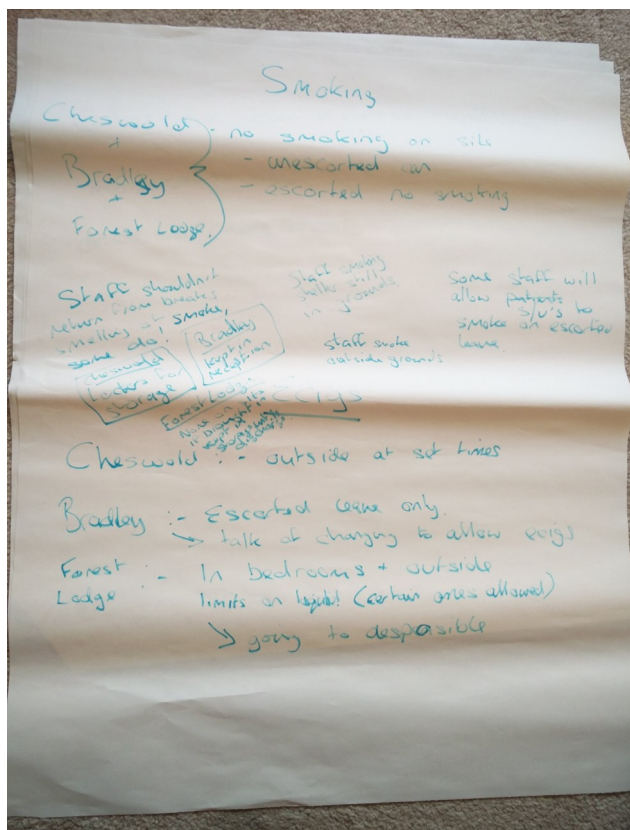
Takeaways once a week – always on a Friday. Chance for people to be healthy. Cook once a week if planned. Choice of where to get takeaways. Healthy lunch group. Gym. Dietician access on site.



Smoking

South West Yorkshire – BDU

Smoke free on hospital grounds. Allowed to smoke on access. No e-cigs allowed. Some patients think they should be. NRT available in different forms. Some patients smoke round Fieldhead grounds, and sometimes on the male wards in the hospital. Some doctors are stricter than other with regards to breaking the rules about smoking on the grounds. Impacting on patients leave now more people are wanting to use leave just so they can smoke. Some patients sneaking tobacco in and smoking in the hospital. Self medicating with smoking lozenges.



Cygnets Sheffield

What we would like to happen...to smoke on escorted leave. To be allowed e-cigarettes. Designated smoking area on site. To be treated the same as other wards in relation to smoking.

What is currently happening...smoke free hospital from 1st April. Currently e-cigs are not allowed. Can only smoke on unescorted leave. Staff and patients stood together smoking at the end of the drive - doesn't look good!

Newsam Centre and Moorlands View

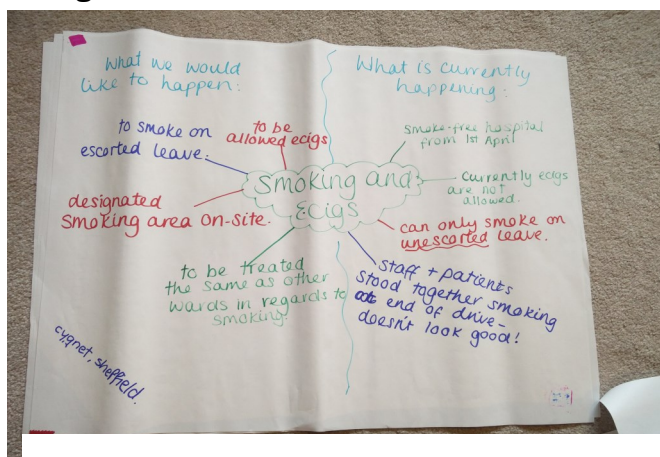
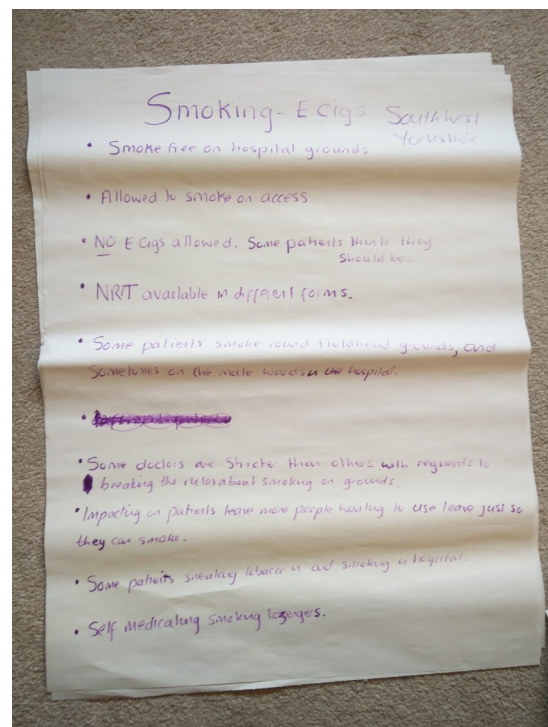
What rights around smoking are there? Spray, Nicorette. Have lockers now. Clozaril can affect medication. Only allowed on unescorted. Some staff members. Don't smoke - but some do! Lozenges. Can use gum but not e-cigs.

Cheswold Park, Bradley Woodlands and Forest Lodge

No smoking on site. Can smoke on unescorted but not on escorted. Staff shouldn't return from breaks smelling of smoke - some do! Staff smoking shelter still on grounds. Some staff allow patients to smoke on escorted leave. Staff smoke outside the grounds. Cheswold have lockers for storage. Bradley kept in reception. Forest Lodge non allowed on site, if brought in kept in storage until discharge, trust policy cannot have lockers. E-cigarettes. Cheswold can have e-cigs outside at set times. Bradley - unescorted leave only - talk of changing to allow e-cigs. Forest lodge - in bedrooms and outside, limits on hospital (certain ones allowed) - going to be disposable.

Waterloo Manor

What is happening now... PHE changed their advice - WLM changed local protocol. E-cigarettes individually care planned/risk assessed and used as part of smoking cessation. Other smoking cessation aids (NRT). Medication costs have gone down. Service user satisfaction has gone up. Risk of security breaches has decreased. Individual responsibility and ownership has increased. "smoke" leave has decreased and the time of staff needed to facilitate leave. Sessions are being attended again now leave is not needed for smoking. According to service user feedback incidents and frustration has decreased. E-cigarettes are used in the courtyards - not indoors. The grounds are still smoke free. Smoking can take place on escorted leave. Smoking paraphernalia is kept on the service users. Reception still keep lighters and lend them out (prevent stashing). No smoking cessation anymore other than e-cigarettes. Blanket rule of 10 minutes to each hour for using e-cigarettes.



Clifton House and Amber Lodge

Love smoking. Need unescorted for smoking. No smoking. E-cigs at Clifton House on leave - but need to charge them at home. Lockers! Choices. E-cigs banned from the unit. Nicotine replacements. Costs. Smoking on the grounds. Passive smoking. Outside shelter/ashtray/bins. Smoking helps mental health. Prescribed e-cigs in the future (consultancy) battery versions.

Technology

- Limited access vs unlimited access
- Internet café
- Memory sticks/personal drives on computer
- Service users assessments/contracts
- Staff training – competent risk management
- Lessons learnt

Unlimited access to internet at Forest Lodge
Memory sticks – Newton Lodge (BDU)
Files with individual log ins – LYPFT
Introduction to internet safety – Newton Lodge

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.



Reducing Restrictive Practice CQUIN Group

Dates for 2017

Thursday 14th December

Thursday 8th March

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

