Reducing Restrictive Practice Programme
Learning Set 8

10th September 2020
Housekeeping

- Please mute your speakers/audio unless you are speaking.
- Please turn your camera off when others are presenting.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting.
- If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk
Our aim

To reduce the use of restrictive practice (physical restraint, seclusion and rapid tranquilisation) by one-third by April 2020
Our theory of change

- Reduction of the use of restrictive practice (physical restraint, seclusion, rapid tranquilisation)
- Active participant in care
- Increased participation in activities
- Person-centred care
  - Engagement between patients 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
Our results
• 63% of wards saw an improvement in their data (n=24) with many additional wards seeing qualitative improvements in culture and ward environment

• 350+ individual change ideas were tested

• 33 wards shared at a learning set

• 370+ ward staff attended a learning set, from a number of different roles

• 8 service users shared at a learning set

• 100% of wards collaborated with service users, carers and service user representatives
Our data

Overall 93% reduction
What we found..

**Restrictions reduced by 98%**

The use of seclusion and restraints decreased by 98% at the end of the project. MW3 had an outstanding period of six months with no use of seclusion, by using proactive strategies and offering therapeutic interventions. We found that service users who relied on seclusion as a de-escalation technique were more likely to use the HDU suite and engage with staff.

**Service user engagement increased**

Through the introduction of service user surveys to see which activities had the most interest, we were able to expand the range of activities on offer. We found that service users were more likely to get up early and engage in activities for longer periods when they had more variety. Through the introduction of incentive charts and reward trips, service users were more mindful about having longer periods of settled behaviour and attempted to reduce their own incidents in order to achieve these incentives.

**Staff and service user interest checklists led to an increase in available activities**

Staff and service user therapeutic relationships were greatly improved, as this highlighted more things that they had in common and allowed for a more inclusive atmosphere. Service users and staff found that they were spending more time together and engaging in more therapeutic activities, due to a newly discovered shared interest.
Restriction doesn’t just mean restraint
Reducing Restrictive Practice

JUNIPER WARD
How it all began....

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<td>More inclusion of special needs</td>
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<td>Use of feedback</td>
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Results

Restraints

Seclusions

Rapid Tranquilisation
Results

• 76% reduction in overall data
• 91% reduction in physical restraint
• 63% reduction in the use of Rapid tranquilisation
Successful Change Ideas

Juniper ward held a BBQ to gather ideas for an induction booklet for Juniper ward.

BBQ was one of the change ideas taken from our Juniper Improvement meetings to encourage more patients to attend. JIM meetings happen twice a month.

We implemented a plastic viewing panel key to replace a mental one. This has helped reduce verbal aggression and disruption during the night.

Positive handovers
Nursing staff to tick the box to ensure safety cross is filled at the end of each shift if an incident has occurred.

Monthly breakfast club with staff and patients in the community

We have also implemented city walks.
Change ideas that have been challenging
“Getting staff involved in the early stages is key and a vital hurdle qi must conquer for effective and long-lasting change”

“I have a sense of pride knowing my participation in qi will enrich the lives of future patients and staff on Juniper Ward and possibly further afield. For that a big thank you to NHS for bringing Qi to Chase Farm Forensic Juniper Ward”

“Being invited by Annette to the RCP for the reducing restrictive practices meetings was a real confidence builder to speak and exchange ideas with others involved in QI from all over the country”

“Just by holding monthly meetings and asking for my ideas and opinions, I felt respected and valued as an individual person, not just another patient with a mental illness”
Reducing Restrictive Practice – a senior sponsor perspective

Tim McDougall, Associate Director of Nursing

@timmcdougall69
Calculating percentage reduction:
Previous mean – new mean | 47.33 – 18.25 = 29.08
/ previous mean | 29.08 / 47.33 = 0.6144
x 100 | 0.6144 x 100 = 61% reduction
Safewards

- In place on all 58 wards and adherence to model systematically monitored
- Application in practice tracked through electronic records
- DATIX used as a cultural barometer
- Adapted for young people, older people and deaf people
- Positive correlation between Safewards and restraint reduction
How did we achieve these reductions?

• NCCMH team support
• Using a QI approach
• Dedicated and committed leadership
• Positive and Safe Forum
• Social media

• Early thinking about sustainability (breakthrough series collaborative)
• Time to make a difference
• Board level support and challenge
Thanks for Listening and watch this space for more.....

@timmcdougall69

@GmmhJo

@GMMH_PMVA
QI coaches

Saiqa Akhtar, Emily Cannon, Kate Lorrimer, Matt Milarski
## Breakout Sessions

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Programme evaluation

Kate Lorrimer
NHS England and NHS Improvement
National Restraint Reduction Programme.

Professor Tim Kendall
National Clinical Director for Mental Health, NHS England and NHS Improvement

10 September 2020
Mental Health Inpatient Safety Programme – the background

• Oct 2017: Former Secretary of State (SofS), Jeremy Hunt asked NHS I and CQC to:
  - deliver Mental Health Safety Improvement Programme
• Cross Arms Length Bodies programme: Reducing Restrictive Practice
  • response to concerns raised by CQC
  • co-ordinated by NHS England over 2 years

• 2018 Zero suicide ambition for mental health patients.

• 2018: SofS Matt Hancock commissioned CQC to review the use of restraint, prolonged seclusion and segregation for people with mental health problems, learning disability and/or autism.

• 2019 : Cross ALB programme delivers the three objectives within the National Restrictive Practice Work programme
• 2019 : Sir Simon Stevens announces CYP Taskforce which includes a refresh of National Restrictive Practice Programme for 2020.
2017 – 2019 Reducing Restrictive Practice Strategic Oversight Group

Cross ALB strategic oversight group
NHSE, NHS I, CQC, DH, HEE, NHS Digital

Cross ALB Delivery Group

Expert Reference Group

3 x work streams

1) Definitions & Reporting
2) Training & Accreditation
3) Provider Improvement Programme
2020 Restrictive Practice Refresh

- Paused during COVID, oversight group now standing back up.

- **CYP Taskforce** has a restrictive practice workstream which is focusing on the use of restrictive practices in the inpatient CYP mental health and learning disability services. Many of the projects will feed into wider system learning for all ages.

- The **restrictive Practice Oversight Group** is currently working with the Expert Reference Group to identify **2 further national workstreams** to support the reduction of restrictive practices in MH and LD inpatient settings.

- Work continues on **Data Quality** for the MHSDS with NHS Digital as there remains scope for improvement of Providers submitting quality data through the Portal.

- **Version 5 MHSDS** is in development in line with the Mental Health Units (Use of Force) Act 2018 to include the rationale for Use of Force which will be a legal requirement.

- **Monitoring and Oversight** of the training standards will continue through 2020 into 2022 as the contractual and regulatory levers are implemented.
Royal College of Psychiatrists and Royal College of Nursing

Adrian James and Catherine Gamble
Seni’s law and final reflection

Ajibola Lewis
Close