Reducing Restrictive Practice Programme
Learning Set 7

14th January 2020
Welcome

Housekeeping

• Toilets are located to the right of the lifts on Level 1 and the ground floor
• Lunch will be served at 12:50
• Please refer to your name badge to find out if you are in Group 1, Group 2 or Group 3 for your breakout sessions
Our aim

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

Model for Improvement

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

Act → Plan → Study → Do → Act
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.qiprocurementhealthcare.org.uk

<table>
<thead>
<tr>
<th>Change Idea</th>
<th>Tools and resources</th>
<th>Contact details</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASAI/BVC</td>
<td>Dynamic Appraisal of Situational Aggression (DASA)</td>
<td>SHEFC (South East London and Maudsley NHS Foundation Trust)</td>
<td>Tool to assess the likelihood that a service user will become aggressive within an inpatient environment</td>
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<tr>
<td>PROSE6 Violence Checklist</td>
<td>&amp; Dr Keith Reid (Northumberland, Tyne &amp; Wear NHS Foundation Trust) <a href="mailto:k.reid@nhs.net.uk">k.reid@nhs.net.uk</a></td>
<td>Information</td>
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<tr>
<td>Display data visually/ make it easy to understand</td>
<td>Co-produced posters</td>
<td>Jack Pooler (Central and North West London NHS Foundation Trust) <a href="mailto:jack.pooler@nhs.net">jack.pooler@nhs.net</a></td>
<td>Information</td>
</tr>
<tr>
<td>NTW Dashboard</td>
<td>Ron Waddle (Northumberland, Tyne &amp; Wear NHS Foundation Trust) <a href="mailto:ron.waddle@ntw.nhs.uk">ron.waddle@ntw.nhs.uk</a></td>
<td>Information</td>
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Change ideas linked to secondary drivers for the reducing restrictive practice programme

<table>
<thead>
<tr>
<th>Secondary driver</th>
<th>Change ideas linked to secondary driver</th>
<th>Associated resources/tools to support change ideas</th>
</tr>
</thead>
</table>
| Use of data to promote learning | DASA/BVC | - Training materials to support running
- Data and user guides
- TalkFern (Northumberland, Tyne & Wear NHS Foundation Trust)
- 4 Steps to Safety (Shropshire) (This is a template to allow units to report their progress at collaborative events)
- NTW Dashboard and annual progress data |
| Display | Patient and carer feedback | Leadership training programme |
| Episodic live (new since….) | | - PROactive Governance of Recovery Settings and Services
- RECLAIM yourself |

Driver diagram

To reduce restrictive practice by 10% through genuine co-production

- Leadership and learning culture
- Co-production
- Person-centred care
- Trauma-informed approach to care
- Safety culture (prevention and prediction)
- Environment/Ha/ing

Drivers
- Debriefs
- Trauma-focused environment - a sense of community, trusted responsibility and respect
Overall Data
Across the 38 wards

Aggregated Data
MacArthur Ward
Black Country Partnership NHS Foundation Trust

Aggregated Data

45% reduction
Irwell Ward
Greater Manchester Mental Health NHS Foundation Trust

Aggregated Data

61% reduction
Great Yarmouth
Norfolk and Suffolk NHS Foundation Trust

Aggregated Data

41% reduction
Waveney Ward

Norfolk and Suffolk NHS FT
Amy Abbott, Emma Softley and Tom Brown
Welcome to Waveney

Reducing the need for restrictive practice on a female adult acute inpatient ward
Meet and greet

- 17 beds
- All female
- Acute three-week admissions
- High numbers of RP prior to the QI programme
Care plans

Previously… templated and not person-centered

Service user idea

Trialed and trialed again…

Where we are at now
Activities

• More, more more!
• All about timing
• Power to the people [nurses]!
• Supernumerary shifts
• Success = full time AC!
Overview of other change ideas

• Let’s have a cuddle
• Complex case discussions
• Regular away days
• You got a friend in me (MHM)
• Welcome to Waveney! boxes
• Patient preference sheets
Data
Next steps

- Whole team involvement
- Sensory room
- Review format change – in collaboration with another QI project
Plans for the future

- Collaborate
  - Trust Collaborative

- Write
  - Write a paper in a journal

- Continue
  - Continue the programme

- Encourage
  - Encourage staff to think about more QI proposals for the ward
Any Questions?
# Breakout Sessions

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<th>11:35 - 11:55</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
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<td>Start in Room 1.1</td>
<td>Start in Room 1.2</td>
<td>Start in Room 1.7</td>
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Lunch
12:50 - 13:30
Irwell Ward

Greater Manchester Mental Health NHS Foundation Trust
Lianne Holland, Louise Dalton and Sophie Deeny
Irwell Ward
What we found –

• High use of bank and agency staff due to sickness and vacancies
• Patient PBS plans were kept in the risk assessment on PARIS, not all staff have access to PARIS and not all staff have the time to access same
• Safety crosses indicated high use of restrictive practice on some days, when checking our off duty it appeared to be when the ward was being staffed with majority of non regular staff
• Our regular staff were reporting stress when non regular staff on as not used to the routine of the ward and patients individual care plans/calm down methods
• Bank/agency staff reporting that they did not feel part of the team as they were not fully aware of the PBS plans and how they can support the patients effectively
What we did -

• We started to record staffing on our second safety cross, this captured if there was less than 50% regular staff on shift or if the ward was short staffed
• The management team reviewed the DATIX incident forms, on these we were checking if there was anything which could have been done differently and if it supported their PBS plan
• We obtained patient feedback, patients feedback identified that they felt safer when there was regular staff on duty, increase in stress and anxiety and also an increase in challenging behaviours. Patients identified that it was frustrating them when staff did not know where things were on the ward and also that staff did not know how to support them if needed
• We now hold regular supervision for bank and agency staff, a file is kept in the ward management office and reviewed monthly. There is no set days for supervision, it is done on an ad hoc basis and when the staff are on duty and want to engage
• We made changes to the observations sheets, we identified that the observations are something which every member of staff does over the course of their shift. We included a box at the top which identified patients triggers, what to look for and what helps. This is completed by the night staff and the information is pulled through from the patients Safewards know each other information, the patients are asked and involved in the process and also what staff have observed to be effective
• Changes made to the handover sheet to include risks/PBS plans/triggers/EWS etc
What we do -

- On admission to the ward staff work with patients to find out their triggers, their identified calm down methods. This is done using the ‘getting to know you’ sheet.
- If a patient declines to complete this, if the patient cannot complete it then staff work with families/carers to complete it to enable staff to provide the most effective care to patients.
- This information is carried through into their PBS plans, detailed in their patient files and we also have information listed on the front of their bedscape doors which is bright and eye catching and easily visible for all.
Our observation forms

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What helps?
- Being left alone
- Pen medication
- Verbal cheers
- Needs not being met immediately
- Being checked on (obs)

Triggers
- Irritability
- Aggression
- Increase in demand
- Restlessness

What to look for
- Hot baths
- Lavender oil
- David Attenborough music
- Fresh flowers
- Not being able to and in clothes
- Waiting
- Send family members
- Irritability
- Aggression
- Throwing clothes
- Pacing
- Restlessness

What helps?
- Music: Bob Marley, Pepperoni Pizza, Going on Leave
- Waiting
- Hallucinations (voices)

Triggers
- Pacing
- Restlessness
- Running up corridor

What to look for
- Music: Oasis, Red Hot Chili Peppers
- Walking
- Going for a coffee
- Female staff
- Having to be in hospital
- Not engaging
- Not interested in himself
- Lying on his bed
Our patients bedroom doors
Feedback from one of our regular bank staff on the ward (Marsha). When asked about the observation forms, she provided the below feedback:

- Gives insight into the patient and it is patient-centred
- Provides a summary of what each patient enjoys and what supports them, along with their triggers and early warning signs
- Encourages staff to engage the patient in activities they enjoy
- If a staff member is new to the ward, it is very helpful and is a good go to
Patient Feedback

It’s nice, a lot better than it was. Feels like staff are trying to get to know me instead of just giving me meds.

I don’t like being called my name, I like my nickname. It makes me feel better when people call me my nickname and play Bob Marley. Staff seem to know that now and it’s written on my door too which I like!

Staff know what I like and what helps me. I don’t like working with people that I don’t know, this makes me scared. Sometimes I don’t want to talk about it and I want someone to already know these things to make me feel less scared.
Issues we’ve faced -

• Information is not reviewed if non regular staff on and simply pulled over to the following day
• Sometimes they aren’t filled out
• Inaccurate information

What we are doing about it -

• It is allocated on the jobs list to review each day
• Reviewed in named nurse sessions
• Discussed with the patients and ‘know each other’ information reviewed on a daily basis, patients can rub off and change information if they want/need to
• To be discussed in managerial supervision
Our results so far
SCALE UP AND SPREAD

Tracey Holland
Kate Lorrimer
Matthew Milarski
Sequence of improvement

1. Develop a theory of change
2. Test change ideas
3. Refine
4. Reflect and learn

Implement

Scale up and spread

- PLAN
- STUDY
- ACT
- DO

Sustain
What is Scale up and Spread?

**SCALE UP**
- Testing your new ways of working with an increasing number of teams e.g. other wards in your unit/hospital
- To test those ideas in different systems/infrastructures and overcome any problems that may arise
- To increase confidence that these changes work in each care setting (degree of belief)

**SPREAD**
- When your proven interventions and new ways of working are implemented consistently and reliably across a whole system e.g. across a whole hospital or Trust
Q&A SESSION

Tracey Holland

Professional Lead for Reducing Restrictive Interventions
Deputy Head of Quality Improvement

Norfolk and Suffolk NHS Foundation Trust
Now it’s your turn ...

- Use the Scale up and Spread worksheets provided

- These will help you to think practically how you might successfully share the great work you have done on your wards

- You have 5min for each of the 7 questions. For each question find a different team in the room to discuss with
Close