

Reducing Restrictive Practice Programme Learning Set 8

10th September 2020



Housekeeping

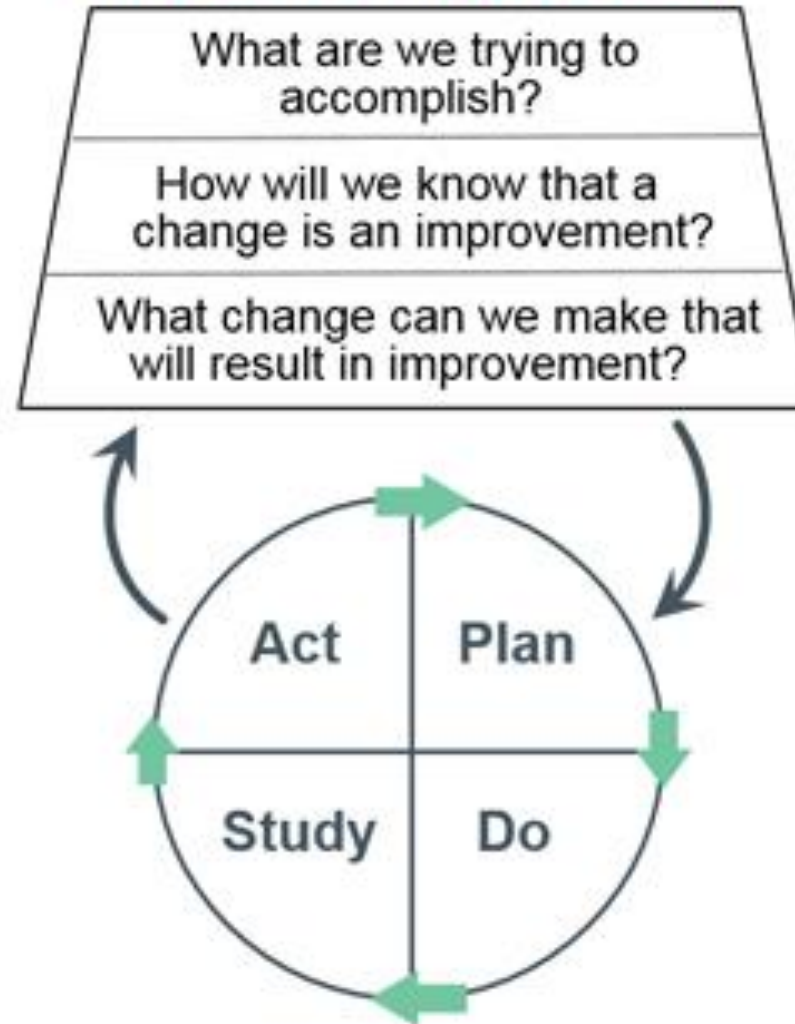
- Please mute your speakers/audio unless you are speaking.
- Please turn your camera off when others are presenting.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting.
- If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk



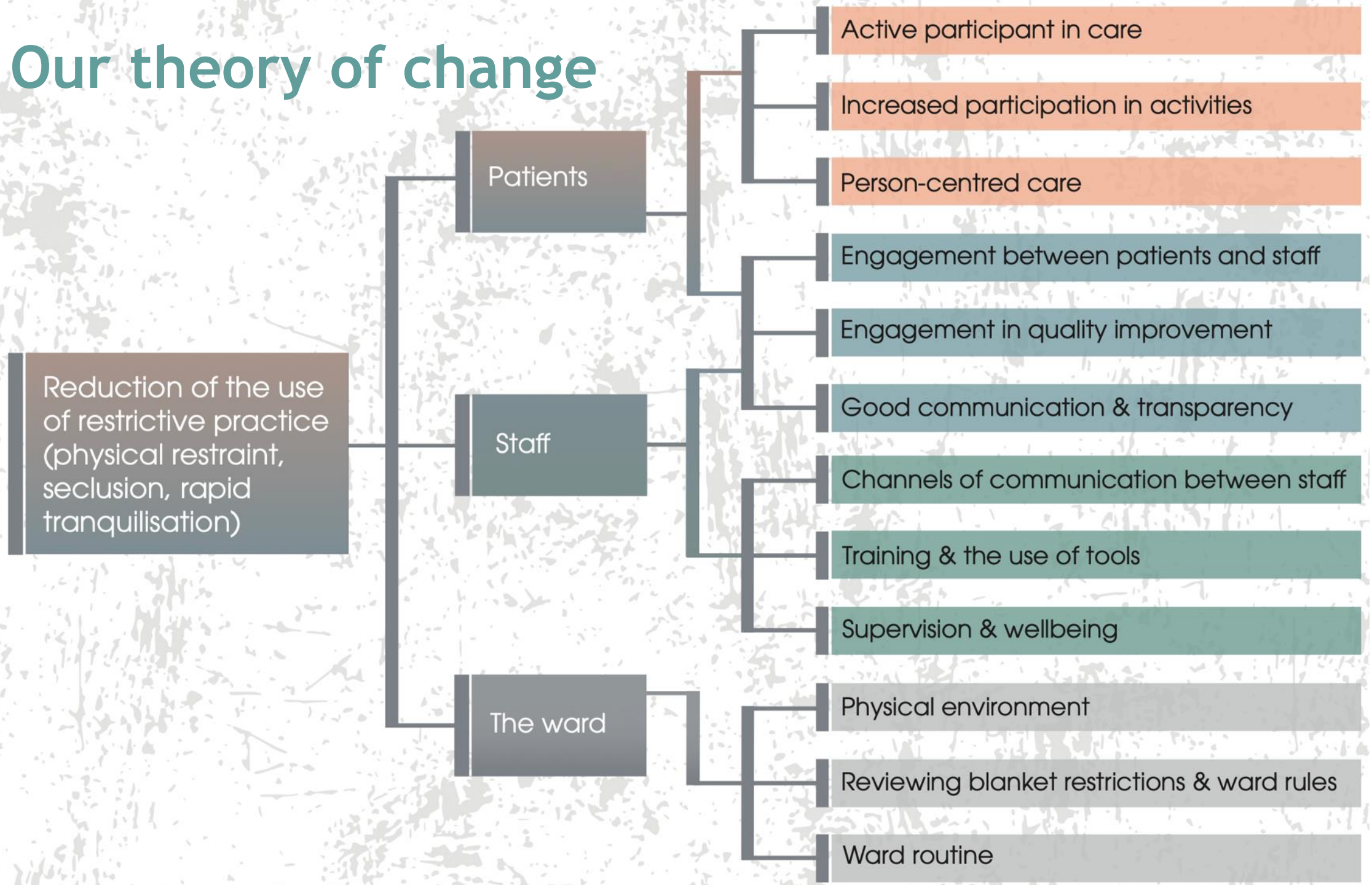
Our aim

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

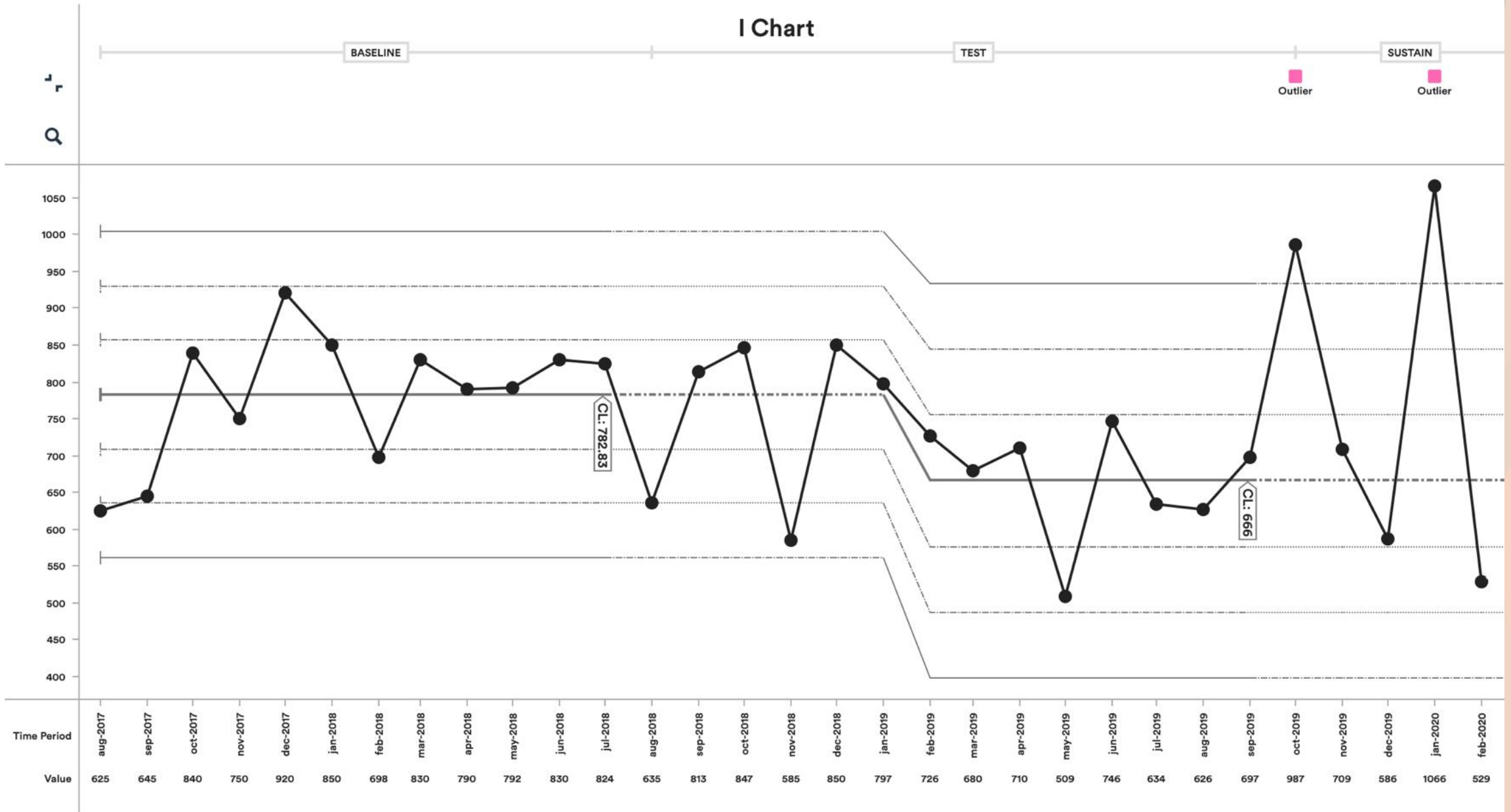
Model for Improvement



Our theory of change



Our results



- **63%** of wards saw an improvement in their data (n=24) with many additional wards seeing qualitative improvements in culture and ward environment
- **350+** individual change ideas were tested
- **33** wards shared at a learning set
- **370+** ward staff attended a learning set, from a number of different roles
- **8** service users shared at a learning set
- **100%** of wards collaborated with service users, carers and service user representatives



The future of care is in our hands



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

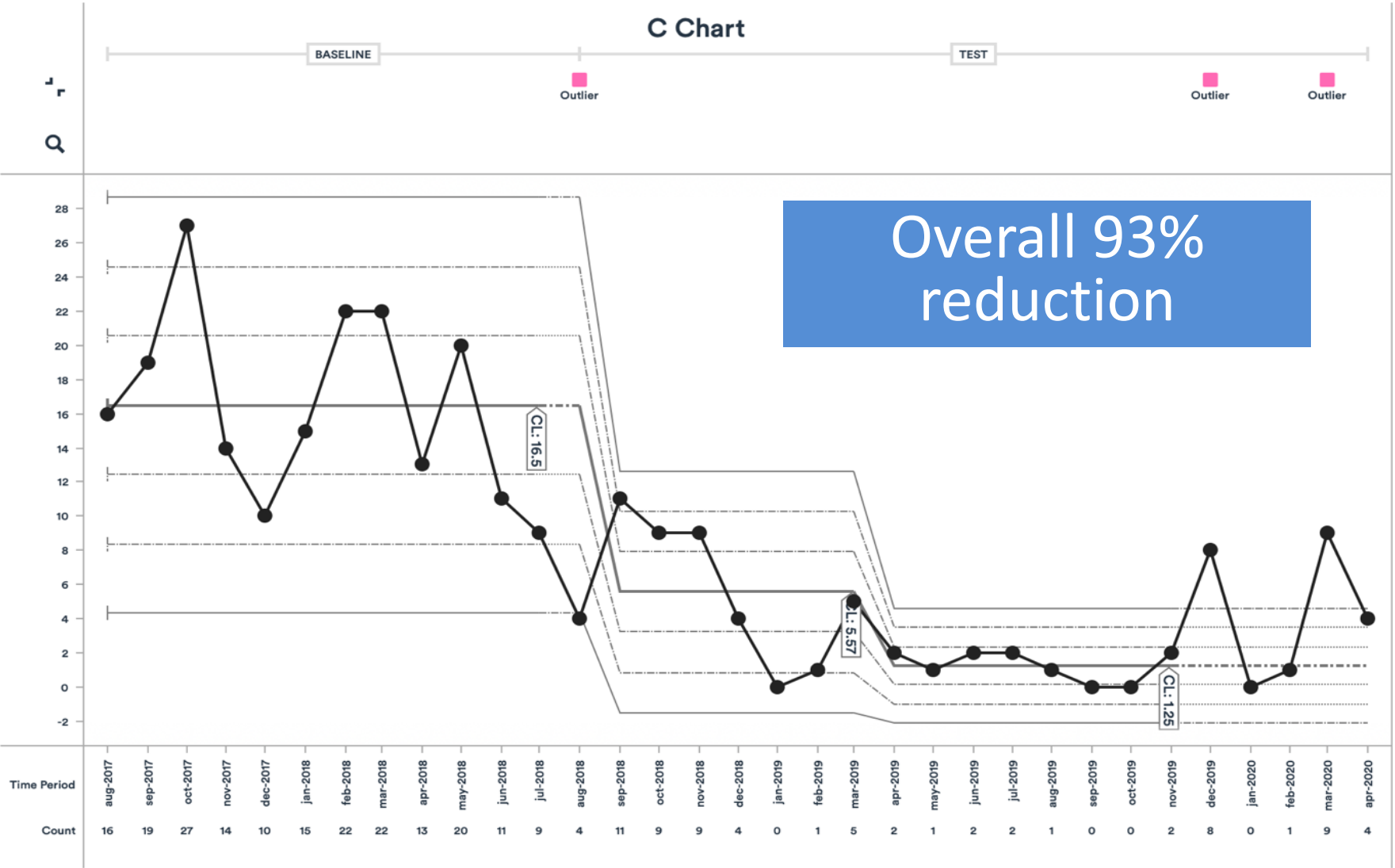
Maplewood Male LSU

Secure & Specialist LD Division

Danielle Simpson (Staff Nurse)

Sarah Stainton (Nurse Associate)

Our data



What we found..

Restrictions reduced by 98%

The use of seclusion and restraints decreased by 98% at the end of the project. MW3 had an outstanding period of six months with no use of seclusion, by using proactive strategies and offering therapeutic interventions. We found that service users who relied on seclusion as a de-escalation technique were more likely to use the HDU suite and engage with staff.

Service user engagement increased

Through the introduction of service user surveys to see which activities had the most interest, we were able to expand the range of activities on offer. We found that service users were more likely to get up early and engage in activities for longer periods when they had more variety. Through the introduction of incentive charts and reward trips, service users were more mindful about having longer periods of settled behaviour and attempted to reduce their own incidents in order to achieve these incentives.

Staff and service user interest checklists led to an increase in available activities

Staff and service user therapeutic relationships were greatly improved, as this highlighted more things that they had in common and allowed for a more inclusive atmosphere. Service users and staff found that they were spending more time together and engaging in more therapeutic activities, due to a newly discovered shared interest.

Restriction doesn't just mean restraint



The future of care is in our hands



Reducing Restrictive Practice

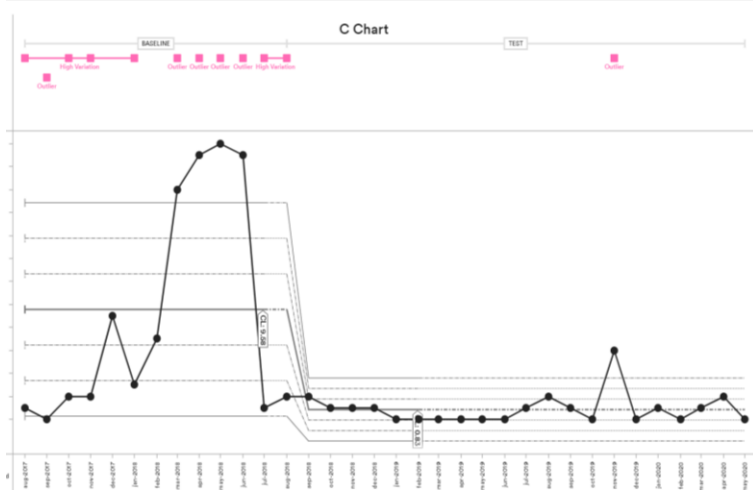
JUNIPER WARD

How it all began...

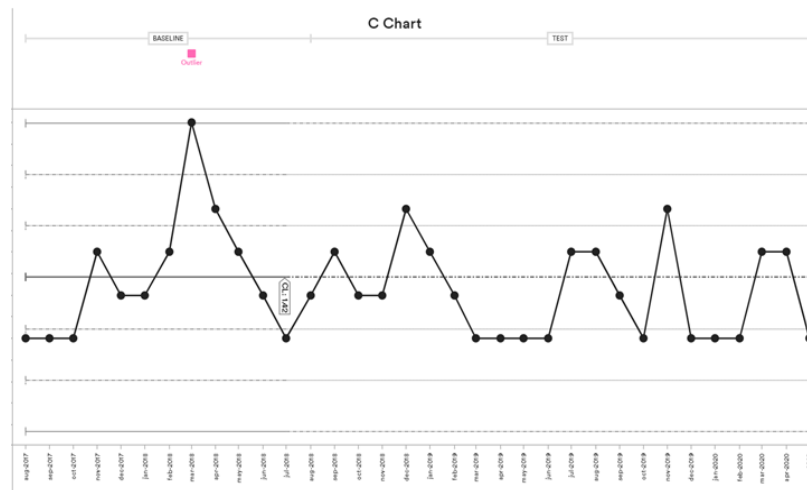
| Multi Vote 24 votes | CHANGE IDEAS | RANK ORDER | | | | | | | | | | | Total | | | | |
|------------------------|--|------------|---|---|---|---|----|---|---|---|---|---|-------|---|---|---|----|
| | | A | L | S | R | A | S | I | N | P | F | H | | M | O | P | S |
| ••••• | * More Away Days as they can't have their own studios at important times more efficiencies at regional centres | 6 | 5 | 9 | 2 | 1 | 10 | 7 | 1 | 2 | 5 | 2 | | | | | 62 |
| •• | Use of hand and signal sheets | | | | | | | | | | 1 | | | | | | |
| •• | Group exercise on Tiger as yoga | | | | | | | | | | | | | | | | |
| •• | More job opportunities on island | | | | | | | | | | | | | | | | |
| •• | More OT/IT courses | | | | | | | | | | | | | | | | |
| •• | Explore communication on the ward | | | | | | | | | | | | | | | | |
| •• | Plan for new wingward activities eg. 1st | | | | | | | | | | | | | | | | |
| ••••• | * Facilitate more early morning (am) (OT) | 6 | 2 | 1 | 6 | | | 4 | 1 | 5 | 2 | 1 | 6 | | | | 56 |
| •• | Friends/pairing up on leaves | | | | | | | 2 | | | | | | | | | |
| •• | New ways of providing activities/OT | | | | | | | 2 | | | | | | | | | |
| •• | More shared awareness about leave types | | | | | | | | | | | | | | | | |
| ••••• | * Encouraging good sleep hygiene (most light cloths) | 1 | 1 | 3 | 4 | | | 7 | 5 | 6 | 3 | 2 | 3 | | | | 45 |
| ••••• | * Consultant Super-Improvement Meetings | 3 | 2 | 6 | 2 | | | 2 | 1 | 1 | 7 | 3 | 1 | | | | 31 |
| •• | More formation of OT groups (1st/2nd/3rd) | | | | | | | 4 | | | 3 | | | | | | |
| •• | Involve staff in psychology (ie. groups) | | | | | | | | | | | | | | | | |
| •• | More access to community leave | | | | | | | | | | | | | | | | |
| •• | Clearer outline of activities eg. training | | | | | | | | | | | | | | | | |
| ••••• | * Promoting initial (roughly) discussion | 6 | 7 | 5 | 3 | 6 | | 5 | 2 | 1 | 4 | 6 | 7 | 7 | | | 79 |
| •• | More wingward open days and sports | | | | | | | 6 | | | 2 | | | | | | |
| ••••• | * Induction Booklet | 2 | 3 | 1 | 6 | | | 1 | 1 | | 4 | 1 | 5 | | | | 32 |
| ••••• | * Expanding food options | 7 | 4 | 7 | 3 | 3 | | 5 | 2 | 1 | 6 | 3 | 4 | 4 | | | 68 |

Results

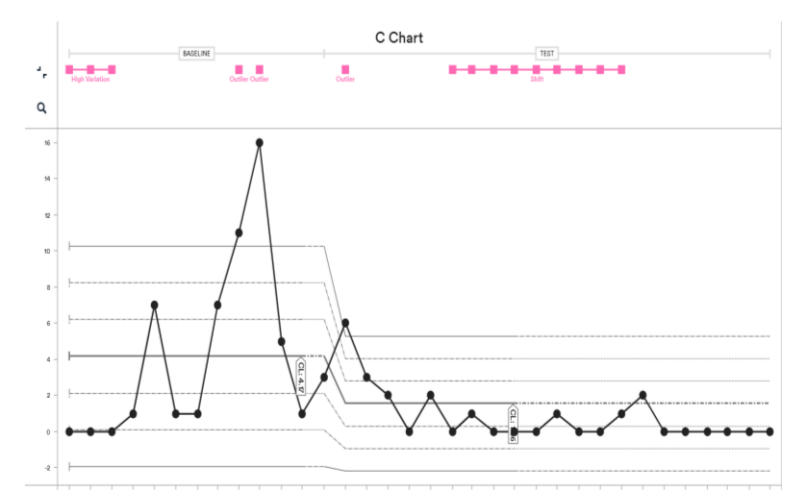
Restraints



Seclusions



Rapid Tranquilisation



Results

- **76% reduction** in overall data
- **91% reduction** in physical restraint
- **63% reduction** in the use of Rapid transquilisation

Successful Change Ideas



Juniper ward held a BBQI to gather ideas for an induction booklet for Juniper ward.

BBQI was one of the change ideas taken from our Juniper improvement meetings to encourage more patients to attend.

JIM meetings happen twice a month

We implemented a plastic viewing panel key to replace a mental one. This has helped reduce verbal aggression and disruption during the night



Francesca

Positive handovers

nursing staff to tick the box to ensure safety cross is filled at the end of each shift if an incident has occurred.



The aim of having a **floor walker** is to have a member of staff available at all times during shifts to meet patients needs



Weekend gym groups

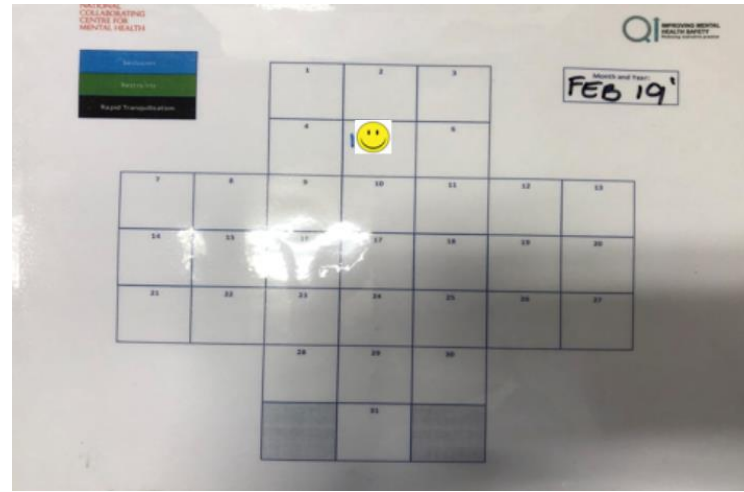
Monthly breakfast club with staff and patients in the community



Francesca Smargiassi and Marvelyn Babalola

We have also implemented city walks

Change ideas
that have been
challenging



QI Journey's

“Getting staff involved in the early stages is key and a vital hurdle qi must conquer for effective and long-lasting change”

“Being invited by Annette to the RCP for the reducing restrictive practices meetings was a real confidence builder to speak and exchange ideas with others involved in QI from all over the country”

“I have a sense of pride knowing my participation in qi will enrich the lives of future patients and staff on Juniper Ward and possibly further afield. For that a big thank you to NHS for brining Qi to Chase Farm Forensic Juniper Ward”

“Just by holding monthly meetings and asking for my ideas and opinions, I felt respected and valued as an individual person, not just another patient with a mental illness”



Greater Manchester
Mental Health
NHS Foundation Trust

Reducing Restrictive Practice – a senior sponsor perspective

Tim McDougall, Associate Director of Nursing

 @timmcdougall69



Improving Lives

Irwell ward - Overall Data

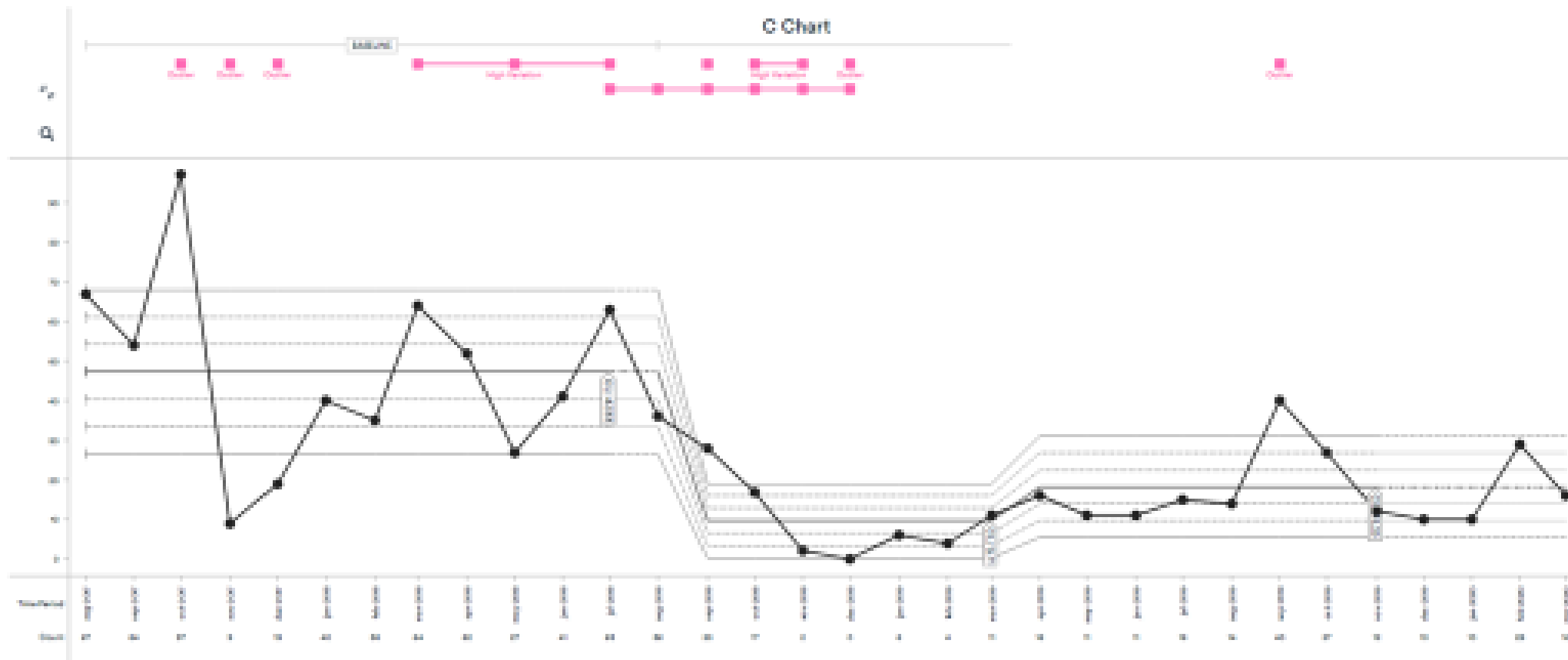
61% reduction

Calculating percentage reduction:

Previous mean – new mean | $47.33 - 18.25 = 29.08$

/ previous mean | $29.08 / 47.33 = 0.6144$

x 100 | $0.6144 \times 100 = 61\% \text{ reduction}$



Safewards



Greater Manchester
Mental Health
NHS Foundation Trust

- In place on all 58 wards and adherence to model systematically monitored
- Application in practice tracked through electronic records
- DATIX used as a cultural barometer
- Adapted for young people, older people and deaf people
- Positive correlation between Safewards and restraint reduction



Safewards

How did we achieve these reductions?

- NCCMH team support
- Using a QI approach
- Dedicated and committed leadership
- Positive and Safe Forum
- Social media
- Early thinking about sustainability (breakthrough series collaborative)
- Time to make a difference
- Board level support and challenge

Thanks for Listening and watch
this space for more.....



[@timmcdougall69](#)

[@GmmhJo](#)

[@GMMH_PMVA](#)

QI coaches

Saiqa Akhtar, Emily Cannon, Kate Lorrimer, Matt Milarski



Breakout Sessions

| | Group 1 | Group 2 | Group 3 | Group 4 |
|---------------|---------|---------|---------|---------|
| 11:15 - 11:45 | Emily | Kate | Matt | Saiqa |

Programme evaluation

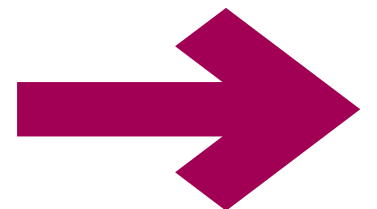
Kate Lorrimer

NHS England and NHS Improvement National Restraint Reduction Programme.

Professor Tim Kendall

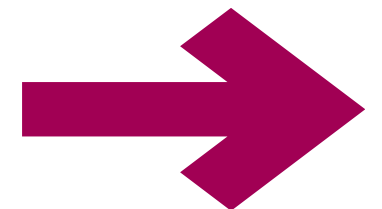
National Clinical Director for Mental Health, NHS England and NHS Improvement

10 September 2020



Mental Health Inpatient Safety Programme – the background

- Oct 2017: Former Secretary of State (SofS), **Jeremy Hunt** asked NHS I and CQC to:
 - deliver **Mental Health Safety Improvement Programme**
- Cross Arms Length Bodies programme: **Reducing Restrictive Practice**
 - response to concerns raised by CQC
 - co-ordinated by NHS England over 2 years
- 2018 Zero suicide ambition for mental health patients.
- 2018: SofS **Matt Hancock** commissioned CQC to review the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disability and/or autism.
- 2019 : Cross ALB programme delivers the three objectives within the National Restrictive Practice Work programme
- 2019 : Sir Simon Stevens announces CYP Taskforce which includes a refresh of National Restrictive Practice Programme for 2020.



2017 – 2019 Reducing Restrictive Practice Strategic Oversight Group



Cross ALB strategic oversight group
NHSE, NHS I, CQC, DH, HEE, NHS Digital

Cross ALB Delivery Group

Expert Reference Group

3 x work streams

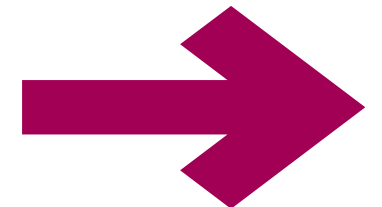
1) Definitions & Reporting

2) Training & Accreditation

3) Provider Improvement Programme

2020 Restrictive Practice Refresh

- Paused during COVID, oversight group now standing back up.
- **CYP Taskforce** has a restrictive practice workstream which is focussing on the use of restrictive practices in the inpatient CYP mental health and learning disability services. Many of the projects will feed into wider system learning for all ages
- The **restrictive Practice Oversight Group** is currently working with the Expert Reference Group to identify **2 further national workstreams** to support the reduction of restrictive practices in MH and LD inpatient settings
- Work continues on **Data Quality** for the MHSDS with NHS Digital as there remains scope for improvement of Providers submitting quality data through the Portal.
- **Version 5 MHSDS** is in development in line with the Mental Health Units (Use of Force) Act 2018 to include the rationale for Use of Force which will be a legal requirement
- **Monitoring and Oversight** of the training standards will continue through 2020 into 2022 as the contractual and regulatory levers are implemented



Royal College of Psychiatrists and Royal College of Nursing

Adrian James and Catherine Gamble

Seni's law and final reflection

Ajibola Lewis



Close