

Reducing Restrictive Practice – Learning Set 1

Co-production Problems and Solutions Feedback

Problem	Solutions
Finding a consistent approach to engaging patients	<ul style="list-style-type: none"> • Identify a specific load • Employ more 'peer' workers • Commission a small group of patients, brief/train the group • Continue to engage with them throughout the project • Plan protected 1:1 time • Develop a framework as part of the admission process whereby patient and carers have a real say in their time in treatment • More meaningful care planning • Involve families in risk assessments • Involve families in the admission process • Still involve patients even if unwell, they will feel listened to and involved • Use incentives e.g. Positive Behaviour Support Plans (PBSP) • Identify a Lead • Approach should be flexible to suit the person • Enable patients to engage, to be open and receptive • Care led by core team with regular meetings to discuss care • Young person representative • Community meetings involving all service users and MDT regularly be creative, action meetings not just talking • Service user steering group, peer support group • Mutual expectations in meetings • 'Speak up' groups
Smoking – barrier to co-production	<ul style="list-style-type: none"> • Co-produced care plan to identify Nicotine Replacement Therapy (NRT), NRT welcome packs • Government initiative (vs/smoking cessation training) • Allow E-cigarettes, E-burners • Engage all service users in policy development and support groups • Make people aware of policies prior to admission - accessible to service user • Ensure all staff maintain boundaries, consistency of front ward staff • Regularly invite smoking cessation lead • Work with ward consultants to plan section 17 leave so that patients can smoke if needed
Training and education for staff and service users	<ul style="list-style-type: none"> • Set aside protected training days to spread awareness • 'Train the Trainers' model • Service users as trainers/educators, leading workshops • Flexible and targeted • Appropriate training at appropriate times e.g. outside of 'normal working hours' • Carers evening



	<ul style="list-style-type: none">• Recovery college• Service users and relatives must be involved in the training programme e.g. observations/engagement TASI policy• All grades of staff must be involved in training, education and recruitment• On ward social events for joint staff/patient education• E-learning available to all• Use recovery colleges/academics as a learning centre
Best way to communicate to the whole team	<ul style="list-style-type: none">• Team meetings (daily safety huddles, staff leads on each shift)• Community meetings meet the matron team days, lead by example• Team discussions, away days, communication room/notice board/book, dedicated folder for information• Part of staff induction & handover• Use social media, email, supervision, peer and management meetings• Time to learn programme• Extended staff handovers• Ward meetings, core groups (nurse led), MDT meetings and full involvement• Rest time together - discuss key points