RESTRICTIVE PRACTICE POLICY

POLICY REFERENCE NUMBER:	RM05
VERSION NUMBER:	5
REPLACES SEPT DOCUMENT	Policy for Preventing and Managing Interventions That May Lead To the Use of Restrictive Practices
REPLACES NEP DOCUMENT	Prevention Management and Reduction of Violence and Aggression Policy
AUTHOR:	Restrictive Steering Group
CONSULTATION GROUPS:	HSSC
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POLICY SUMMARY	

This policy aims to ensure that all staff are provided with the information required to enable them to adhere to the principles that underpin the use of restrictive practices and the aim to reduce the use of restrictive practices within the Trust. These principles follow safe and therapeutic responses to disturbed behaviour (Code of Practice, 1983) current best practice guidance.

The Trust monitors the implementation of and compliance with this policy in the following ways;

Through the monitoring of Datix forms compliance figures for training and as part of the sign up to safety work stream.

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this policy is Executive Director of Corporate Governance and Strategy

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Assurance Statement
The Trust provides a service to people who are liable to present with behavioural disturbances and this policy and associated procedural guidelines aims to promote a positive and therapeutic culture aiming at preventing behavioural disturbances, early recognition and de-escalation. The governance arrangements identified to enable demonstration that the Trust takes all reasonable steps to prevent the misuse and misapplication of restrictive interventions is identified within procedural guidelines. The policy aims to outline and define restrictive practices and enable the practitioner to ensure that the practice is lawful, necessary, reasonable and proportionate. Being the least restrictive option available and will aim to ensure that open communication, ensuring that dignity, respect, accountability, autonomy and fairness are the fundamental elements of the management of challenging behaviour. Restrictive practices could involve containment physically with or without the use of mechanical aids or these may be environmental restriction preventing a patient / resident from leaving. Other more subtle forms of restriction may be the placing of a walking aid outside of the patient / residents reach or not supporting an immobile patient / resident if they wish to move or leave. Chemical restraint used for short or long term management. To ensure recognised national terminology is used throughout this document the national reporting system term "patient safety" is used in some references and refers to service users, residents or patients. Where 'Patient' is used this will refer to a patient, resident, client or service user.

1.0 INTRODUCTION

1.1 The Trust recognises and acknowledges that staff need to support people whose needs and risk histories may present with behaviours that challenge. This can be in an emotional or physical way and can be challenging.

1.2 Recovery Based Approaches are used to delivery care in accordance with the principles of a positive, safe and supportive environment.

1.3 Restrictive practices may have to be used to safely manage challenging behaviours. This may involve the physical containment of an individual. For example door locks to ensure patient / residents cannot leave a designated building or area. There may be other examples of more subtle restrictive practices which may be harder to acknowledge such as prescribed medication in the form of a chemical restraint by means of sedative medication on a short or long term basis, inappropriate use of blanket rules.

1.4   The Trust advocates, that any violence and aggression will not be tolerated. The Trust recognises that staff have a right to work, and patients / residents have a right to be cared for, in safe environments. See Trust policy Criminal Behaviour within a Mental health Environment CP22 (Zero Tolerance).

1.5   The most common reason for needing to consider the use of restrictive interventions are:
- Physical assault by the patient / resident
- Dangerous, threatening or destructive behaviour
- Self-harm or risk of physical injury by accident
- Ensuring and maintaining privacy and dignity where an individual's mental state prevents independent self-management
- Extreme and prolonged over activity that is likely to lead to physical exhaustion
- Attempts to escape or abscond (where the patient / resident is detained under the MHA or deprived of their liberty under MCA).

2.0   DUTIES

2.1   The Chief Executive has overall responsibility for ensuring the principles of this policy and associated guidelines set out by statutory and regulatory authorities such as the Department of Health, Commissioners and the Care Quality Commission and other associated policies are implemented across the organisation. The duty to ensure that all measures needed for the therapeutic prevention, monitoring and management of restrictive practices is delegated to Directors within their areas of responsibility. The Chief Executive has overall responsibility to ensure that patient / residents are protected from abuse and appropriate resources exist to meet the needs of this policy.

2.2   The Board of Directors are fully committed to a safety culture within the organisation and will ensure the effectiveness of restrictive intervention reduction plans. The Board of Directors has to ensure the development of action plans in response to the audit of annual positive behavioural support plans.

2.3   The Executive Chief Operations Officer & Deputy CEO is the Executive Lead for the therapeutic prevention and management of challenging behaviour including restrictive practices and restrictive practice reduction plans. This will ensure:

- Policy and procedures are embedded into clinical practice as well as ensuring they are monitored and updated regularly using latest recommendations.
- Implementation and regular review of this policy.
- That the board receives information and develops action plans in response to the annual audit of behavioural support plans and restrictive practice statistical data. (Looking at the quality design and application)
- That executive board members who authorise the use of physical interventions undertake awareness training so they are fully aware of the techniques their staff are being taught.

- All operational managers are aware of this policy, understand its requirements and support its implementation with relevant staff.

2.4   Executive Medical Director / Consultants

- The Executive Medical Director and consultants are responsible for ensuring procedures are understood and carried out by medical staff involved in the implementation of this policy.

2.5   The Trust's Risk Management Team is responsible for:

- Ensuring there is a restrictive practice group which monitors and considers Datix reporting regarding restrictive practices.
- Managing statistical incident information and identifying trends across the organisation.
- Acting as an advisor on non-clinical risk management in the workplace and reporting actions required to reduce or eliminate the risk to staff.
- Providing reports to service commissioners on the use of restrictive practices
- Recording episodes of restrictive practices (planned or unplanned) and capturing information on the level of intervention to ensure that the least restrictive option has been used.
- Ensuring accurate internal data is gathered and reported through the mandatory reporting mechanisms
- Provide information and reports when requested on statistics in relation to restrictive practices, or to show staff how to download reports from the system.

2.6.   Directors and Senior Management will:

- Monitor the implementation of this policy by their teams.
- Take action to ensure that all staff are appropriately trained in restraint techniques relevant to their role and responsibility (subject to health related exceptions)
- Ensure that there are a minimum of 3 restraint trained staff on duty on mental health wards if it is not possible to staff the ward in line with agreed establishments.
- Lead and monitor the use of risk reduction plans by their teams
- Investigate Datix incidents relating to restrictive practices where there is an identified significant risk or where injuries have been sustained.
- Ensure that appropriate incident prevention and management processes are in place, implemented and monitored in their teams.
- Ensure the least restrictive practices are used at all times
- Ensure that patient / residents are protected from abuse.

2.7.   Local Security Management Specialist is responsible for:

- Leading on day to day work in the Trust to tackle violence against staff and professionals in accordance with the NHS Protect national framework and guidance.

- Having professional awareness of the complex reasons for violence within services and participation in strategic planning to promote the Trusts pro-security culture.
- Providing reports and trend analysis to the Health, Safety & Security Committee regarding violence and aggression incidents.
- Providing advice and support to Trust staff on undertaking risk assessments and risk reduction plans related to challenging behaviour including violence and aggression.
- Providing post incident support to all staff that have been assaulted as well as any member of staff affected by an incident of violence.
- Liaison with the police as appropriate in relation to potential criminal prosecution.

2.8   Workforce, Development & Training Department is responsible for:

- Ensuring that any changes in professional knowledge and practice are regularly discussed and updated.
- Ensuring that they remain up to date in current , practice and guidance in the use of restrictive physical interventions
- Ensuring that all Trust Teams are appropriately notified of all current information on practice.
- Ensuring that training is delivered and monitored with records continually updated. The identification and implementation of training and educational needs arising from any relevant policy / guidance documentation.
- TASI trainers and manager will review all Datix forms linked with restraint and feedback comments and seek clarity when required and add report to Datix
- TASI trainers will also review any incident of prone restraint and add report to Datix if required.
- TASI trainers will review with teams when there has been 5 incidents with one patient / resident in a week and add report to Datix.

2.9.   Managers and other Persons in Charge will:

- Monitor the implementation of this policy.
- Take action to ensure that all staff are appropriately trained in physical intervention techniques relevant to their role and responsibility (subject to health related exceptions)
- Ensure that there are a minimum of 3 physical intervention trained staff on duty on mental health/ ld wards if it is not possible to staff the ward in line with agreed establishments (unless local staffing is less than this number)
- Ensure that the Trust Risk Management Team is appropriately notified of all incidents via Datix as per incident reporting policy.
- Actively review information recorded via Datix incident forms and   investigate incidents appropriately, as well as evidence implementation of this policy and procedural guidance on the Datix form. Ensure that appropriate incident prevention and management processes are in place, implemented and monitored in their teams.
- Manage discussion related to incidents, staff attitude and responses to challenging behaviour and restrictive practices in supervision as standing agenda items.

- Ensure that post incident aftercare management includes appropriate and timely support for staff and patient / residents involved. (Debrief).

- Where required undertake a critical incident analysis for lessons learned to be shared via appropriate reporting structures.
- Ensure staff attend and receive appropriate and correct training relevant to their role and presenting risks.
- Complete and review appropriately a Workplace Risk Assessment for Violence & Aggression for their service and area of responsibility (See Trust Risk Assessment Policy) ensuring that systems and procedures are in place for the effective management of any identified risk.
- Ensure specific risk assessments for individual staff in relation to specific threats of violence (harassment/stalking/threats of violence).
- Oversee the completion and review of appropriate clinically driven risk assessments and risk reduction plans to ensure that staff are protected from violence:
- The assessment of the patient / resident is a fundamental risk management process for prevention and management of challenging behaviour, including violence and aggression. However, some patient / residents may present with unpredicted behaviour that places themselves or others at risk and unplanned restrictive practise may have to be used. Triggers of violence should be identified, care plans modified to reduce the risk. Other signs in patient / residents' behaviour may indicate the possibility of an outburst and the arrangements for care should include the most appropriate form of action to take if violence is threatened or occurs.
- Ensure that all staff members involved in a patient / residents' care, and relevant others where a patient / resident has consented, will be made aware of the results of these assessments and risk reduction plans.
- Where required ensure staff have access to security devices / alarms. (Lone working devices and pinpoint).

2.10   Individual staff:

- Individual clinical team members have a responsibility to comply with the requirements of this and associated policies and have a legal duty to have regard to it when working with, or caring for adults / children who may lack capacity to make decisions for themselves.
- All members of staff have a legal and moral duty of care to go to the assistance of their colleagues and provide assistance utilising minimal levels of force under the guidance of senior staff to manage any incident where staff are placed at risk of harm.
- All individuals have a duty of care to ensure that least restrictive intervention possible is practiced.
- All individuals have a duty of care to ensure that patient / residents are protected from abuse.
- Must assess risks and take precautions where they believe that a situation could result in a violent or aggressive incident and where required record information about a patient / resident and brief other relevant staff as necessary to maintain their safety.

- Must take all necessary actions to prevent personal attacks to themselves and others and to defend themselves if appropriate using the minimal amount of force to ensure their safety and escape.
- Must adhere to this policy, associated policies and guidelines and related local procedures and systems of safe practice.
- Undertake appropriate and approved training as outlined in the procedural guidance.
- Must ensure that they report all incidents surrounding prevention and management of violence and aggression using Datix as well as discussing with the line manager if there is a change in clinical risk.
- Where an individual has been issued with a lone worker device, or other safety devices, they must use it in compliance with the training and instruction provided and to report any problems using the device. (RM17 Lone Worker Policy/Procedure).
- Are accountable for attending appropriate training in line with Induction & Mandatory Training Policy.
- Have a dual responsibility with The Trust for their health and safety in relation to patient / residents' challenging behaviour including violence and aggression.
- Will always respond in a safe and timely manner to emergency incidents to ensure the safety of staff and others.
- Will report all incidents on Datix
- Will appropriately report and share information regarding risks of challenging behaviour, including violence and aggression.
- Will immediately report non availability of required alarms or other safety equipment
- Must ensure positive and proactive support plans are written, implemented and reviewed as appropriate.
- If patients / residents wish to formally raise a concern they will be reminded of how to access the local complaints process and independent advocacy services. They will be made aware of how to request the Trust policy' on restrictive interventions.
- The safeguarding team will be informed whenever a patient / resident raises concerns about restrictive interventions. Patient / residents who need alternative support will be offered this support to access and use the complaints procedure.

3.0	DEFINITIONS

3.1 The Trust follows the Department of Health guidance and definition of Restrictive Practice set out in the Positive and Proactive Care: Reducing the Need for Restrictive Interventions, 2014 document:

'Deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to:

- *Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and*
- *End or reduce significantly the danger to the person or others; and*
- *Contain or limit the person's freedom for no longer than is necessary'*

3.2   The Skills for Care and Skills for Health, a Positive and Practice Workforce (2014) provide a simple definition:

"Making someone do something they don't want to do or stopping someone doing something they want to do."

The Mental Health Act Code of Practice advices it is "any direct physical contact where the intention is to **prevent, restrict, or subdue** movement of the body (or part of the body) of another person. More specific examples are available in the associated guideline.

4.0   PRINCIPLES

4.1   This policy and associated procedural guidelines apply to all employees (permanent or temporary) of the Trust and includes students, volunteers, agency staff and contractors, regardless of grade, occupation or responsibility.

4.2   This policy applies to all patient / residents who require restrictive practices whilst receiving treatment; this could include those patient / residents lacking capacity to make specific decisions about their own health and personal safety.

4.3   The Trust provides a wide range of services, including community services; this will necessitate some staff working on their own. Arrangements for ensuring the safety of lone workers are to be found within the Trusts Lone Working Policy and Procedures; however, the principles of safety and prevention contained within this policy and associated guidelines will apply.

4.4   The policy covers the creation and ownership of all risk reduction plans and their implementation.

5.0   MONITORING OF IMPLEMENTATION AND COMPLIANCE

5.1   This policy will be made available across the organisation via the Trust Intranet site and all staff must adhere to this policy and associated policies and clinical guidelines.

5.2   The Executive Director of Mental Health & Executive Nurse will be responsible for overall monitoring and review together with the Restrictive practice leads, training manager and Local Security Management Specialist.

5.3   This policy will be reviewed at least every 3 years taking into account emerging research, local audit recommendations and lessons learnt from reports, enquiries and positive practice initiatives.

5.4   Any amendments to this policy will be submitted to the following for consideration and endorsement prior to being ratified:
- Clinical governance Committee
- Health Safety & Security Committee
- Workforce Development & Training Department
- Trust Lead Nurses Advisory Group

- Senior Management Teams

5.5   This policy will be monitored for its effectiveness by Restrictive Steering Group and the training team.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

DOH Positive and Proactive Care; reducing the need for restrictive interventions 2014

Mental Health Act (MHA) 1983: Code of Practice revised 2015

Royal College of Nursing consultation Draft guidance on the minimisation of and alternatives to restrictive practices in health and adult social care, and special schools 2014

Meeting needs and reducing distress, guidelines on the prevention and management of clinically related challenging behaviour in NHS settings 2014

Mental health crisis care: physical restraint in crisis. A report on physical restraint in hospital settings in England June 2013

A positive and proactive workforce. Skills for Health 2014

National Patient / residents Safety Agency (NPSA) strategy documents, NPSA /2005/010. "Being Open" Communicating patient / resident safety incidents with patient / residents and their carers.

NPSA guidance document, *Seven Steps to Patient / residents Safety step 5-* "Involve and communicate with patient / residents and the public".

National Institute of Clinical Excellence (NICE) Violent and aggressive behaviours in people with mental health problems (QS154) June 2017

NIMHE Mental Health Policy Implementation Guide Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-patient / resident settings; 2004

The Independent Inquiry into the Death of David Bennett; 2003

NHS Security Management Service (SMS) Promoting Safe and Therapeutic Environments, 2005

Mental Health Act 1983 (amended 2007)

Nursing and Midwifery Council The Code of Professional Standards of Practice and Behaviour 2015

7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

Clinical Risk Assessment and Management CLP28

Restrictive Practice Policy RM05

Adverse Incident Policy CP3

Advance Decisions and Statements CG6

Induction and Mandatory Training Policy HR21

Lone Working Policy RM17

Workforce Wellbeing and Stress Policy HR26

Searching a Ward and Service Users Property & Person (Including the Use of Drug Detection Dogs) Clinical Guideline, CLP75

First Aid Policy RM08

Seclusion and Long-Term Segregation Policy and Procedure CP & CLP41

Trusts Formulary and Prescribing Guidelines, Chapter 8 Pharmacological Management of Acutely Disturbed Behaviour (CG52) (Rapid Tranquilisation COP 26.91 – 26.102) - and Safe and Secure Handling of Medicines Guidelines CP/CLP13

Zero Tolerance Policy and Procedural Guidelines CP22 & CPG22

Enhanced Observations - Trust Guidelines Observation and Engagement CLP8

TASI Procedural Guidelines

General Workplace Risk Assessment Policy – RM11

Self-harm Prevention Clinical Guideline CG29

Handcuff Protocol SSOP 31

Pinpoint operational Procedure Guideline

END