



REDUCING RESTRICTIVE PRACTICE

NEWSLETTER

APRIL 2019

We're 5 months into this exciting, first national quality improvement collaborative in mental health, and what an amazing few months it has been! We're seeing and hearing stories from across many of the 42 wards and 25 Trusts about changes being tested to reduce the use of restrictive practice and meaningfully involve service users and carers in this important work. Several teams are starting to see improvement – which is fantastic!

The key to this work has always been simple:

- Involve a range of people from the ward, and this absolutely has to include service users and carers if we're going to have the best chance of success.
- Measure daily, and talk about the data – if you're not putting your monthly data into LifeQI, please start doing this regularly.
- Try new ideas – we'll only see improvement if we try new ideas, and test these out so that we can learn and adapt.

We're here to help so don't hesitate to reach out if there's anything we can support you with...

Best wishes,
Dr Amar Shah

Titian Ward - North East London NHS FT

Zoe Linekar - QI Coach

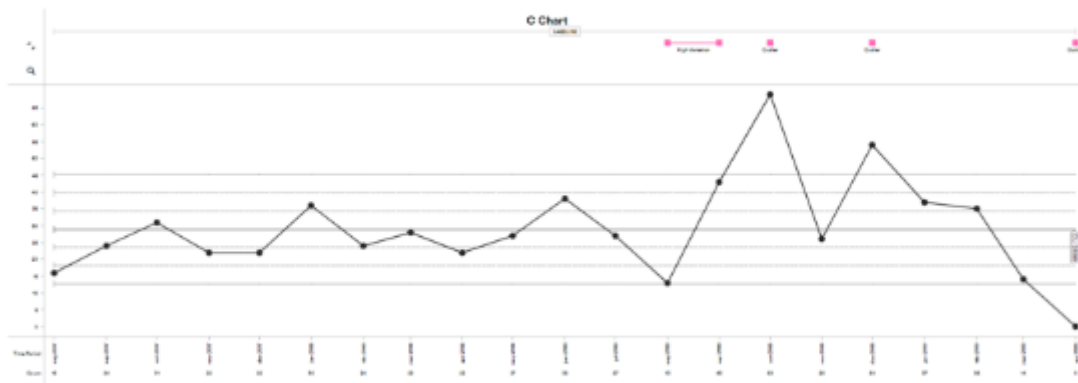
On a recent visit to Titian ward at NELFT, we looked at the ward's data and had a discussion about why there has been a decrease in all three types of restrictive practice. As can be seen in the [chart](#) below, Titian have seen some great results in the last few months.

Total number of physical restraints, episodes of seclusion and use of rapid tranquilisation each month (Titian Ward - Rapid Tranquilisation)
Monthly



Aggregate chart

Exit



Titian Ward (NELFT) Aggregate Data. All restraints, rapid tranquilisations and seclusions Aug 17 - April 19

With day to day pressures and the ever changing dynamics of a ward, it is not always easy to step back and see the improvements that are happening. At the beginning of the meeting, the team were not sure that the improvements were a result of changes staff had made. However, with some exploration about what has been happening over the last couple of months, we had a long list of changes that are clearly having an impact:

- Staff have stopped asking patients to get up early to have their vital signs taken in time for the MDT meeting, as this was recognised as a trigger point for conflict.
- Positive Words about each patient every handover.
- Safety huddles.
- Activity room is now open and accessible for patients all of the time.
- 'Wake and Shake' session for patients to get some exercise and fresh air every morning.
- New and innovative roles on the ward - Band 4 nursing associate and a general nurse role to lead on physical health.

The next step for Titian is to start measuring these changes. They are starting with the Safewards intervention using Positive Words at handover. They will measure the change using a simple tick sheet and gather feedback from staff and patients, to be reviewed on a weekly basis.

As a coach, I often see teams attributing improvements to events out of their control such as ward numbers, environment and acuity. However, much of the improvement is down to hard work, commitment, care and the innovative ideas that staff are continuously testing. Using the PDSA approach to formally test and measure these ideas is a brilliant way to show each other, and patients, carers, relatives and senior staff the kind of impact that these changes are having.

Tools and Resources

Safety Climate Survey

This month we are launching a [Safety Climate Survey](#), adapted from the Scottish Patient Safety Programme. This tool will help you gather feedback from patients on how they feel about their safety on the ward and the use of restrictive practices. This will be an important qualitative measure of the impact of the changes you are making on those who are most directly affected by them.

Restraint Reduction Network Training Standards 2019

The Restraint Reduction Network have released [two new videos](#) telling us what the Standards are all about and why there needs to be change around the use of restrictive practices in education, health and social care settings.

Safewards Interventions

Safewards was developed to reduce conflict and containment on inpatient psychiatric wards and is based on extensive research. It also contributed to the design of the Reducing Restrictive Practice programme. The interventions fit well with the model for improvement. If you would like to know more, get in touch with your QI coach.

Wards are recommended to start with these 10 evidence-based approaches:

- **Clear Mutual Expectations** fosters better understanding and communication.
- **Soft Words** reduce confrontation and increase collaboration with patients.
- **Talk Down** can de-escalate situations.
- **Positive Words** during the handover.
- **Bad News Mitigation** to prevent distress turning into a conflict incident.
- **Know Each Other** by sharing information with patients.
- **Mutual Help Meeting** to tap into the social community of the ward.
- **Calm Down Methods** that support and enable patients.
- **Reassurance** by speaking to patients and being more visible and watchful.
- **Discharge Messages** to imbue the patients leaving with hope.

Access all the Safewards interventions and resources here: <http://www.safewards.net/>.



Knights Ward (NELFT) Tree of Discharge Messages.



Watch the [Safewards video](#).

Staff Wellbeing

Kate Townsend - CCQI Deputy Programme Manager

The Quality Network for Psychiatric Intensive Care Units (QNPICU) is a programme of work within the CCQI. Our first Special Interest Day in January focused on staff support and wellbeing. Our fantastic speakers explained the reasons behind staff sickness rates and provided practical tips to create a better workplace environment for staff and patients. This inspired us to set up a working group.

This group is focused on PICU ward/team managers who want to invest in staff wellbeing. We begin with a teleconference to discuss key issues and themes, and staff satisfaction surveys to understand where staff wellbeing is. Teams will then receive implementation tools specific to their service. A staff satisfaction survey toward the end will measure improvements. The working group will provide a network for peers to discuss and reflect on their progress, support for implementation and monthly conference calls. **This will be a whole team approach** and it is important to get staff invested.

Inevitably, when your staff feel supported this has a profound impact on their daily working lives. This will impact the patients' care and ward atmosphere. I have seen the impact of positive staff support first-hand in PICUs. This group is at the very beginning stages and has potential to make a difference. For more information, please contact the team: PICU@rcpsych.ac.uk.



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