

# Reducing Restrictive Practice Programme Learning Set 5

18<sup>th</sup> September 2019



# Welcome

## Housekeeping

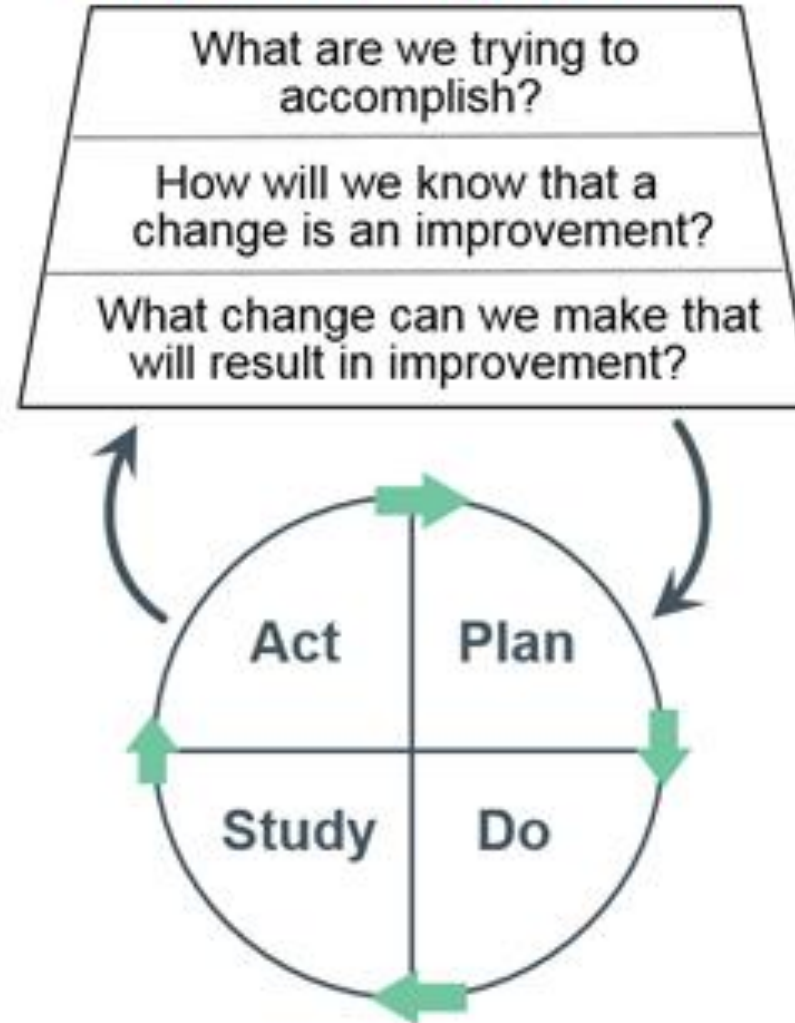
- No fire alarm tests planned for today
- Toilets are located to the right of the lifts on Level 1 and the ground floor
- Lunch will be served at 12:25
- Please refer to your name badge to find out if you are in **Group 1** or **Group 2** for your breakout sessions



# Our aim

To reduce the use of restrictive practice (restraints, seclusion and rapid tranquilisation) by one-third by April 2020

## Model for Improvement




# Design

## Reducing Restrictive Practice

### Tools and Resources for Change Ideas

For change ideas in the Reducing Restrictive Practice driver diagram, there are resources listed below to assist you in your quality improvement initiatives. If you would like to learn more about the tools or talk through how they can be applied in practice, the individuals listed in the 'contact details' column are happy to be contacted if you would like to discuss more. All resources are available at [www.rcpsych.ac.uk/mhsip](http://www.rcpsych.ac.uk/mhsip)

Change Idea	Tools and resources	Contact details	Information
DASA/ BVC	Dynamic Appraisal of Situational Aggression (DASA) Tool to assess the likelihood that a service user will become aggressive within an inpatient environment • This is helpful to use with service users and staff to identify their specific triggers • DASA Recording Sheet • DASA Scoring Sheet  DASA Recording Sheet.doc Information	<ul style="list-style-type: none"> <li>Dr Keith Reid (Northumberland, Tyne &amp; Wear NHS Foundation Trust) <a href="mailto:keith.reid@ntw.nhs.uk">keith.reid@ntw.nhs.uk</a></li> </ul>	South London and Maudsley Hospital NHS Foundation Trust <a href="http://www.slam.nhs.uk">www.slam.nhs.uk</a>
Display data visually/ make it easy to understand	Co-produced posters NTW Dashboard	<ul style="list-style-type: none"> <li>Dr Keith Reid (Northumberland, Tyne &amp; Wear NHS Foundation Trust) <a href="mailto:keith.reid@ntw.nhs.uk">keith.reid@ntw.nhs.uk</a></li> <li>Jack Pooler (Central and North West London NHS Foundation Trust) <a href="mailto:jack.pooler@nhs.net">jack.pooler@nhs.net</a></li> <li>Ron Weddle (Northumberland, Tyne &amp; Wear NHS Foundation Trust) <a href="mailto:ron.weddle@ntw.nhs.uk">ron.weddle@ntw.nhs.uk</a></li> </ul>	<a href="http://riskassessment.nhs.uk">http://riskassessment.nhs.uk</a>

**Tools and resources**

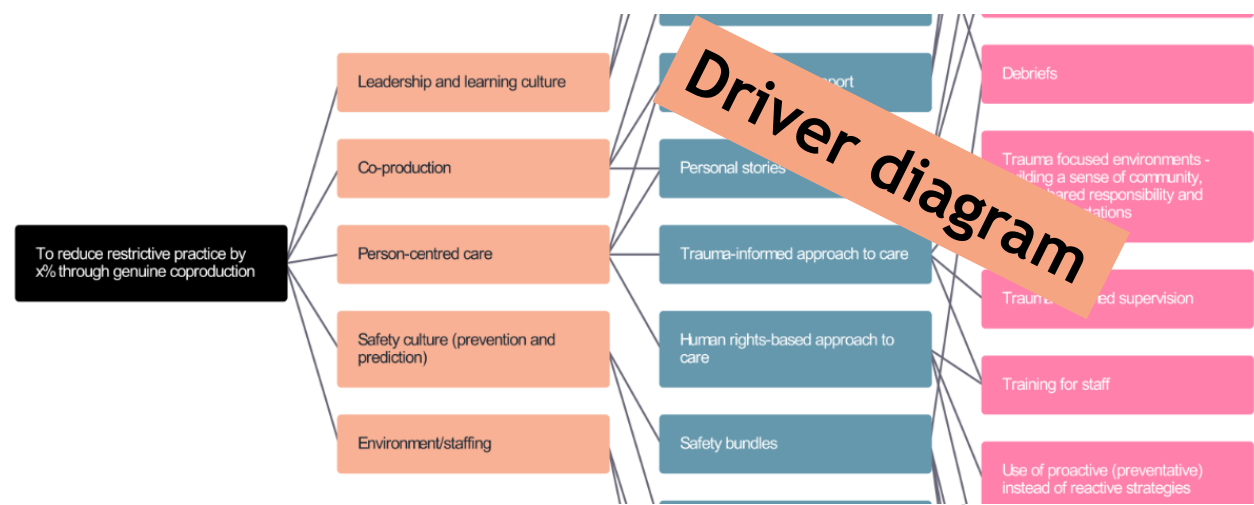
NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Change ideas linked to secondary drivers for the reducing restrictive practice programme



Secondary driver	Change ideas linked to secondary driver	Associated resources/tools to support change ideas (further details/contacts can be found in Tools resources document)
Use of data to promote learning	DASA/E Display	DASA/E Recording Sheet DASA/E Scoring Sheet DASA/E Posters DASA/E Dashboard Data
	Dashboard live (time since...)	<ul style="list-style-type: none"> <li>Training materials to support running</li> <li>Data and user guides</li> <li>Talk First (Northumberland, Tyne &amp; Wear NHS Foundation Trust)</li> <li>4 Steps to Safety Storyboard (this is a template to allow wards to report their progress at collaborative events)</li> <li>NTW dashboard and annual projection data</li> </ul>
	Patient and carer feedback Leadership training programme	<ul style="list-style-type: none"> <li>PROactive Governance of Recovery Settings and Services</li> <li>REsTRAIN Yourself</li> </ul>

**Change ideas**



**Driver diagram**



# Support, Sharing, Story-telling

**Emily Cannon**  
@EmilyCanQI

All our wards have been invited to share a video on a recent change idea they're testing/an update on their QI activity to show at our next [#ReducingRestrictivePractice](#) learning set. Love the creative take on this from the team in Great Yarmouth! [#MHSIP](#)



**Karen Newberry** @Karen40887778  
So proud of my team in producing this for our QI reducing restrictive practice for our safety huddles. Well done to you all. [#GYAS](#) [#NSFT](#) [@Diane\\_W\\_Hull](#) [@stuartr70](#) [@warren\\_nsft](#) [@MikeSeaman18](#) [@DawnCollins9](#)

1:37 AM - 28 Jun 2019

5 Retweets 6 Likes

**Saiqa**  
@saqancmh

This month's [#ReducingRestrictivePractice](#) newsletter for [#MHSIP](#) - we're sharing incredible progress by wards, how they're encouraging service user engagement & how [@NCCMentalHealth](#) are sharing the [#RRP](#) work to national & international audiences. Here: [mailchi.mp/350ff7018400/r...](mailto:mailchi.mp/350ff7018400/r...)



9:17 AM - 28 Jun 2019

8 Retweets 15 Likes

**Lianne Holland**  
@LianneHolland22

The presentations today were amazing, one ward changing their approach to care plans, another ward challenging their blanket restrictions, listening to a former service user give their perspective of the changes was really thought provoking! [#MHSIP](#) [@StuNurseLou](#) [@SarahHoltom1](#)

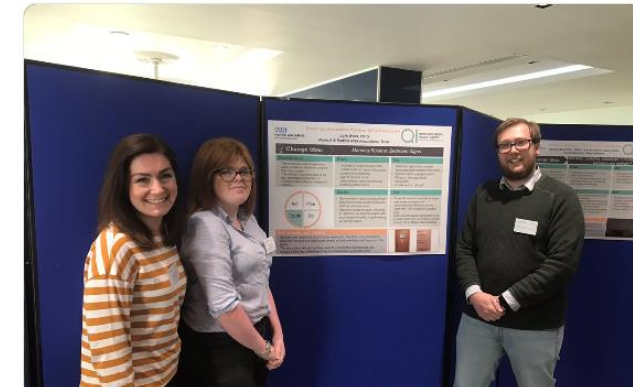


8:33 AM - 13 May 2019

7 Retweets 22 Likes

**Tracey Holland**  
@TraceyT12681

Fantastic [@LWardnsft](#) team showing off their poster [@NCCMentalHealth](#) today [#PDSA](#) cycle exploring morning routines and bedroom signs on mixed PICU [@MiaResnick](#) [@Brown77T](#) [@JohnBinghamNSFT](#) [@Diane\\_W\\_Hull](#) [@GedpattisonGed](#) [@denisegrimes11](#) [#MHSIP](#)



**Emily Cannon**  
@EmilyCanQI

Welcoming [@JupiterWard](#) to Twitter! [#MHSIP](#) [#ReducingRestrictivePractice](#) [@saqancmh](#) [@QI\\_Katel](#) [@DrAmarShah](#) [@TomNCCMH](#)



**Jupiter Ward** @JupiterWard  
Jupiter wards garden is bearing a wonderful harvest this year thanks to all the hard work of staff and service users. [#MHSIP](#)

1:15 AM - 17 Jul 2019

1 Retweet 3 Likes

**Steffk**  
@Steffney5

Early morning QI team meeting with our sponsor and coach. What a fantastic way to start our Friday.

[#QILife](#)  
[#Ideas](#)  
[#participation](#)  
[#coffee](#)  
[#pastries](#)  
[@raviupatel](#)



3:57 AM - 10 May 2019

5 Retweets 20 Likes

Last year, NHS England started some starting...  
...to discuss what's working and what isn't, and to review progress. They also receive support from the national team of four quality improvement (QI) coaches. And every two months, the teams from all 12 wards get together to share their experiences. This is Quality Improvement in action.  
...to see what's working, how it's working, and what's not working. It's really adding the question 'Are we improving?' to the list.  
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## Reducing restrictive practices

The use of restrictive practices on mental health wards has long been a matter of concern. Now, an innovative new programme, led by the RCPsych on behalf of NHS Improvement, aims to reduce the incidence of physical restraint, rapid tranquillisation and seclusion.

"Quality Improvement is about involving people closest to an issue to try to discover solutions"

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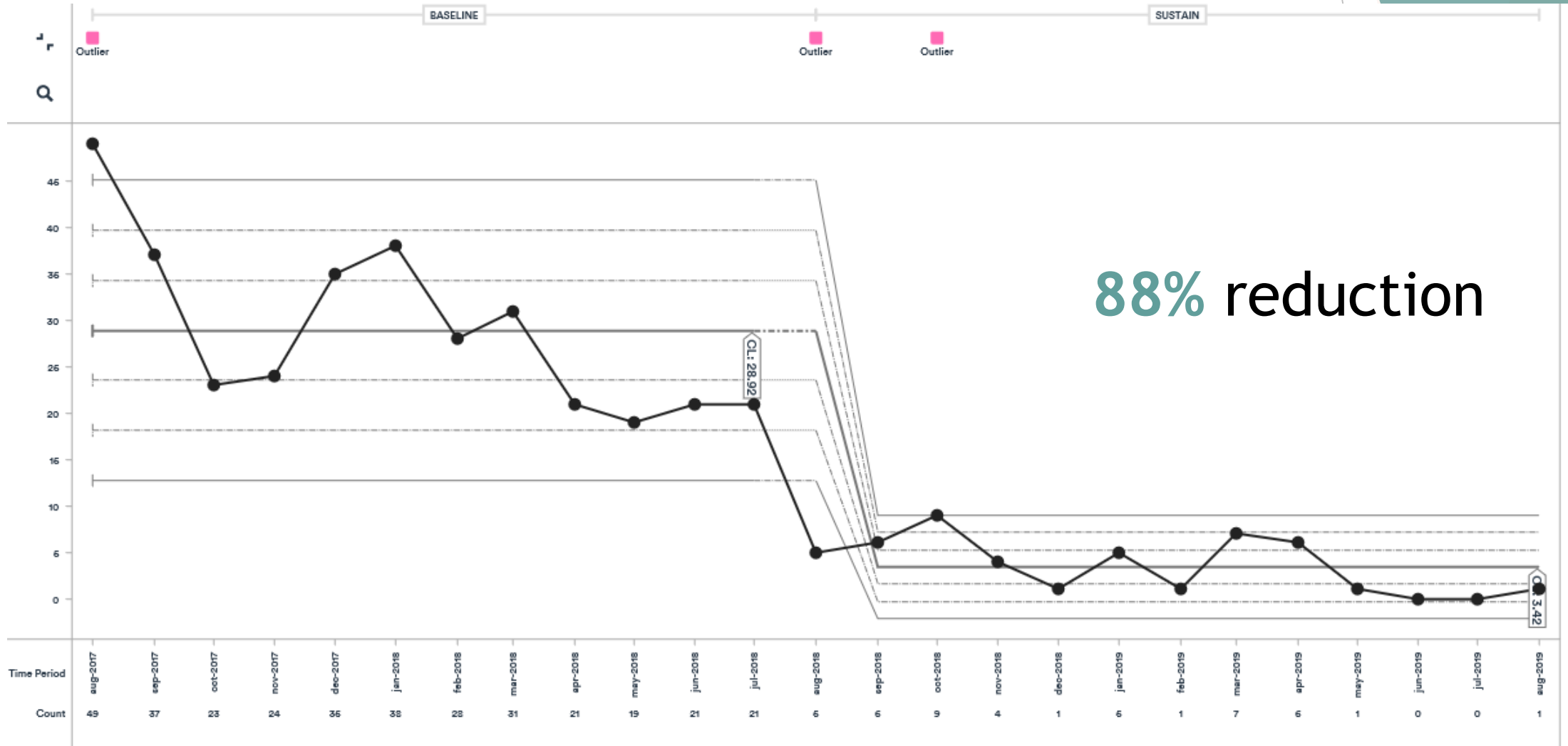
## So far...

- **53%** of wards have seen an improvement (n=20)
- **216** change ideas are being tested
- **33** wards have shared at a learning set
- **300+** different ward staff have attended a learning set
- **5** service users have shared at a learning set
- **100%** of wards collaborate with service users, carers and service user representatives

# Bradley Brook Ward

Avon and Wiltshire Mental Health Partnership NHS Trust

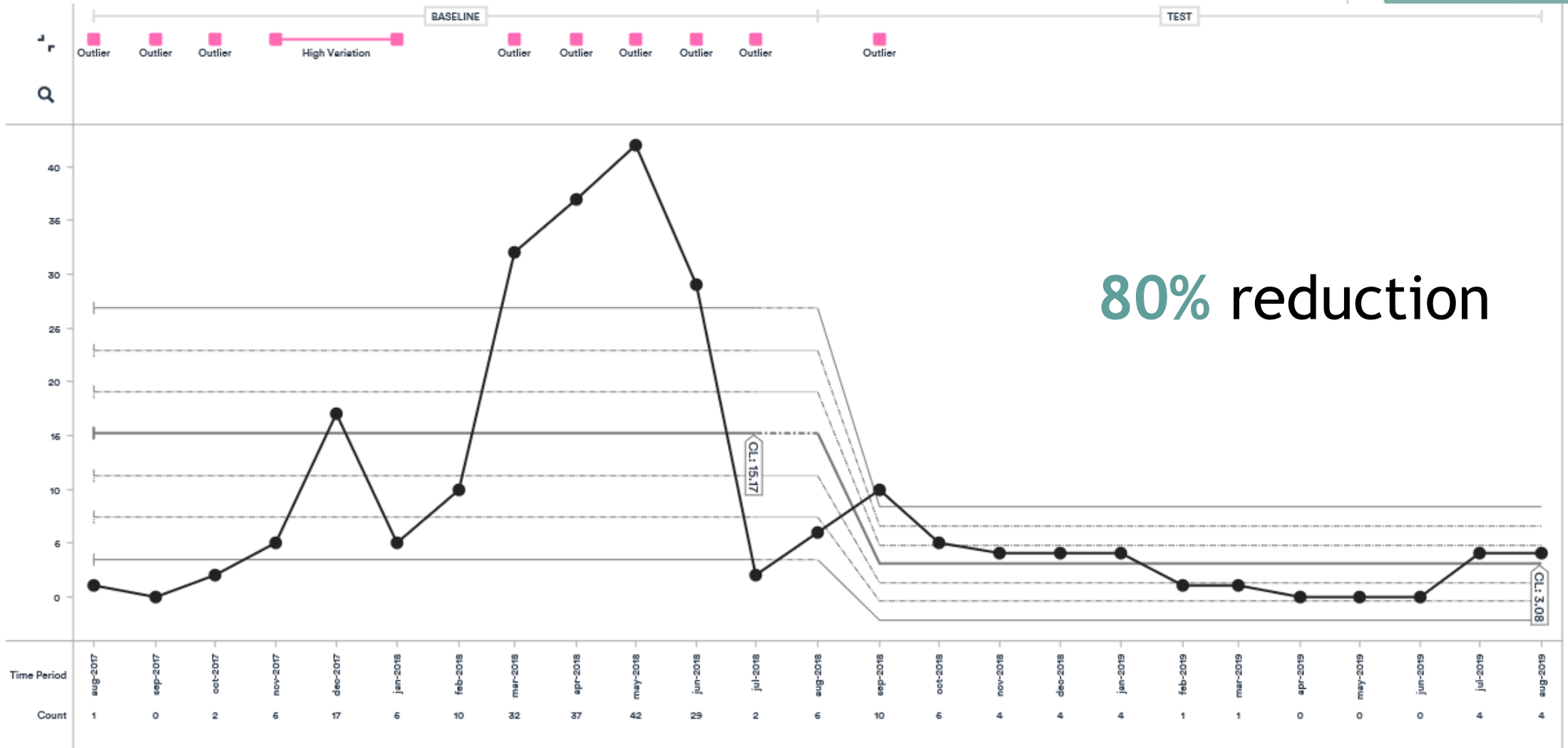
## Aggregated Data



# Juniper Ward

Barnet, Enfield and Haringey NHS Foundation Trust

## Aggregated Data

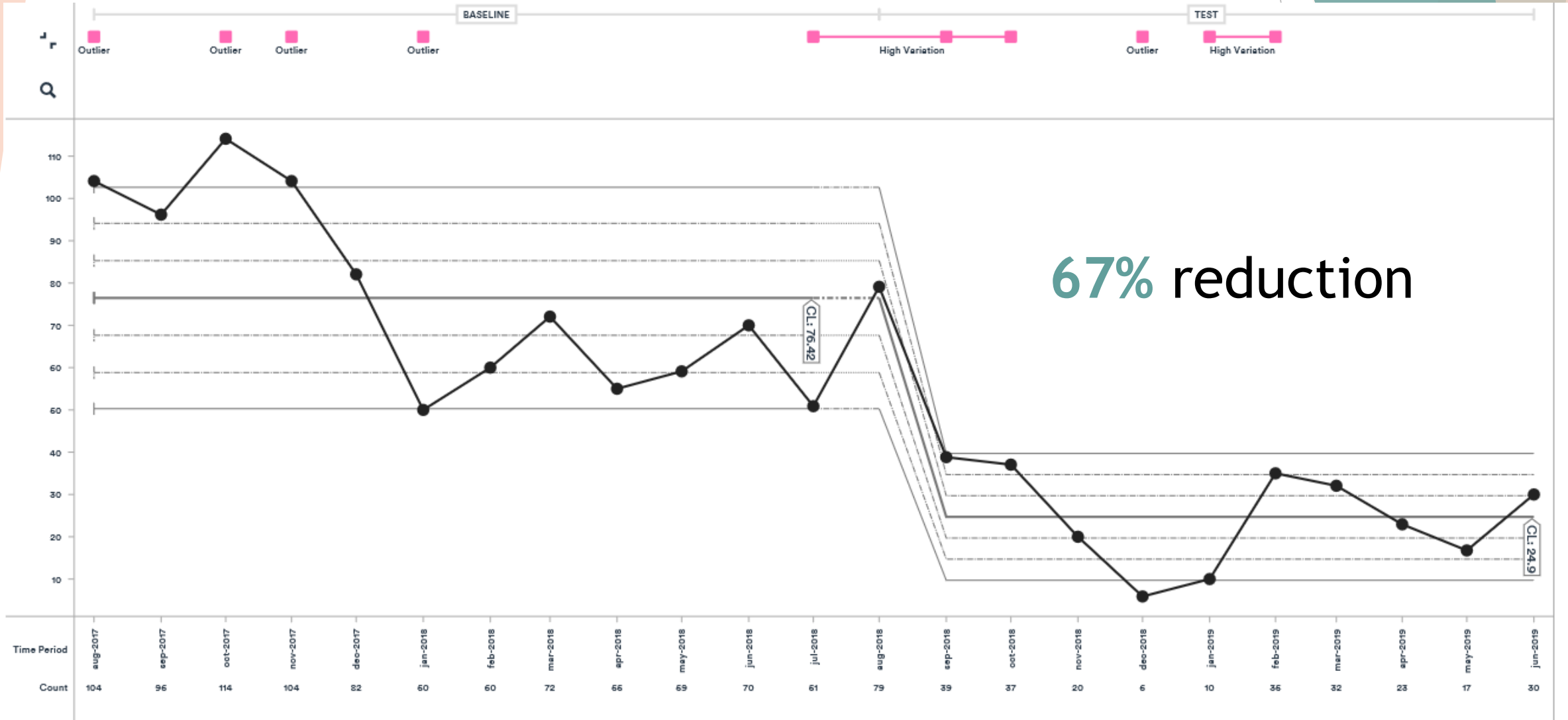




# Stewart Ward

Southern Health NHS Foundation Trust

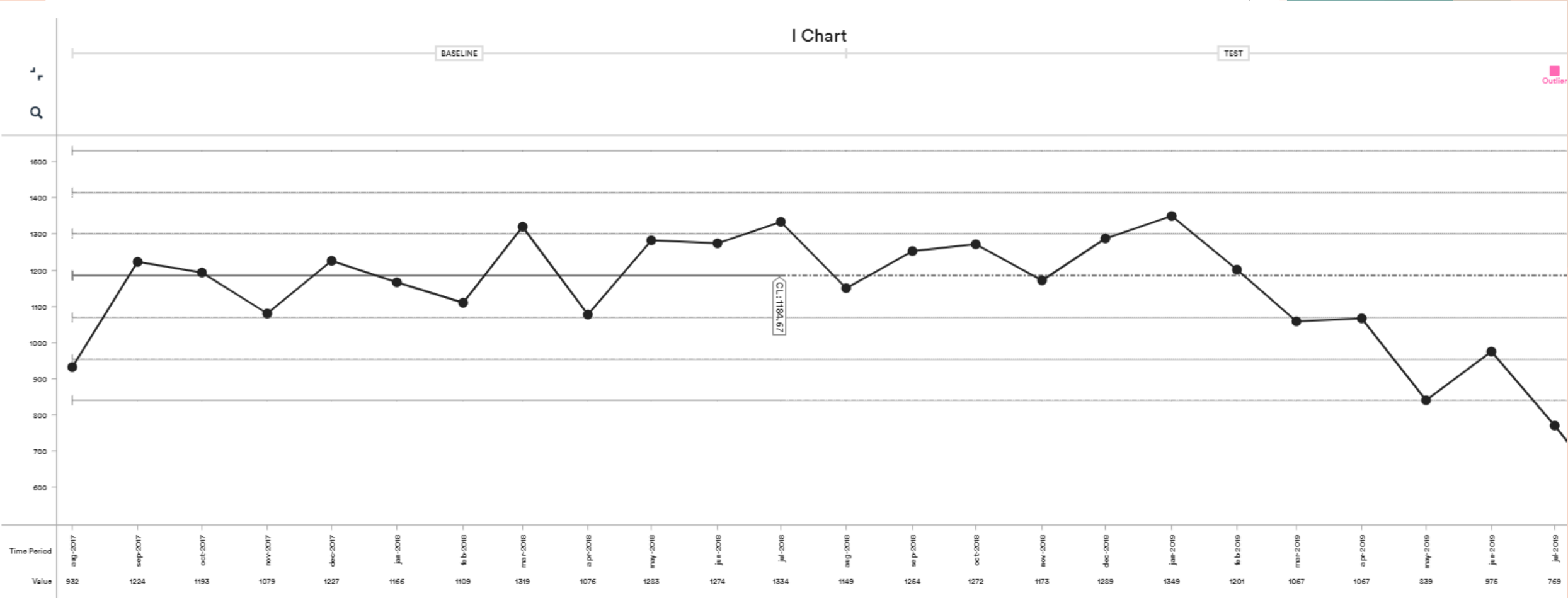
## Aggregated Data



# Overall Data

Across the 38 wards

## Aggregated Data



## Agenda

10:30 – 11:00	Registration		
11:00 – 11:10	<b>Welcome</b> Amar Shah		
11:10 – 11:30	<b>Maplewood 3 Ward</b> - Mersey Care NHS Foundation Trust Danielle Simpson & Sarah Stainton		
11:30 – 12:15	Group 1 Room 1.2 - 1.4		Group 2 Room 1.7
	Community MDT style meetings  <b>Colne Ward</b> <i>Central North West London NHS FT</i>	Improving the ward environment  <b>Christopher Unit</b> <i>Essex Partnership University NHS FT</i>	Our theory of change and learning from each other  QI Coaches
12:20 – 12:25	Aidan Fowler - National Director of Patient Safety, NHS Improvement		
12:25 – 13:05	Lunch		
13:05 – 13:35	<b>Seni's Law</b> Ajibola Lewis		
13:35 – 14:20	Group 2 Room 1.2 - 1.4		Group 1 Room 1.7
	Community MDT style meetings  <b>Colne Ward</b> <i>Central North West London NHS FT</i>	Improving the ward environment  <b>Christopher Unit</b> <i>Essex Partnership University NHS FT</i>	Our theory of change and learning from each other  QI Coaches
14:25 – 14:50	<b>Re-thinking the Solutions</b> Kate Lorrimer		
14:50 – 15:00	Hugh McCaughey - National Director of Improvement, NHS Improvement		
15:00 – 16:00	Optional session for networking		



# Wards presenting today

Ward	Trust
Christopher Unit	Essex Partnership University NHS Foundation Trust
Colne Ward	Central North West London NHS Foundation Trust
Maplewood 3	Mersey Care NHS Foundation Trust

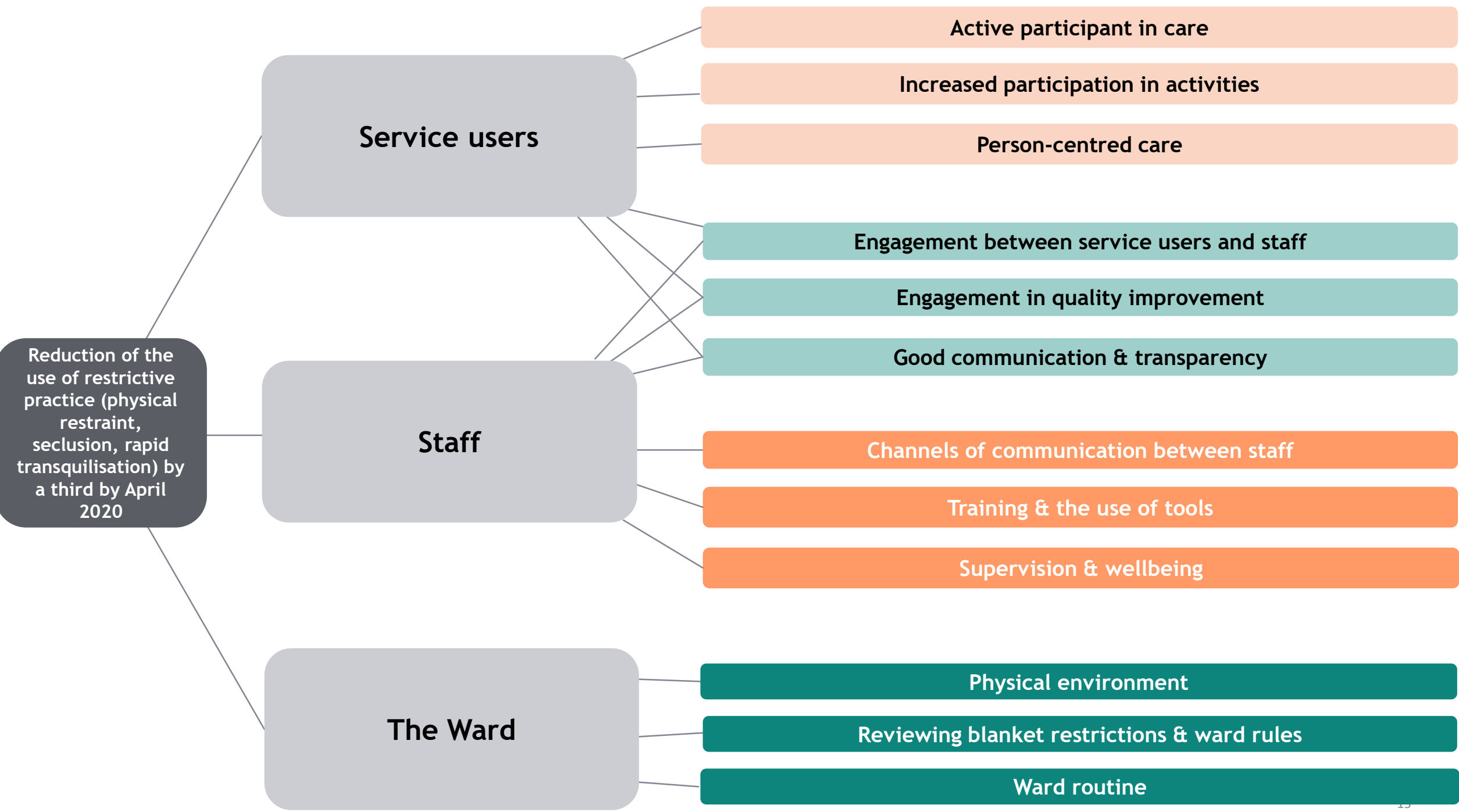


# Breakout Groups (i)

11:30 - 12:15	<b>Group 1 (purple)</b> <b>Room 1.2 - 1.4</b>	<b>Group 2 (green)</b> <b>Room 1.7</b>
	Community MDT style meetings	Improving the ward environment
<b>Colne Ward</b> <i>Central North West</i> <i>London NHS FT</i>	<b>Christopher Unit</b> <i>Essex Partnership</i> <i>University NHS FT</i>	QI Coaches

# Our new theory of change

- At least **216** change ideas are being tested
- Grouped in to new secondary drivers
- Developed a new theory of change based on the ideas you are all testing



# Our new theory of change

- Annotate secondary drivers - are you testing any changes that aren't on there? Make a note of two wards you would like to talk to about a change idea they are testing (15 mins)
- Find the first person you would like to talk to and discuss (10 mins)
- Find the second person you would like to talk to and discuss (10 mins)
- Group feedback (5 mins)





# Reflections

**Aiden Folwer**

National Director of Patient Safety, NHS Improvement



# Lunch

12:25 - 13:05



# Seni's Law

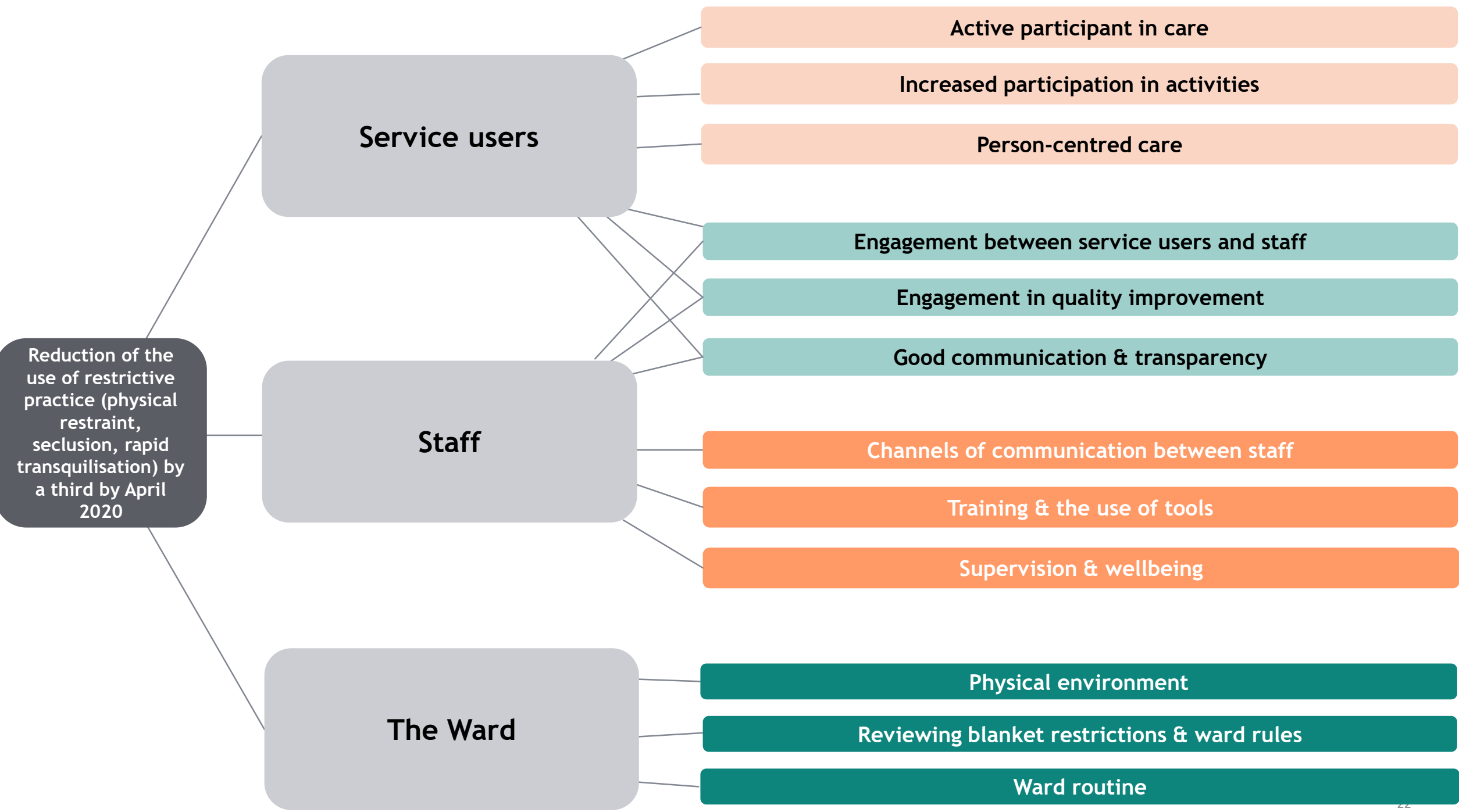
Ajibola Lewis

# Breakout Groups (ii)

	<b>Group 2 (green)</b> <b>Room 1.2 - 1.4</b>	<b>Group 1 (purple)</b> <b>Room 1.7</b>
<b>13:35 - 14:20</b>	Community MDT style meetings  <b>Colne Ward</b> <i>Central North West</i> <i>London NHS FT</i>	Improving the ward environment  <b>Christopher Unit</b> <i>Essex Partnership</i> <i>University NHS FT</i>  QI Coaches

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- Group feedback (5 mins)



# Re-thinking the solutions

**Kate Lorrimer**

Quality Improvement Coach, NCCMH



Lack of activities  
outside core  
hours

Patient dynamics

No time to  
communicate with  
team

Inappropriate  
admissions/bed  
shortages

New admissions

## Current challenges on your QI journey

High acuity

Staff turnover

Smoking ban

Vacancies/shortage  
of staff

Lack of consistency  
between different  
staff

Agency/unfamiliar  
staff



# Lateral thinking

- When we think about a problem, we normally think of obvious or reasonable solutions/ideas to solve it.
- When we think laterally, we generate ideas and solve problems by looking at something from a different angle.

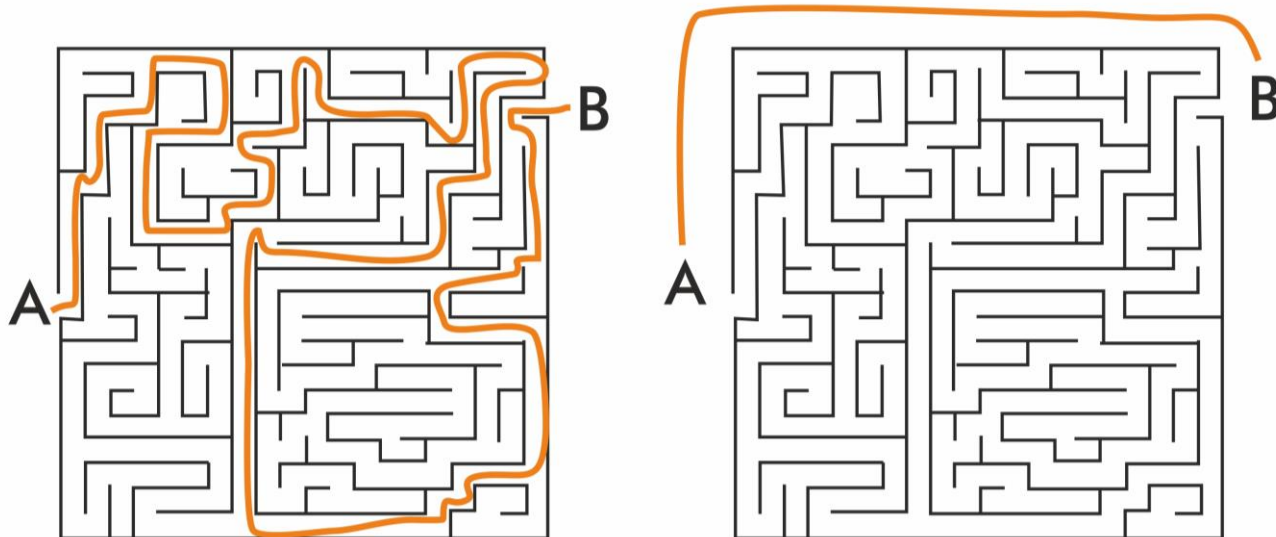


Image source: <http://squareone.blog/lateral-thinking-a-practice-much-needed-today/>

# Current challenges

- New admissions
- Inappropriate admissions/bed shortages
- High acuity
- Patient dynamics
- Vacancies/shortage of staff
- Staff turnover
- Agency/unfamiliar staff
- Lack of consistency between different staff
- No time to communicate with team
- Lack of activities outside core hours
- Smoking ban

## Your task



- Pick a challenge that is relevant to your work to discuss on your tables
- Each person write post-it note answers to the following question (5 mins):  
**‘How can we make sure the chosen challenge always results in the use of restrictive practice?’**
- Place your post-it notes on the flipchart paper
- Look at your answers and then make a list of brutally honest answers to this question (8 mins):  
**‘Is there anything that we are currently doing that in any way, shape or form resembles those answers?’**
- Go through the items on this list of counterproductive actions/procedures and discuss (8 mins):  
**‘What can you do to stop what you know creates undesirable results?’**



# Reflections & Close

**Hugh McCaughey**

National Director of Improvement, NHS Improvement

