Reducing Restrictive Practice Programme
Learning Set 5

18th September 2019
Welcome

Housekeeping

- No fire alarm tests planned for today
- Toilets are located to the right of the lifts on Level 1 and the ground floor
- Lunch will be served at 12:25
- Please refer to your name badge to find out if you are in Group 1 or Group 2 for your breakout sessions
Our aim

To reduce the use of restrictive practice (restraints, seclusion and rapid tranquilisation) by one-third by April 2020.
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.nrmwh.co.uk or @nrmwh

<table>
<thead>
<tr>
<th>Change Idea</th>
<th>Tools and resources</th>
<th>Contact details &amp; Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS/A BVC</td>
<td>Dynamic Appraisal of Situational Aggression (DASA)</td>
<td>[Maria Boulton, South London and Maudsley NHS Foundation Trust]</td>
</tr>
<tr>
<td>Display data visually make it easy to understand</td>
<td>Co-produced posters</td>
<td>[Jack Posler, Central and North West London NHS Foundation Trust]</td>
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<tr>
<td>PROSET Violence C US</td>
<td>[Dr Keith Reid, Northumberland, Tyne &amp; Wear NHS Foundation Trust]</td>
<td>[Jack Posler, CNWLNHS Trust]</td>
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<tr>
<td>Change ideas linked to secondary driver</td>
<td>Use of data to promote learning</td>
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</table>
All our wards have been invited to share a video on a recent update on their QI activity to show at our next #ReducingRestrictivePractice learning set. Love the creative take on this from the team in Great Yarmouth! 😊

#MHSIP

Karen Newberry @Karen40887775
So proud of my team in producing this for our QI reducing restrictive practice for our safety huddles. Well done to you all.

#YAS NSFT @Diane_W_Hull @Stuart70 @warren_nfft @MikeSeamal18 @DawnCollins9

1:37 AM - 28 Jun 2019

Saiqa @saiqancmh
This month’s #ReducingRestrictivePractice newsletter for #MHSIP - we’re sharing incredible progress by wards, how they’re encouraging service user engagement & how @NCCMentalHealth are sharing the RRP work to national & international audiences. Here: mailchi.mp/350ff7018400/...
So far...

- 53% of wards have seen an improvement (n=20)
- 216 change ideas are being tested
- 33 wards have shared at a learning set
- 300+ different ward staff have attended a learning set
- 5 service users have shared at a learning set
- 100% of wards collaborate with service users, carers, and service user representatives
Bradley Brook Ward
Avon and Wiltshire Mental Health Partnership NHS Trust

Aggregated Data

88% reduction
Juniper Ward
Barnet, Enfield and Haringey NHS Foundation Trust

Aggregated Data

80% reduction
Stewart Ward
Southern Health NHS Foundation Trust

Aggregated Data

67% reduction
Overall Data
Across the 38 wards

Aggregated Data
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td>Registration</td>
</tr>
<tr>
<td>11:00 – 11:10</td>
<td><strong>Welcome</strong>&lt;br/&gt;Amar Shah</td>
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<td>11:10 – 11:30</td>
<td><strong>Maplewood 3 Ward</strong>&lt;br/&gt;Mersey Care NHS Foundation Trust&lt;br/&gt;Danielle Simpson &amp; Sarah Stainton</td>
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<tr>
<td>11:30 – 12:15</td>
<td><strong>Group 1</strong>&lt;br/&gt;Room 1.2 - 1.4&lt;br/&gt;Community MDT style meetings&lt;br/&gt;<strong>Colne Ward</strong>&lt;br/&gt;Central North West&lt;br/&gt;London NHS FT</td>
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<tr>
<td>12:20 – 12:25</td>
<td>Aidan Fowler - National Director of Patient Safety, NHS Improvement</td>
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<tr>
<td>12:25 – 13:05</td>
<td>Lunch</td>
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<td>13:05 – 13:35</td>
<td><strong>Seni’s Law</strong>&lt;br/&gt;Ajibola Lewis</td>
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<tr>
<td>13:35 – 14:20</td>
<td><strong>Group 2</strong>&lt;br/&gt;Room 1.2 - 1.4&lt;br/&gt;Community MDT style meetings&lt;br/&gt;<strong>Colne Ward</strong>&lt;br/&gt;Central North West&lt;br/&gt;London NHS FT</td>
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<tr>
<td>14:25 – 14:50</td>
<td><strong>Re-thinking the Solutions</strong>&lt;br/&gt;Kate Lorimer</td>
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<td>14:50 – 15:00</td>
<td>Hugh McCaughey - National Director of Improvement, NHS Improvement</td>
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<td>15:00 – 16:00</td>
<td>Optional session for networking</td>
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Wards presenting today

<table>
<thead>
<tr>
<th>Ward</th>
<th>Trust</th>
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<tbody>
<tr>
<td>Christopher Unit</td>
<td>Essex Partnership University NHS Foundation Trust</td>
</tr>
<tr>
<td>Colne Ward</td>
<td>Central North West London NHS Foundation Trust</td>
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<tr>
<td>Maplewood 3</td>
<td>Mersey Care NHS Foundation Trust</td>
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## Breakout Groups (i)

<table>
<thead>
<tr>
<th>Time</th>
<th>Group 1 (purple)</th>
<th>Group 2 (green)</th>
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</thead>
<tbody>
<tr>
<td>11:30 - 12:15</td>
<td>Community MDT style meetings</td>
<td>Improving the ward environment</td>
</tr>
<tr>
<td></td>
<td>Colne Ward</td>
<td>Our theory of change and learning from each other</td>
</tr>
<tr>
<td></td>
<td>Central North West</td>
<td></td>
</tr>
<tr>
<td></td>
<td>London NHS FT</td>
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<tr>
<td></td>
<td>Christopher Unit</td>
<td></td>
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<tr>
<td></td>
<td>Essex Partnership</td>
<td></td>
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<td></td>
<td>University NHS FT</td>
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<td></td>
<td>QI Coaches</td>
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Our new theory of change

• At least 216 change ideas are being tested
• Grouped in to new secondary drivers
• Developed a new theory of change based on the ideas you are all testing
Active participant in care
Increased participation in activities
Person-centred care

Engagement between service users and staff
Engagement in quality improvement
Good communication & transparency

Channels of communication between staff
Training & the use of tools
Supervision & wellbeing

Physical environment
Reviewing blanket restrictions & ward rules
Ward routine

Reduction of the use of restrictive practice (physical restraint, seclusion, rapid tranquilisation) by a third by April 2020
Our new theory of change

• Annotate secondary drivers - are you testing any changes that aren’t on there? Make a note of two wards you would like to talk to about a change idea they are testing (15 mins)

• Find the first person you would like to talk to and discuss (10 mins)

• Find the second person you would like to talk to and discuss (10 mins)

• Group feedback (5 mins)
Reflections

Aiden Folwer
National Director of Patient Safety, NHS Improvement
Lunch
12:25 - 13:05
Seni’s Law

Ajibola Lewis
<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td></td>
<td>Room 1.2 - 1.4</td>
<td>Room 1.7</td>
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Staff

- Engagement between service users and staff
- Engagement in quality improvement
- Good communication & transparency
- Channels of communication between staff
- Training & the use of tools
- Supervision & wellbeing

The Ward

- Physical environment
- Reviewing blanket restrictions & ward rules
- Ward routine

Service users

- Reduction of the use of restrictive practice (physical restraint, seclusion, rapid tranquilisation) by a third by April 2020
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• Group feedback (5 mins)
Re-thinking the solutions

Kate Lorrimer
Quality Improvement Coach, NCCMH
Current challenges on your QI journey

- Lack of activities outside core hours
- New admissions
- High acuity
- Vacancies/shortage of staff
- Smoking ban
- Agency/unfamiliar staff
- Patient dynamics
- No time to communicate with team
- Inappropriate admissions/bed shortages
- Staff turnover
- Lack of consistency between different staff
Lateral thinking

• When we think about a problem, we normally think of obvious or reasonable solutions/ideas to solve it.

• When we think laterally, we generate ideas and solve problems by looking at something from a different angle.

Current challenges

• New admissions
• Inappropriate admissions/bed shortages
• High acuity
• Patient dynamics
• Vacancies/shortage of staff
• Staff turnover
• Agency/unfamiliar staff
• Lack of consistency between different staff
• No time to communicate with team
• Lack of activities outside core hours
• Smoking ban

Your task

• Pick a challenge that is relevant to your work to discuss on your tables
• Each person write post-it note answers to the following question (5 mins):
  ‘How can we make sure the chosen challenge always results in the use of restrictive practice?’
• Place your post-it notes on the flipchart paper
• Look at your answers and then make a list of brutally honest answers to this question (8 mins):
  ‘Is there anything that we are currently doing that in any way, shape or form resembles those answers?’
• Go through the items on this list of counterproductive actions/procedures and discuss (8 mins):
  ‘What can you do to stop what you know creates undesirable results?’
Reflections & Close

Hugh McCaughey
National Director of Improvement, NHS Improvement