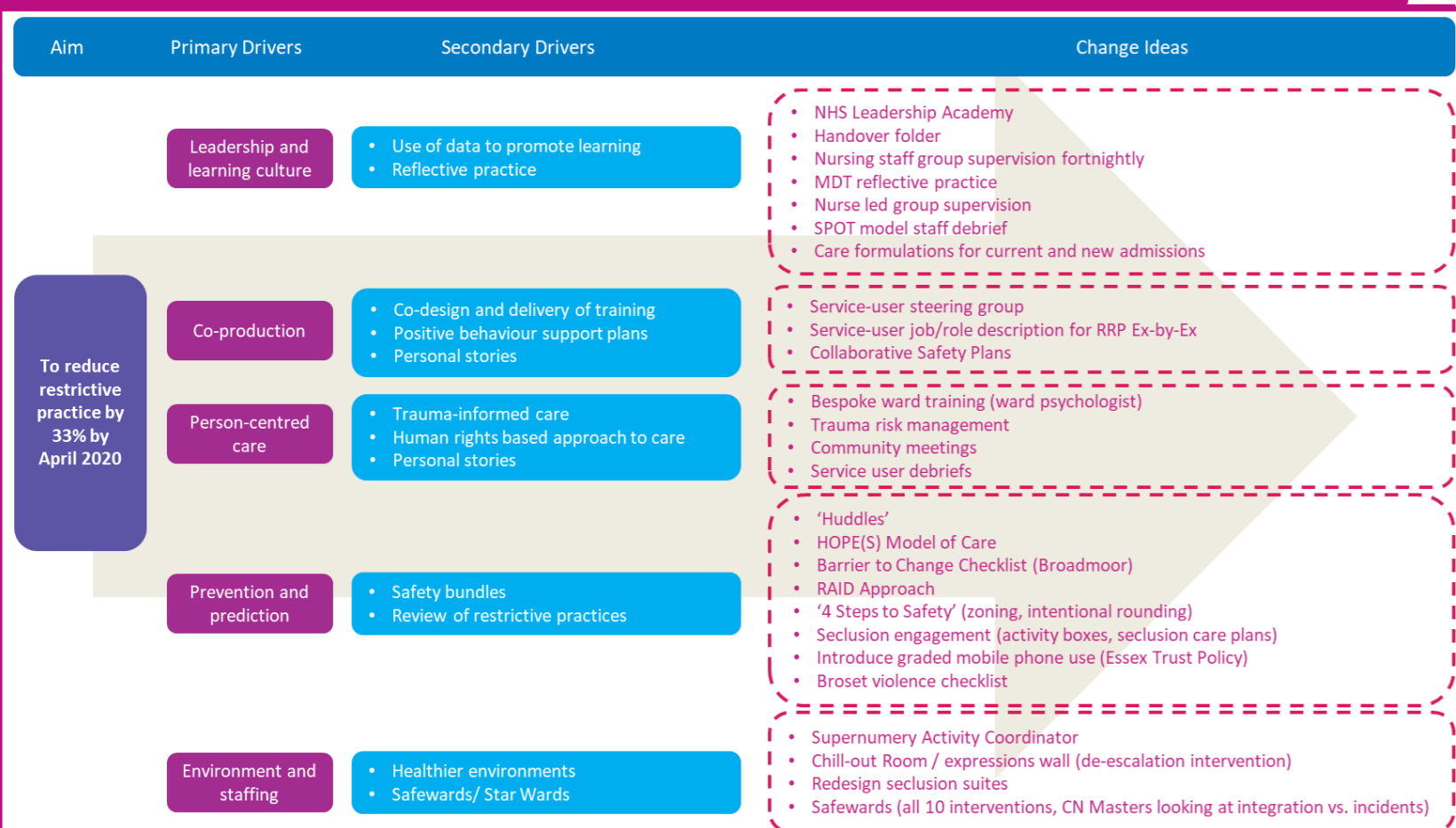


Reducing Restrictive Practice on Bradley Brook - Medium Secure Psychiatric Intensive Care Unit

What are we trying to accomplish

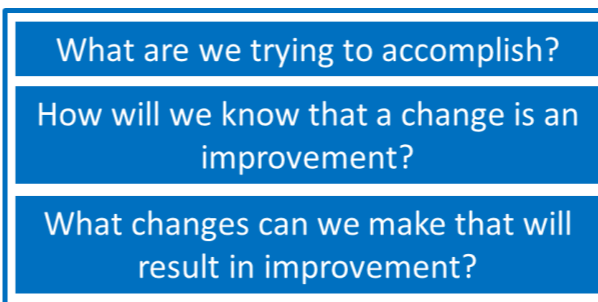


Identification of the issue

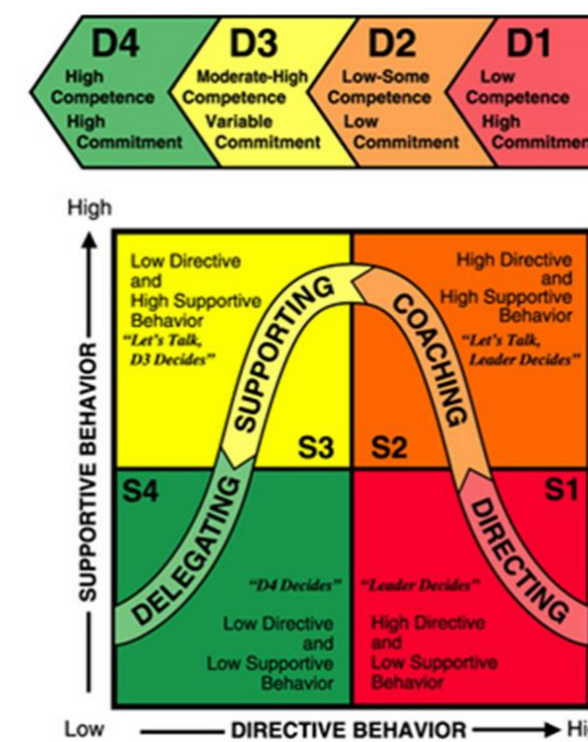
- High number of physical restraint and seclusion compared to other areas of the Trust
- High number of changes in MDT structure
- High turnover of ward managers / retention of staff difficulties
- Changes in commissioning profile – new care model / repatriations
- High number of admissions from prison
- High percentage of service users presenting with dual diagnosis / spice use
- High sickness rates

Our approach

Model for Improvement



Driving change following the Situational Leadership Model



Measurement and data collection

- Number of episodes of restraint
 - Number of episodes of seclusion
 - Number of uses of rapid tranquilisation
- We introduced a 'safety cross' to actively collect data on the use of restraint, seclusion and rapid tranquilisation



Achievements and successes

Press Release - Royal College of Psychiatrists

LOCAL MENTAL HEALTH UNIT DRAMATICALLY CUTS USE OF RESTRICTIVE PRACTICES

THE use of physical restraint, seclusion and rapid tranquilisation have been dramatically cut by a mental health ward in Avon and Wiltshire, since joining an improvement programme led by the Royal College of Psychiatrists.

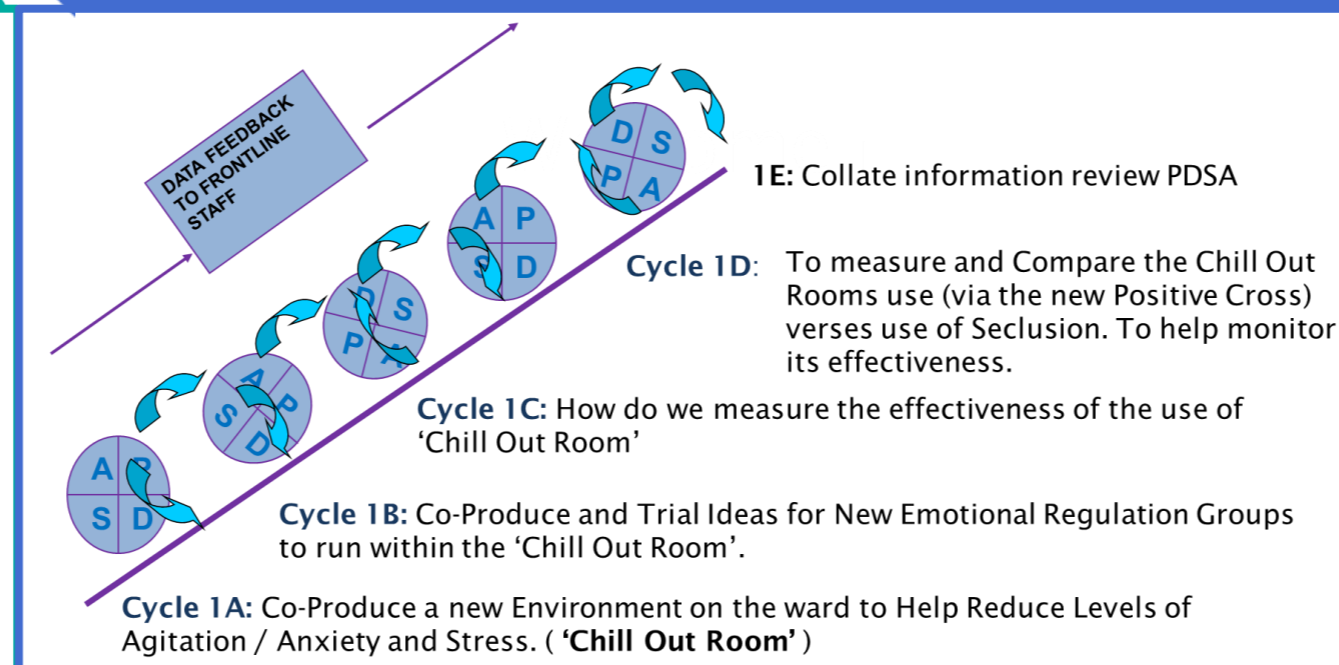
After 9 months of the 18-month Reducing Restrictive Practice programme, Bradley Brooke Ward has reduced their use of 'restrictive practices' by 88%.

The reductions have been achieved using innovative methods of care, including employing an activities coordinator to deliver a photography class and other activities.

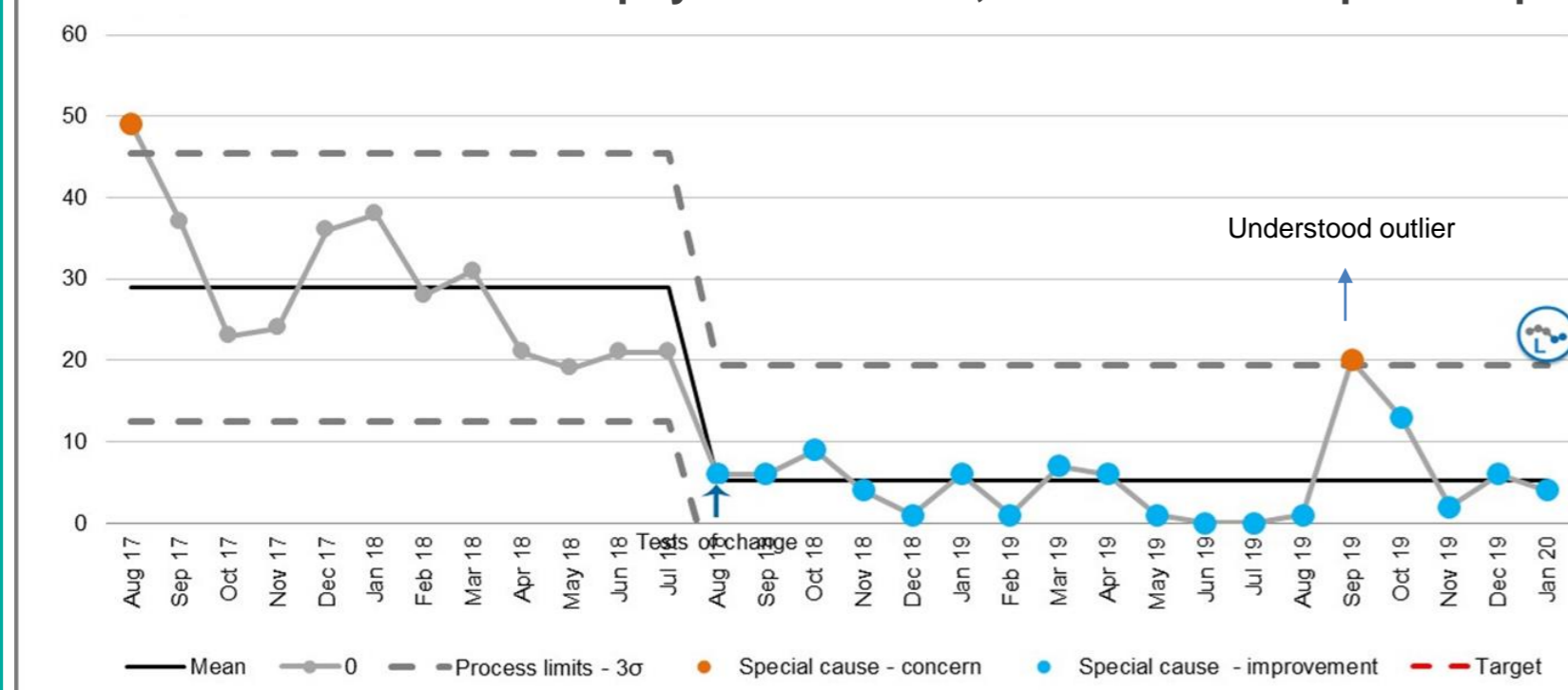
Dr Amar Shah, national lead for the Mental Health Safety Improvement programme, said: "The results achieved by Bradley Brooke Ward so early in the programme are staggering and shows what can be done when staff and service users come together to test out their ideas to improve care".



Coproducing and testing our change ideas



82% reduction in the use of physical restraint, seclusion and rapid tranq



Quotes from Service Users

- "Wow Bradley is completely different to when I was last here 4 years, so much better, you wouldn't recognize it"
- "It has brought people together that wouldn't usually spend time together and it has also helped me out of my shell"
- "The things you have thought of have in such a small environment is extremely creative and we are hardly bored when you're around"
- "Its nice to take my mind off things, sometimes all I want to do is sit and talk, that's real therapy for me. Just someone to listen"

Quotes from Staff

- "There has been a massive shift in the culture on the ward, patients are happier, staff are joining in and there is a general feeling of community and fun on the ward"
- "I personally feel from my perspective that the groups and providing structure has meant that more people come to OT groups and therefore becomes a catalyst to engaging in more OT 1:1 work"
- Not only has having an activity coordinator been a positive for the service users but the staff are much more engaging with the service users now and the 'them and us' divide has almost disappeared. We all get involved with the activities now and are much more of a therapeutic community"

Scale up and spread:

