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Reducing Restrictive Practice on a Psychiatric Intensive Care Unit

Authors: Madalitso Mangira, Noel Zimba, Pete Stevens, Shirlan Joseph, Amy Phillips, Tope Forsyth, Barbara Sowa, Karen Head, Simon Whitfield

Institution: Surrey and Borders Partnership NHS Trust, England, UK



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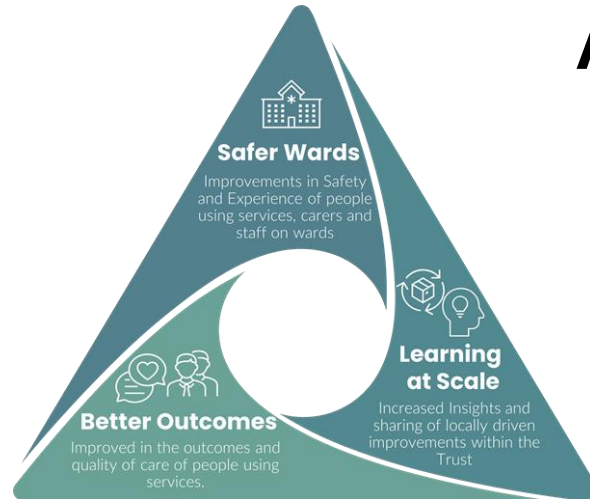
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Background

What did we do?

Aim: To reduce restrictive practices on Rowan ward by 50% by December 22



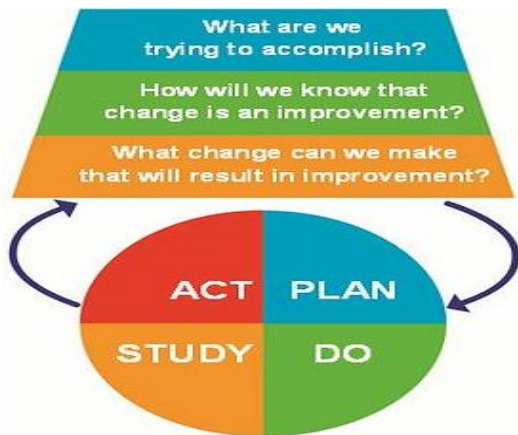
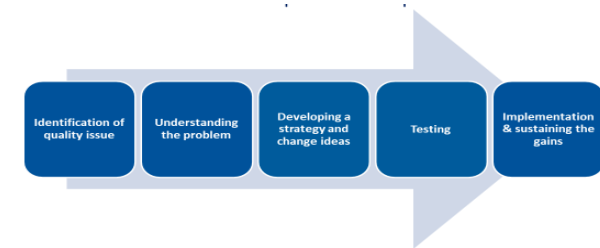
As Measured by

Outcome:

- *Number of restraints*
- *Number of seclusions*
- *Number of rapid tranquillisations*

Process measure:

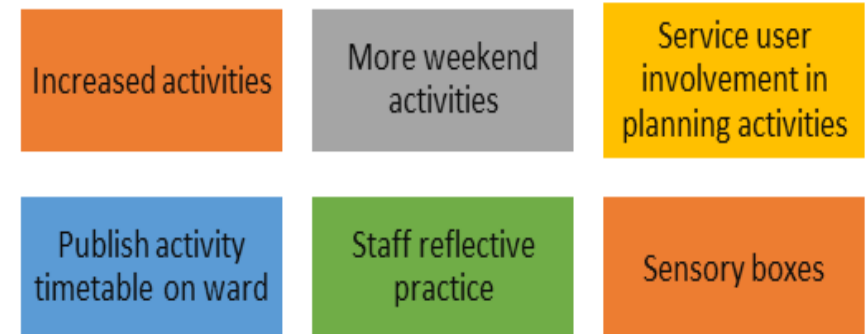
- *Number of activities taking place*



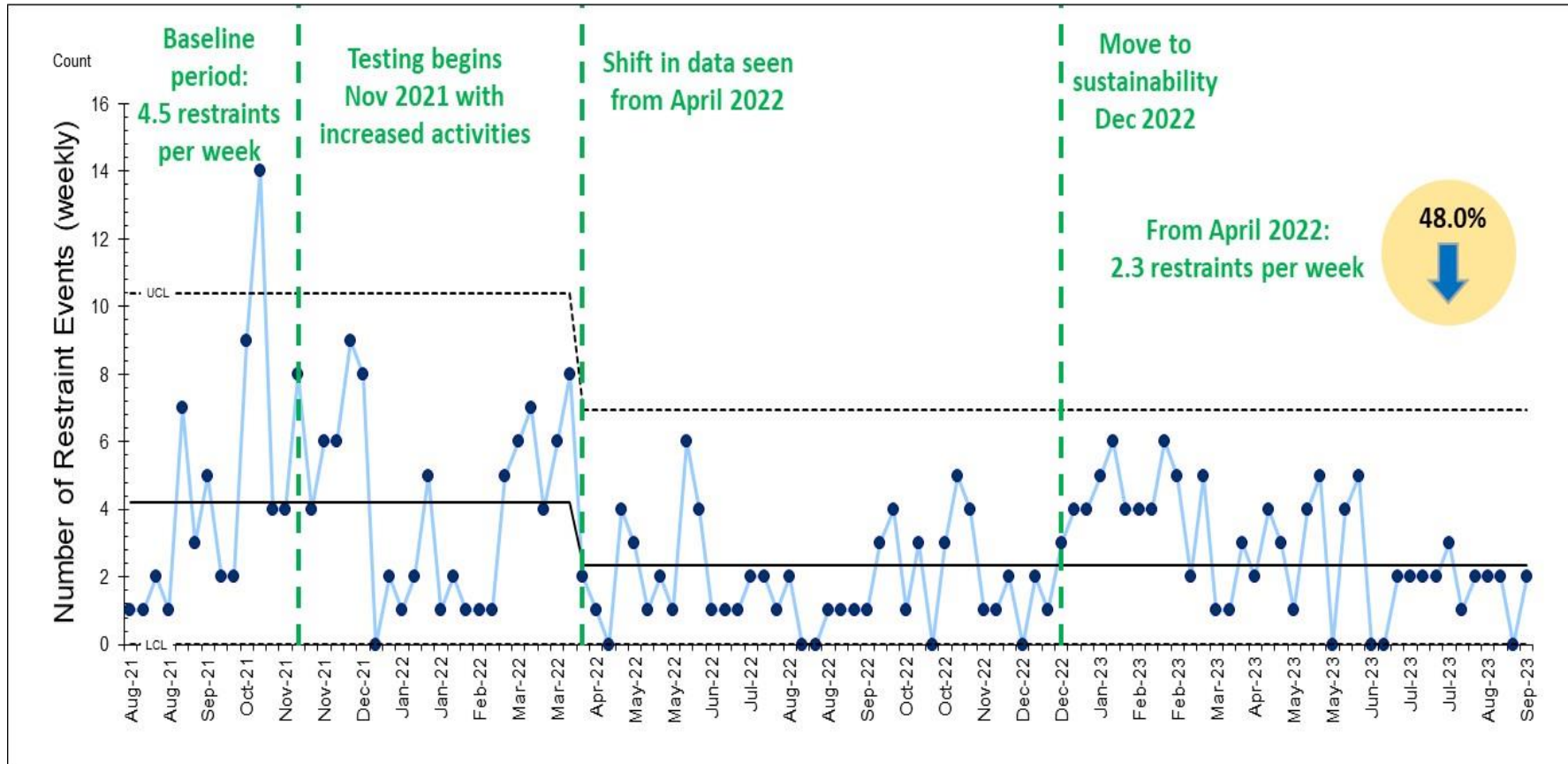
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Change ideas

Source: East London Foundation NHS Trust



Restraint Results – up to Aug 2023



- 48.0%** ↓ Reduction in mean number of restraints from 4.50 to 2.34 per week
- 69.9%** ↓ Reduction in mean number of seclusions from 2.36 to 0.71 per week
- 31.0%** ↓ Reduction in mean number of rapid tranquillisations per week from 1.74 to 1.18
- 20.9%** ↑ Increase in number of days which have planned activities per week from x to

Results

“The difference between the sort of relationships that you built with staff in the summer, compared to the previous year admission I had was just night and day.”

“I really appreciate all this work has been going on because you do notice it, the culture has changed and staff are much more approachable and engaging you in activities a lot more.”

Lauren Dearden
@LD_rmn19

People who uses our services on Rowan PICU have been having discussions over the last few weeks about reducing restrictive practice. They've worked with staff to develop this notice board today @QI_Team_SABP @TopeForsyth @BarbaraBabs41 @SABPInpatients #ReducingRestrictivePractice



Change ideas

- Increased activities
- More weekend activities
- Service user involvement in planning activities
- Publish activity timetable on ward
- Staff reflective practice
- Sensory boxes

What we learnt



Involving people who use services in the project was important to prioritise changes.



Changes focussing on improving the **therapeutic relationship** between staff and people who use services were helpful in **changing the culture**.



Staff turnover and changes in project team members during the project was challenging.

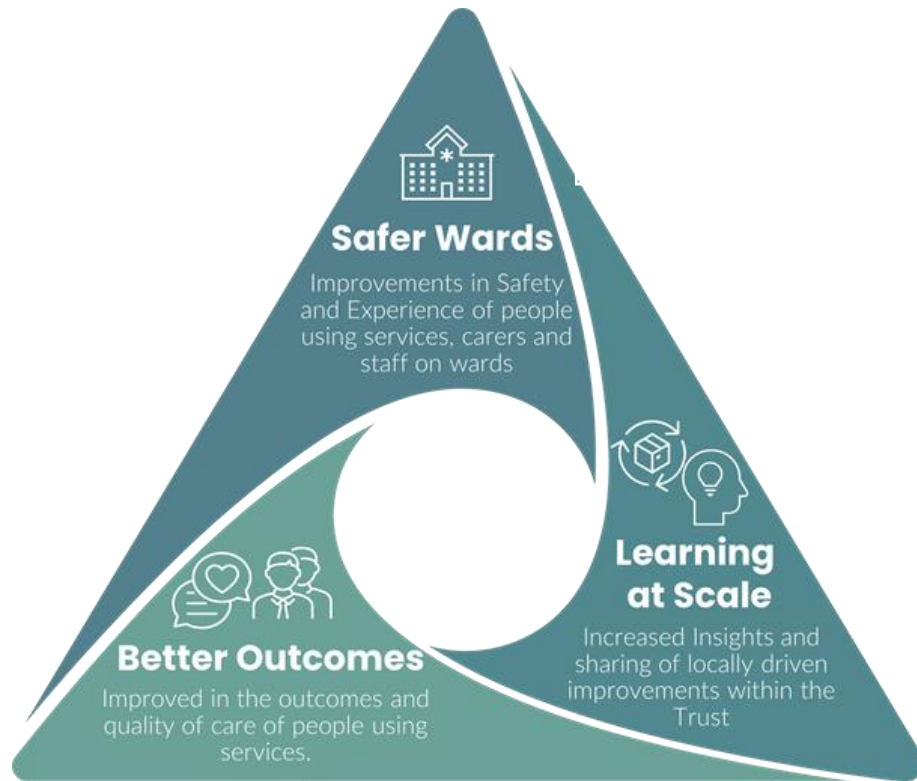


Large number of **agency and temporary staff** make consistency difficult – but the **strong ward leadership** ensured staff were included and fully trained was critical.



The **move to sustainability** coincided with an increase in restraint events, but these seemed to be related to a difficult case mix.

What's next?



Reducing Restrictive Practice on a Psychiatric Intensive Care Unit

Authors: Madalitso Mangira, Noel Zimba, Pete Stevens, Shirian Joseph, Amy Phillips, Tope Forsyth, Barbara Sowa, Karen Head, Simon Whitfield
Institution: Surrey and Borders Partnership NHS Trust, England, UK March 2023

Using quality improvement methods we reduced restrictive practices on our psychiatric intensive care unit (PICU).
Through changes to increase activities which reduce boredom and improving therapeutic relationships, we reduced the number of restraints by 46.9% between August 2021 and March 2023.

Background

The UK Care Quality Commission found in 2017 that some people using mental health services were receiving overly restrictive care.

The Mental Health Safety Improvement Programme was established to improve the safety and outcomes of mental health care units. The Reducing Restrictive Practice Collaborative encouraged peer-to-peer learning between mental health settings across England.

At Surrey and Borders Partnership (SABP), we found the psychiatric Intensive Care Unit (Rowan Ward) had the highest levels of restraint. We started work in August 2021.

Methods

We used the IHI Model for Improvement

What are we trying to accomplish?
How will we know that change is happening?
What change can we make that will result in improvement?

Aim: To reduce restrictive practices on Rowan ward by 50% by December 22.

Measures:

- Number of restraints
- Number of seclusions
- Number of rapid tranquillisations
- Number of activities taking place (process)

Change Ideas: included

- Increased activities
- More weekend activities
- Service user involvement in planning activities
- Publish activity timetable on ward
- Staff reflective practice
- Sensory boxes

Results

C-Chart showing number of restraints (per week)

46.9%	Reduction in mean number of restraints from 4.20 to 2.28 per week
63.6%	Reduction in mean number of seclusions from 2.20 to 0.80 per week
25.9%	Reduction in mean number of rapid tranquillisations per week from 5.74 to 5.25
30.8%	Increase in number of days which have planned activities per week

What we learnt

- Involving people who use services in the project was important to prioritise changes.
- Changes focussing on improving the **therapeutic relationship** between staff and people who use services were helpful.
- High ward staff turnover** during the project including some of the project team was challenging.
- Large number of **agency and temporary staff** make consistency difficult – strong ward leadership in ensuring staff are included and fully trained was critical.
- The **move to sustainability** coincided with an increase in restraint events, but these seemed to be related to a difficult case mix.

A personal perspective from someone who uses services

“...the difference between the sort of relationships that you built with staff in the summer, compared to the previous year admission I had was just night and day.

I really appreciate all this work has been going on because you do notice it, the culture has changed and staff are much more approachable and engaging you in activities a lot more.”

Acknowledgements

We would like to thank all of the staff and service users on Rowan Ward, Violence Reduction team, Therapies team and the QI team
For more information contact: QI@SABP.nhs.uk



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Any questions?