Reducing Restrictive Practice Programme

Learning Set 7

14th January 2020

NCCMH

Welcome

Housekeeping

- Toilets are located to the right of the lifts on Level 1 and the ground floor
- Lunch will be served at 12:50
- Please refer to your name badge to find out if you are in **Group 1, Group 2** or **Group 3** for your breakout sessions

Our aim

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

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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

Change Idea	Tools and resources	Contact det… …rmation
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 … their specific triggers • DASA Recording Sheet • DASA Scoring Sheet DASA Recording Sheet.doc Inform…	• … ership NHS Trust) … outh London and Maudsley … tion Trust) …persaud@slam.nhs.uk
	BROSET Violence Che… http://riskassessment.n…	• Dr Keith Reid (Northumberland, Tyne & Wear NHS Foundation Trust) keith.reid@ntw.nhs.uk
Display data visually/ make it easy to understand	Co-produced posters	• Jack Pooler (Central and North West London NHS Foundation Trust) jack.pooler@nhs.net
	NTW Dashboard	• Ron Weddle (Northumberland, Tyne & Wear NHS Foundation Trust) ron.weddle@ntw.nhs.uk

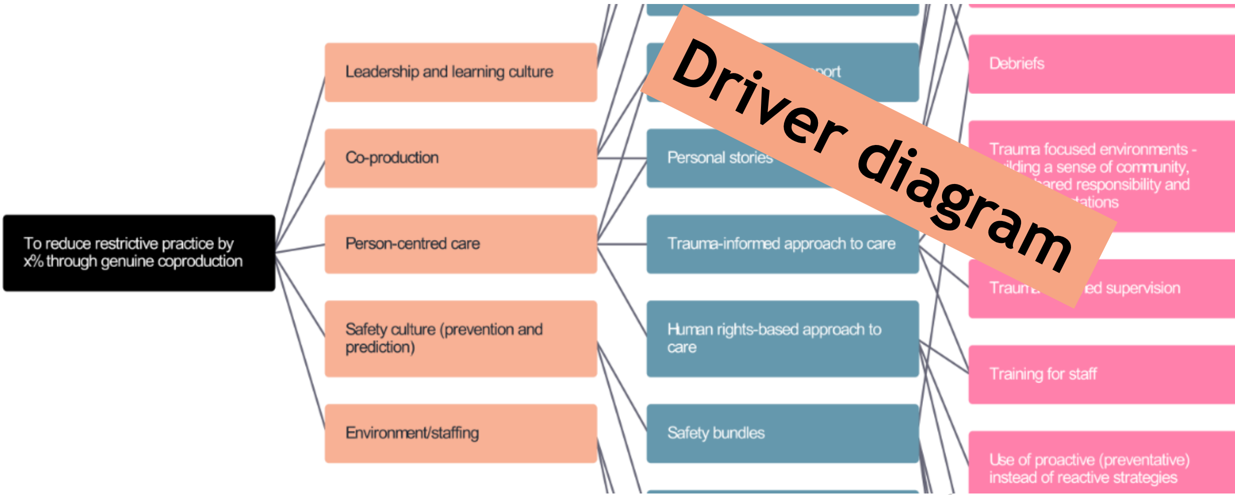
Tools and resources

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 … esources document)
Use of data to promote learning	DASA/B…	…ding Sheet …g Sheet
	Display…	…d posters …oard Data
	Dashboard live (time since…)	• Training materials to support running • Data and user guides • Talk First (Northumberland, Tyne & Wear NHS Foundation Trust) • 4 Steps to Safety Storyboard (this is a template to allow wards to report their progress at collaborative events) • NTW dashboard and annual projection data
	Patient and carer feedback	
	Leadership training programme	• PROactive Governance of Recovery Settings and Services • REsTRAIN Yourself

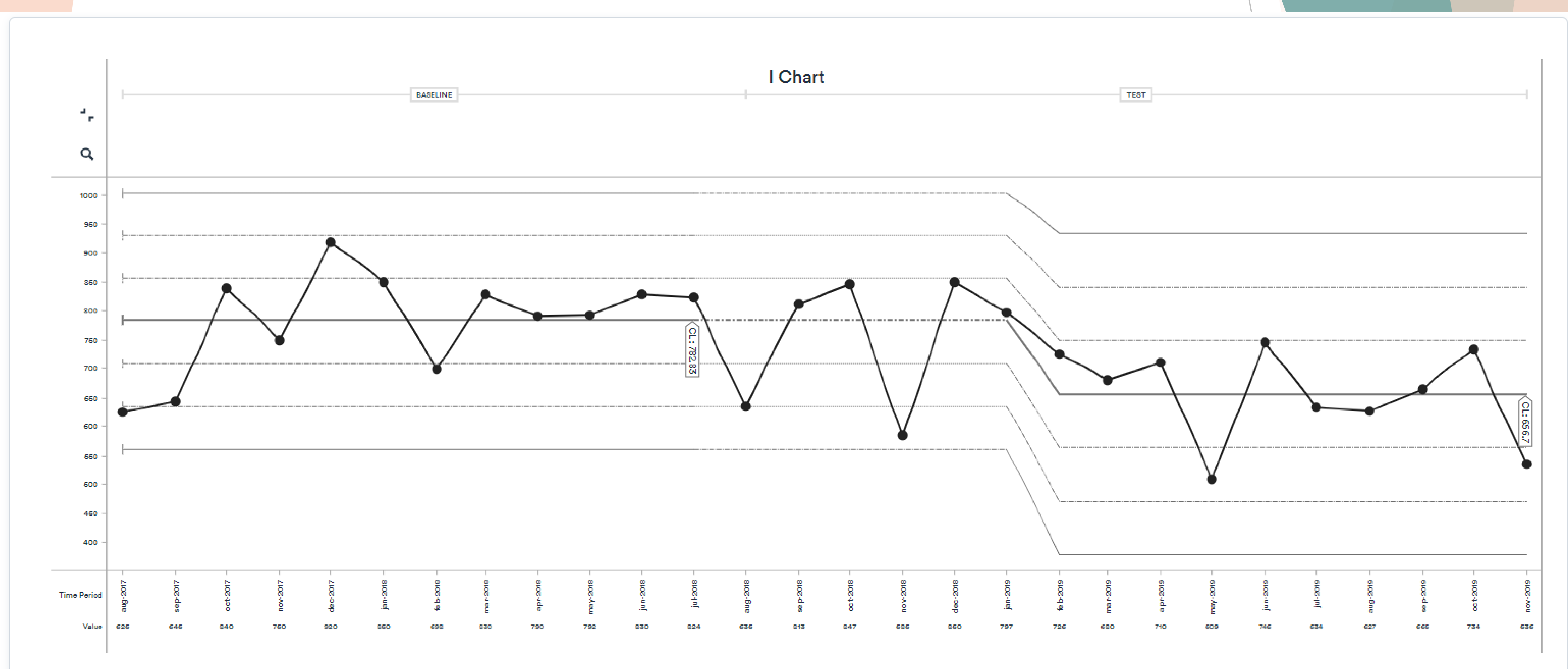
Change ideas



Overall Data

Across the 38 wards

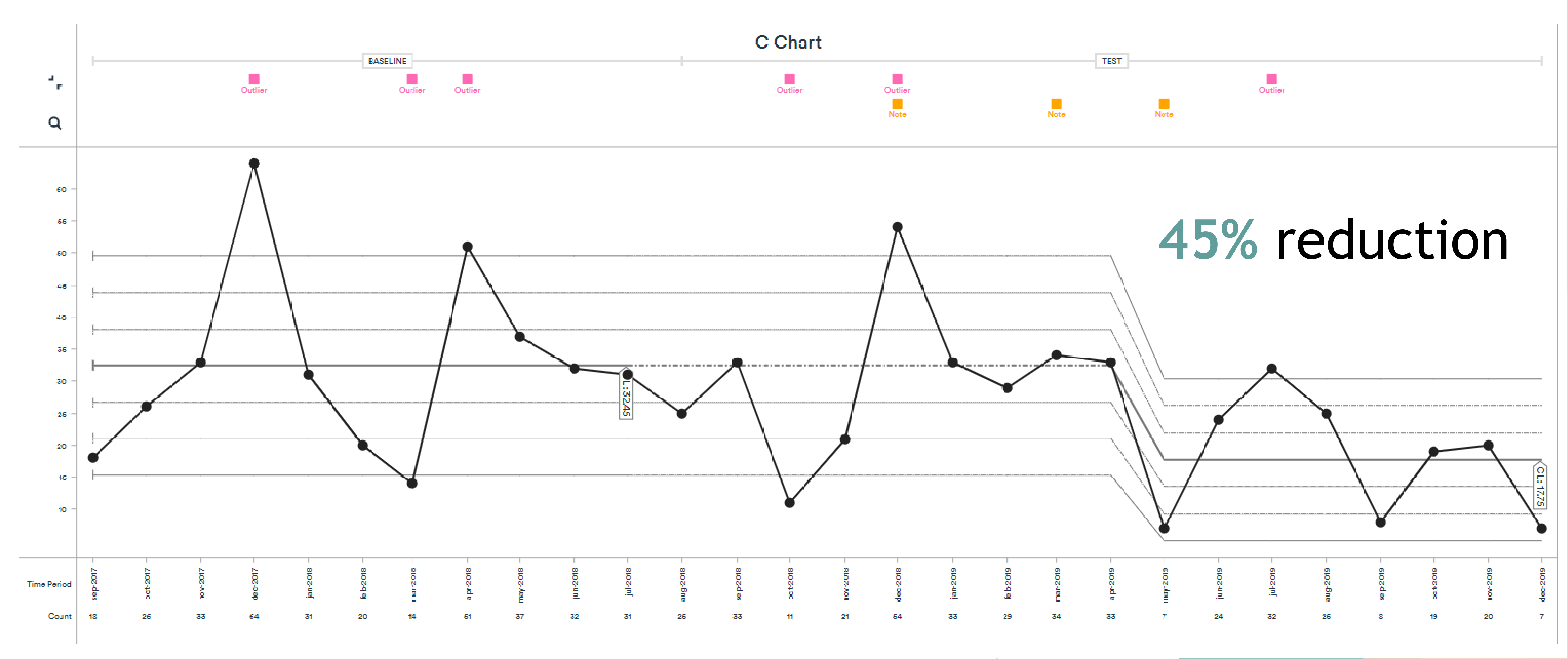
Aggregated Data



MacArthur Ward

Black Country Partnership NHS Foundation Trust

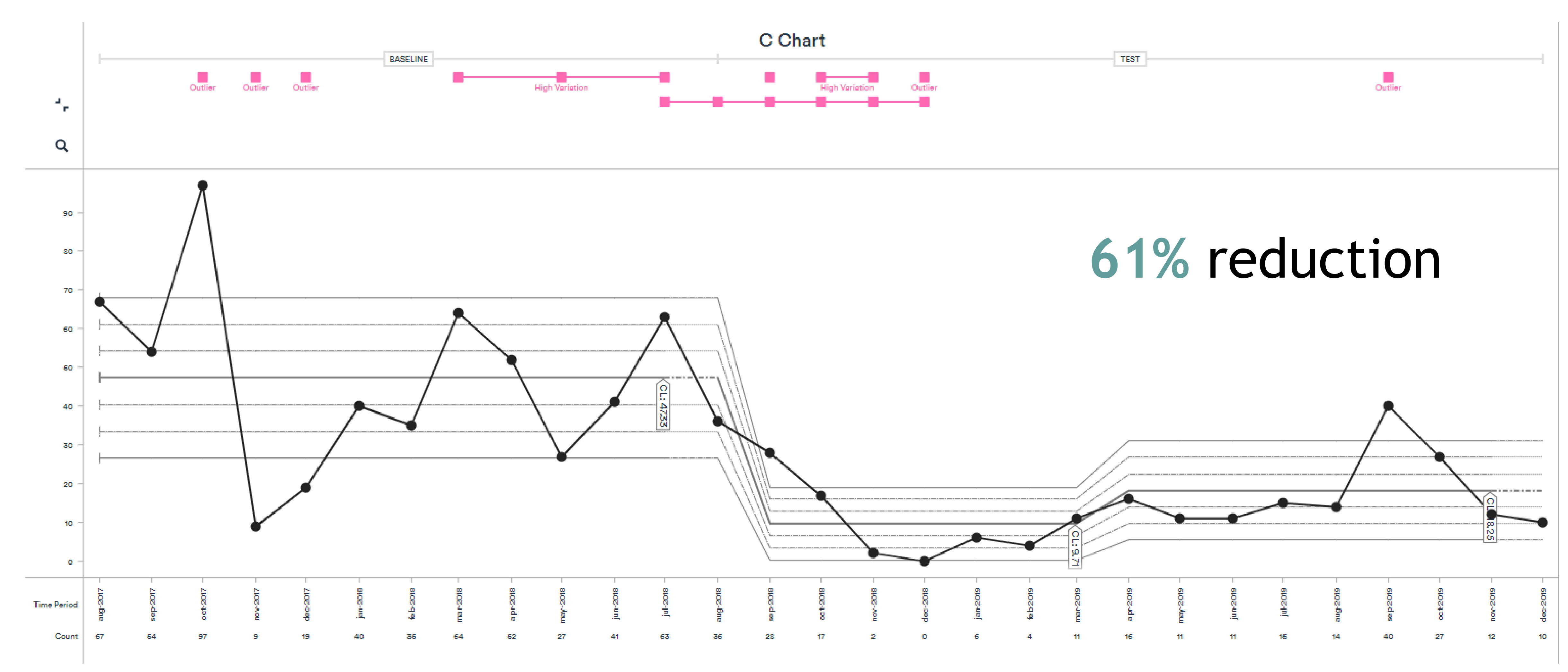
Aggregated Data



Irwell Ward

Greater Manchester Mental Health NHS Foundation Trust

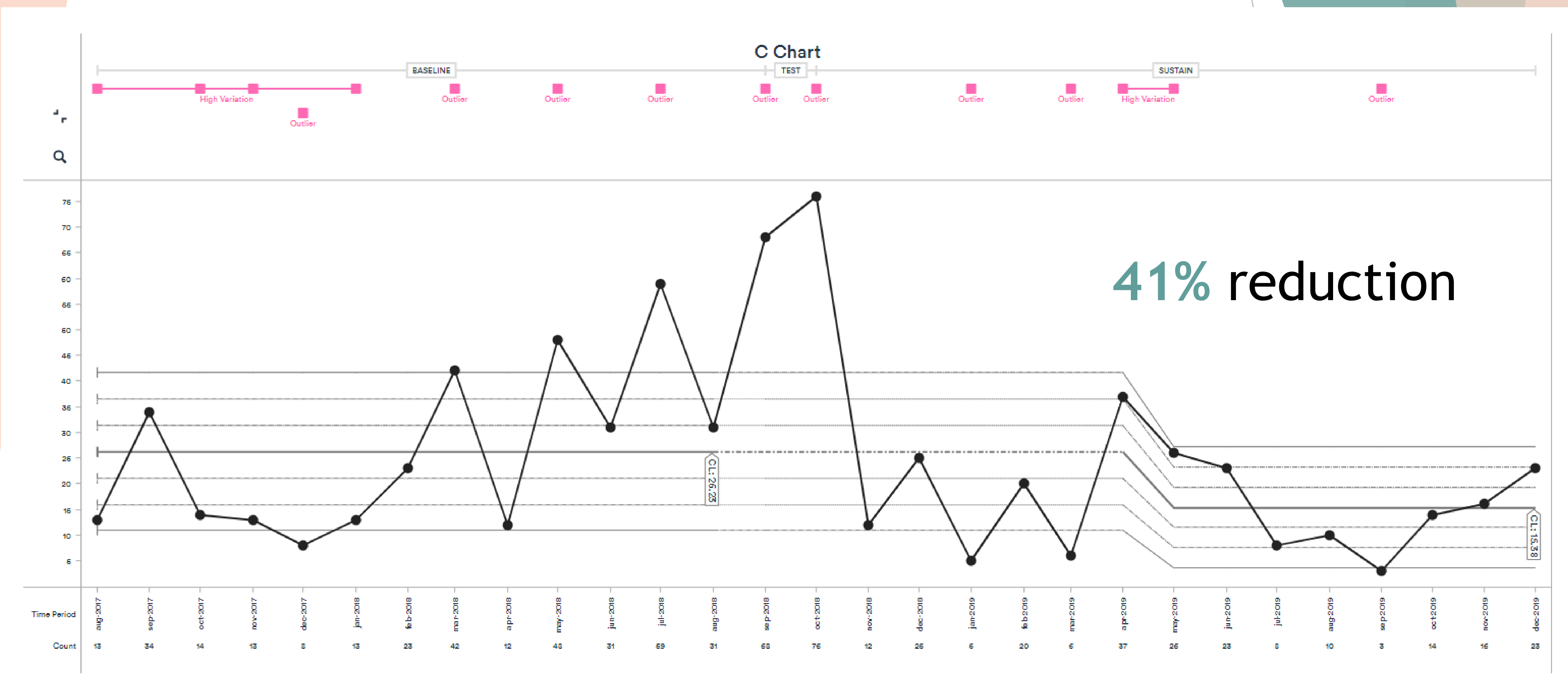
Aggregated Data



Great Yarmouth

Norfolk and Suffolk NHS Foundation Trust

Aggregated Data



Waveney Ward

Norfolk and Suffolk NHS FT

Amy Abbott, Emma Softley and Tom Brown

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Welcome to Waveney

Reducing the need for restrictive practice on a female adult acute inpatient ward

Meet and greet

- 17 beds
- All female
- Acute three-week admissions
- High numbers of RP prior to the QI programme

Previously… templated and not person-centered

Service user idea

Trialed and trialed again…

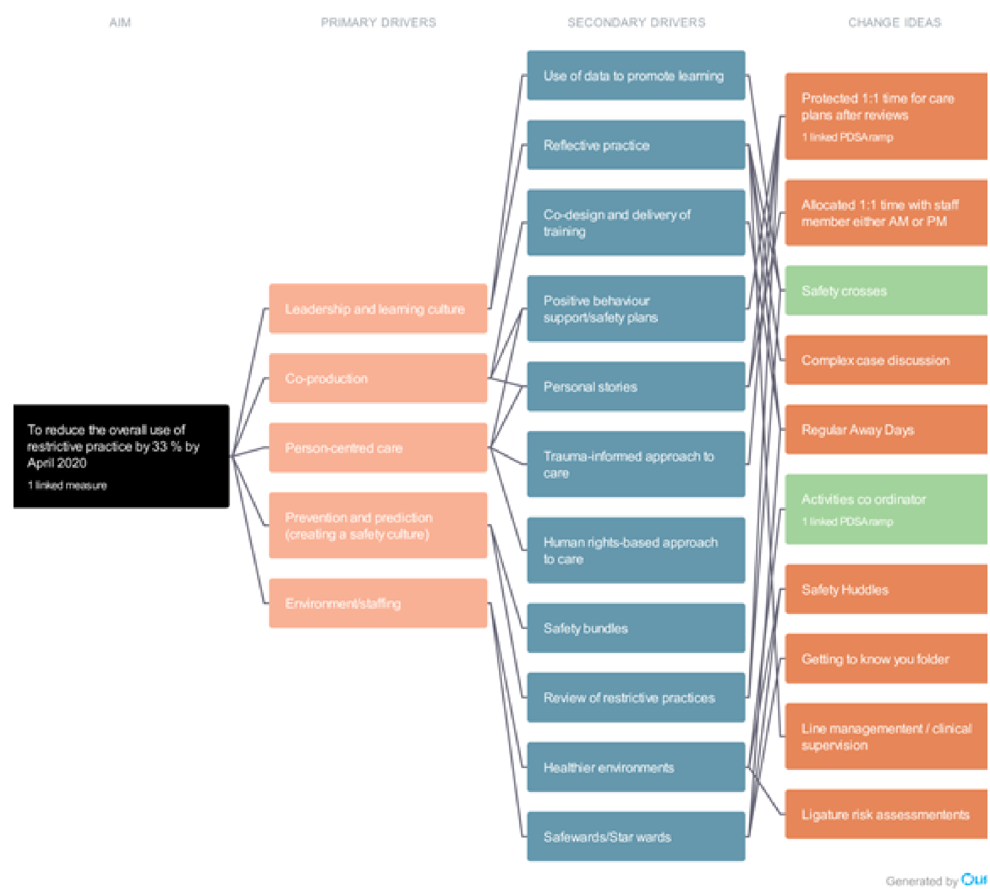
Where we are at now

Activities

- More, more more!
- All about timing
- Power to the people [nurses]!
- Supernumerary shifts
- Success = full time AC!

Overview of other change ideas

- Let's have a cuddle
- Complex case discussions
- Regular away days
- You got a friend in me (MHM)
- Welcome to Waveney! boxes
- Patient preference sheets



Data

C Chart

BASELINE — SUSTAIN

Outlier · High Variation · Outlier · Outlier · Outlier · Outlier · Outlier · Outlier · Note · PDSA · Note · PDSA

CL: 42.33 · CL: 14.2

Time Period	aug-2017	sep-2017	oct-2017	nov-2017	dec-2017	jan-2018	feb-2018	mar-2018	apr-2018	may-2018	jun-2018	jul-2018	aug-2018	sep-2018
Count	44	33	8	29	26	70	28	29	84	66	64	37	28	18

Time Period	oct-2018	nov-2018	dec-2018	jan-2019	feb-2019	mar-2019	apr-2019	may-2019	jun-2019	jul-2019	aug-2019	sep-2019	oct-2019
Count	0	0	5	8	7	16	14	16	23	16	10	34	20

Whole team involvement

Sensory room

Review format change – in collaboration with another QI project

Plans for the future

Collaborate	• Trust Collaborative
Write	• Write a paper in a journal
Continue	• Continue the programme
Encourage	• Encourage staff to think about more QI proposals for the ward

Any Questions?

nsft.nhs.uk
@NSFTtweets
NSFTrust

Breakout Sessions

	Group 1	Group 2	Group 3
11:35 - 11:55	Start in Room 1.1	Start in Room 1.2	Start in Room 1.7

Lunch

12:50 – 13:30

Irwell Ward

Greater Manchester Mental Health NHS Foundation Trust

Lianne Holland, Louise Dalton and Sophie Deeny

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Irwell Ward

What we found –

- High use of bank and agency staff due to sickness and vacancies
- Patient PBS plans were kept in the risk assessment on PARIS, not all staff have access to PARIS and not all staff have the time to access same
- Safety crosses indicated high use of restrictive practice on some days, when checking our off duty it appeared to be when the ward was being staffed with majority of non regular staff
- Our regular staff were reporting stress when non regular staff on as not used to the routine of the ward and patients individual care plans/calm down methods
- Bank/agency staff reporting that they did not feel part of the team as they were not fully aware of the PBS plans and how they can support the patients effectively

What we did -

- We started to record staffing on our second safety cross, this captured if there was less than 50% regular staff on shift or if the ward was short staffed
- The management team reviewed the DATIX incident forms, on these we were checking if there was anything which could have been done differently and if it supported their PBS plan
- We obtained patient feedback, patients feedback identified that they felt safer when there was regular staff on duty, increase in stress and anxiety and also an increase in challenging behaviours. Patients identified that it was frustrating them when staff did not know where things were on the ward and also that staff did not know how to support them if needed
- We now hold regular supervision for bank and agency staff, a file is kept in the ward management office and reviewed monthly. There is no set days for supervision, it is done on an ad hoc basis and when the staff are on duty and want to engage
- We made changes to the observations sheets, we identified that the observations are something which every member of staff does over the course of their shift. We included a box at the top which identified patients triggers, what to look for and what helps. This is completed by the night staff and the information is pulled through from the patients Safewards know each other information, the patients are asked and involved in the process and also what staff have observed to be effective
- Changes made to the handover sheet to include risks/PBS plans/triggers/EWS etc

What we do -

- On admission to the ward staff work with patients to find out their triggers, their identified calm down methods. This is done using the 'getting to know you' sheet
- If a patient declines to complete this, if the patient cannot complete it then staff work with families/carers to complete it to enable staff to provide the most effective care to patients
- This information is carried through into their PBS plans, detailed in their patient files and we also have information listed on the front of their bedspace doors which is bright and eye catching and easily visible for all

Getting To Know You!

Safewards

My name is:

My preferred name is:

Things I like

Things I don't like

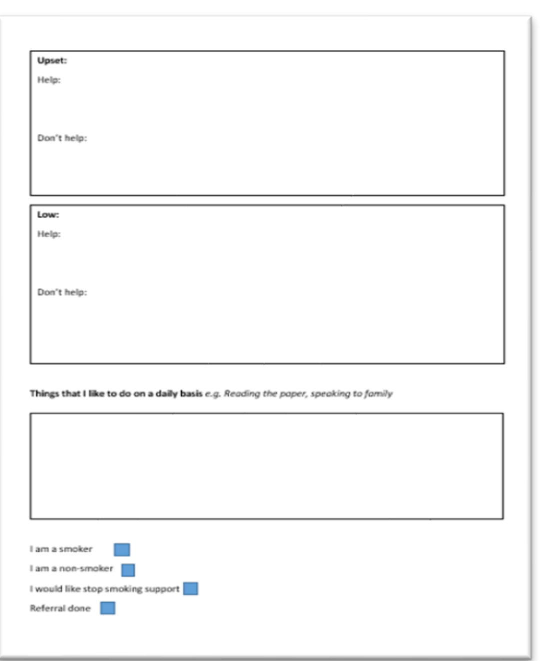
My favourite food/drink

Things that help/don't help me when I am feeling: *(Please think about certain activities or calm down box interventions) Add these to care and risk management plan*

Angry:

Help:

Don't help:



Upset:

Help:

Don't help:

Low:

Help:

Don't help:

Things that I like to do on a daily basis *e.g. Reading the paper, speaking to family*

I am a smoker

I am a non-smoker

I would like stop smoking support

Referral done

Our observation forms

What helps?

Triggers

What to look for

NHS
Greater Manchester Mental Health
NHS Foundation Trust

Trafford Mental Health Services **Level 2 Observations form (1:15)**

Date: **Name of patient:** **bedroom No:** **Frequency of Observation: 1:15** **Reason:**

Staff Name	Time	30	45	00	15	Comments	Signature
	00:30-01:30						
	01:30-02:30						
	02:30-03:30						
	03:30-04:30						
	04:30-05:30						
	05:30-06:30						
	06:30-07:30						
	07:30-08:30						
	08:30-09:30						
	09:30-10:30						
	10:30-11:30						
	11:30-12:30						
	12:30-13:30						

What helps? Being left alone / PRN medication / verbal checks

Triggers Needs not being met immediately / being checked on (obs)

What to look for Irritability / aggression / increase in demanding behaviour

Trafford Mental Health Services

Level 2 Observations form (1:10)

bedroom No:

Frequency of Observation: 1:10

Reason:

What helps? Hot baths, lavender oil, David Attenborough, music, frogs

Triggers Not being able to find her clothes / waiting / some family members

What to look for Irritability / Aggression / Throwing clothes / Pacing - restlessness

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What helps? music - Bob Marley / pepperoni pizza / going on leave

Triggers waiting / hallucinations - voices

What to look for Pacing / Restless / Running up corridor / Aggression - hitting / Talking to self

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What helps? Music - Oasis, Red Hot Chilli Peppers, Walking, Going for a Coffee

Triggers Female Staff, Having to be in hospital,

What to look for Non engaging, not interested in himself, lying on his bed

Trafford Mental Health Services

Level 2 Observations form (1:15)

Our patients bedroom doors

Staff Feedback

Subject: Positive Feedback

Hi Sarah,

I just wanted to send an email in recognition of how great it's been to work on Irwell over the weekend the safeward's getting to know you stuff has been great In helping staff strike up conversations especially when I don't know to much about the patients. The blackboards around the ward have also been super helpful with TNA stuff also especially the care plan on in the office. Really feels like such a positive ward and the focus on patient care is FAB!!!

I know people are quick to send an email when things aren't going to well so just wanted to send a positive one for a change.

James Louise and Mel have been FAB!!

Kind Regards
Kyle Hadden

Feedback from one of our regular bank staff on the ward (Marsha). When asked about the observation forms, she provided the below feedback:

- Gives insight into the patient and it is patient-centred
- Provides a summary of what each patient enjoys and what supports them, along with their triggers and early warning signs
- Encourages staff to engage the patient in activities they enjoy
- If a staff member is new to the ward, it is very helpful and is a good go to

Patient Feedback

It’s nice, a lot better than it was. Feels like staff are trying to get to know me instead of just giving me meds’

Staff know what I like and what helps me. I don’t like working with people that I don’t know, this makes me scared. Sometimes I don’t want to talk about it and I want someone to already know these things to make me feel less scared

I don’t like being called my name, I like my nickname. It makes me feel better when people call me my nickname and play Bob Marley. Staff seem to know that now and it’s written on my door too which I like!

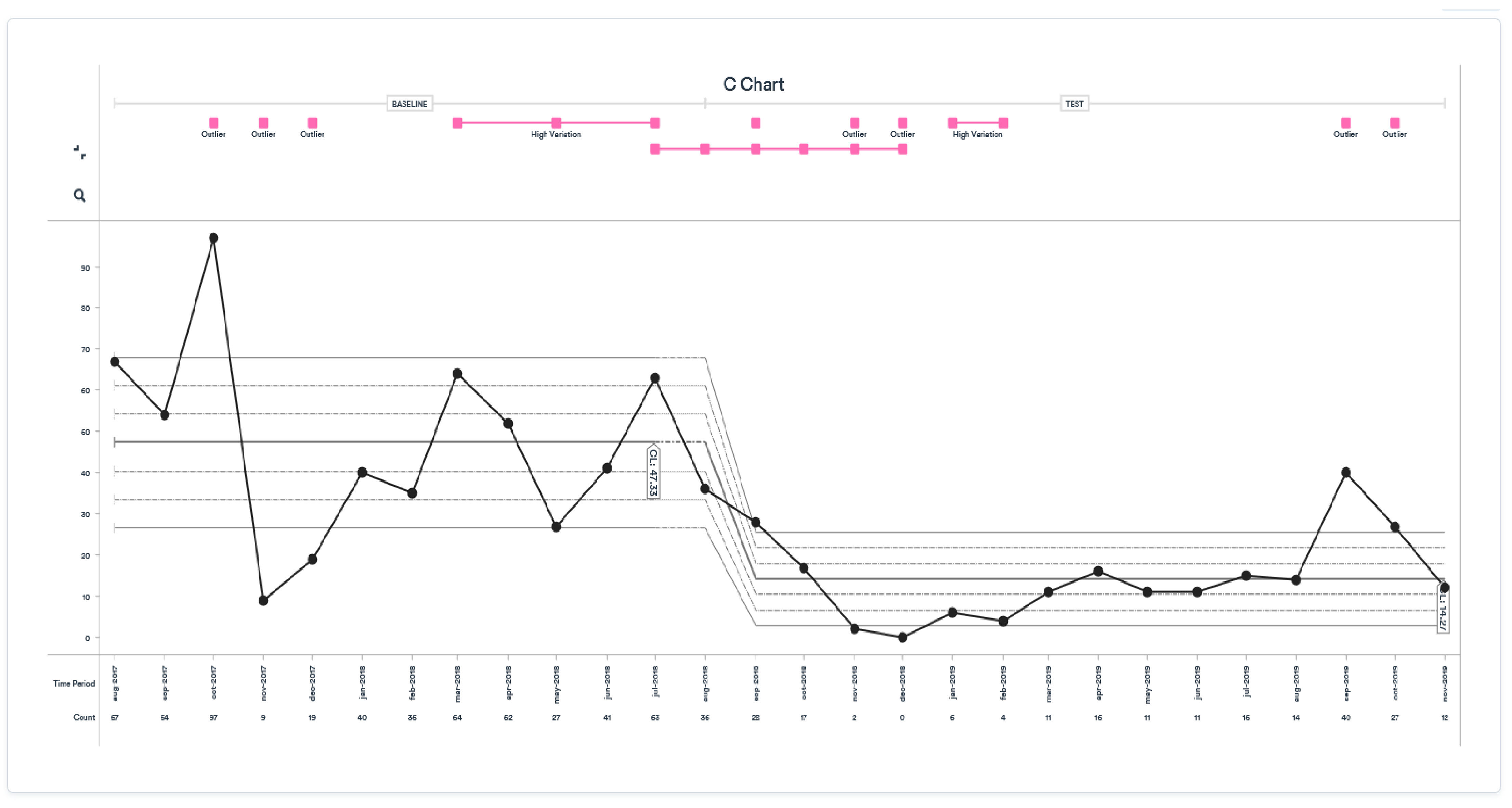
Issues we’ve faced -

- Information is not reviewed if non regular staff on and simply pulled over to the following day
- Sometimes they aren’t filled out
- Inaccurate information

What we are doing about it -

- It is allocated on the jobs list to review each day
- Reviewed in named nurse sessions
- Discussed with the patients and ‘know each other’ information reviewed on a daily basis, patients can rub off and change information if they want/need to
- To be discussed in managerial supervision

Our results so far



SCALE UP AND SPREAD

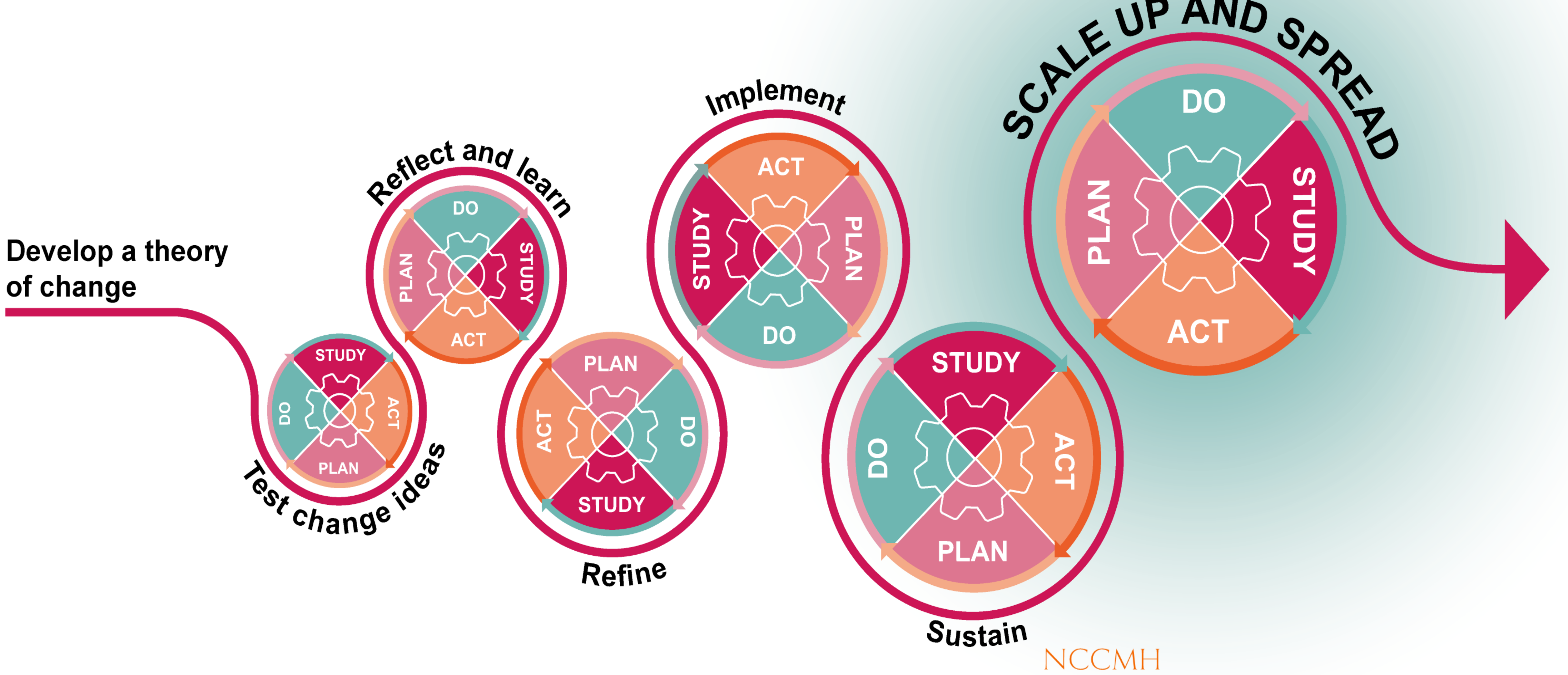
Tracey Holland

Kate Lorrimer

Matthew Milarski

NCCMH

Sequence of improvement



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What is Scale up and Spread?

SCALE UP

- Testing your new ways of working with an increasing number of teams e.g. other wards in your unit/hospital
- To test those ideas in different systems/infrastructures and overcome any problems that may arise
- To increase confidence that these changes work in each care setting (degree of belief)

SPREAD

- When your proven interventions and new ways of working are implemented consistently and reliably across a whole system e.g. across a whole hospital or Trust

Q+A SESSION

Tracey Holland

Professional Lead for Reducing Restrictive Interventions

Deputy Head of Quality Improvement

Norfolk and Suffolk NHS Foundation Trust

Now it's your turn …

- Use the Scale up and Spread worksheets provided
- These will help you to think practically how you might successfully share the great work you have done on your wards
- You have 5min for each of the 7 questions. For each question find a different team in the room to discuss with

Close