Above is a section re Bradleys new Expressions Wall in this month’s ‘National Reducing Restrictive Practice Newsletter’! The service users got really stuck in and helped decorate the room! As one of their first change ideas, Bradley Brook wanted to make their chill out room more inviting and accessible for service users. Using their interactive QI board, service users voted on items and the changes they’d like to make to the chill out room. One of the many changes they wanted was for a wall to be painted with chalkboard paint, so they could express how they were feeling by writing on the wall.

### Achievements and successes

Press Release - Royal College of Psychiatrists

**LOCAL MENTAL HEALTH UNIT DRAMATICALLY CUTS USE OF RESTRICTIVE PRACTICES**

THE use of physical restraint, seclusion and rapid tranquillisation have been dramatically cut by a mental health ward in Avon and Wiltshire, since joining an improvement programme led by the Royal College of Psychiatrists.

After 9 months of the 18-month Reducing Restrictive Practice programme, Bradley Brooke Ward has reduced their use of ‘restrictive practices’ by 88%.

The reductions have been achieved using innovative methods of care, including employing an activities coordinator to deliver a photography club and other activities.

Dr Amar Shah, national lead for the Mental Health Safety Improvement programme said, “The results achieved by Bradley Brooke Ward so early in the programme are staggering and shows what can be done when staff and service users come together to test out their ideas to improve care.”

### Scale up and spread:

**Spreading the Success from Bradley Brook to other AWP wards**

**Quotes from Service Users**

- “Wow Bradley is completely different to when I was last here 4 years, so much better, you wouldn’t recognize it”
- “It has brought people together who wouldn’t usually spend time together and it has also helped me out of my shell”
- “The things you have thought of have in such a small environment is extremely creative and we are hardly bored when you’re around”
- “It is nice to be able to take my mind off things, sometimes all I want to do is sit and talk, that’s real therapy for me. Just someone to listen”
- “I personally feel from my perspective that the groups and providing structure has meant that more people come to OT groups and therefore becomes more engaging with the service users now and the ‘them and us’ divide has almost disappeared. We all get involved with the activities now and are much more a therapeutic community”
- “There has been a massive shift in the culture on the ward, patients are happier, staff are joining in and there is a general feeling of community and fun on the ward”

**Quotes from Staff**

- “Not only has having an activity coordinator been a positive for the service users but the staff are much more engaging with the service users now and the ‘them and us’ divide has almost disappeared.”

### What we are trying to accomplish

<table>
<thead>
<tr>
<th>Area</th>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
<th>Change Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leadership and learning culture</td>
<td>Use of effective practice learning culture</td>
<td>Use of effective practice learning culture</td>
</tr>
<tr>
<td></td>
<td>Co-production</td>
<td>To engage and involve service users</td>
<td>Engage and involve service users</td>
</tr>
<tr>
<td></td>
<td>Patient-centered care</td>
<td>Patient-centered care</td>
<td>Patient-centered care</td>
</tr>
<tr>
<td></td>
<td>Empowerment</td>
<td>Empowerment and self-advocacy</td>
<td>Empowerment and self-advocacy</td>
</tr>
<tr>
<td></td>
<td>Leadership and learning culture</td>
<td>Leadership and learning culture</td>
<td>Leadership and learning culture</td>
</tr>
<tr>
<td></td>
<td>Patient-centered care</td>
<td>Patient-centered care</td>
<td>Patient-centered care</td>
</tr>
<tr>
<td></td>
<td>Empowerment</td>
<td>Empowerment</td>
<td>Empowerment</td>
</tr>
</tbody>
</table>

### Achievements and successes

<table>
<thead>
<tr>
<th>Achievement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>82% reduction in the use of physical restraint, seclusion and rapid tranquillisation</td>
<td>82% reduction in the use of physical restraint, seclusion and rapid tranquillisation</td>
</tr>
</tbody>
</table>

### Our approach

**Model for Improvement**

1. High number of physical restraint and seclusion compared to other areas of the Trust
2. High number of changes in MDT structure
3. High turnover of ward managers and retention of staff difficulties
4. Changes in commissioning profile – new care model and repatriations
5. High number of admissions from prison
6. High percentage of service users presenting with dual diagnosis/spice use
7. High sickness rates

**Measurement and data collection**

1. Number of episodes of restraint
2. Number of episodes of seclusion
3. Number of uses of rapid tranquillisation

We introduced a ‘safety cross’ to actively collect data on the use of restraint, seclusion and rapid tranquillisation.

### Coproducing and testing our change ideas

**Cycle 1A: Co-Producing and Testing Ideas for New Emotional Regulation Groups to run within the ‘Chill Out Room’**

**Cycle 1B: Co-Produce and Trial Ideas for New Emotional Regulation Groups to run within the ‘Chill Out Room’**

**Cycle 1C: How do we measure the effectiveness of the use of ‘Chill Out Rooms’**

**Cycle 1D: To measure and compare the Chill Out Rooms use (via the new positive cross) versus use of seclusion.**

**Scale up and spread:**

**Spreading the Success from Bradley Brook to other AWP wards**

**Ladden Brook, Medium Secure Rehab**

**Hazel, PICU**

**Silver Birch, Adult Acute**

**Wellow Ward, Medium Secure**

**Mason Unit, Place Safety 136**

**Ashdown, PICU**

**ECH, PICU**

**Daisy Unit, Learning Disability**