NHS
Essex Partnership University
NHS Foundation Trust

Reducing Restrictive Practice

A Story of Change

Introduction

Safety and recovery are key priorities in mental health services and paramount for those using the services. Balancing safety and recovery can cause confusion, and it often creates a paradox.

This joint report describes the EPUT Secure Services' journey of seeking this balance and how taking a 'simple' approach of talking about restrictive practice with patients and staff has resulted in achieving successes.

Taking a 'simple' Approach

The approach involved having the same conversation with patients and with staff asking 5 questions:

1. What does Restrictive Practice (RP) mean to you?
2. How have you experienced Restrictive Practice since you've been on the ward?
3. If you had any concerns, how would you raise them?
4. If you've ever raised any concerns, did you feel listened to or have steps been taken to address the issues you raised?
5. Would you like to be involved in discussing how we could improve care relating to restrictive practices?

We are confident that the work we are doing is essential to just achieve the aims of a CQUIN project or initiative but also more importantly see this work as a game changer for this service, involving patients as partners and investing in their ideas and committing to meaningful change.

The long-term aim and gain, requires passion and deep commitment to continue to listening with fascination to patients and staff and intuitively develop the project accordingly.

Understanding Positive and Proactive Care

The Oxford Dictionary gives helpful clarifications for positive, proactive and care. It defines positive as constructive, optimistic, or confident, proactive as creating or controlling a situation rather than just responding to it after it has happened and care as the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something.

It would be easy to assume what this means for patients and staff, however pursuing their understanding is a critical part of collaboration and engagement. It is especially necessary in mental health services to understand that a situation may arise, which requires a positive and proactive intervention whilst providing care. Setting motions in place to prepare for this possibility, as opposed to reacting once it occurs, provides the framework for reducing restrictive interventions which in this report includes restraints, seclusion and long-term segregation and blanket rules.

> “don’t always turn round and say thank you to staff – want to give thanks now”

Successes

Patient Engagement – building a meaningful relationship with patients

A wise man once said that one of the most sincere forms of respect is actually listening to what another has to say. This coupled with fascination (attracting strong attention and interest) is the foundation for engaging patients and staff.

We spoke to patients in structured and unstructured interviews to explore what RP means to them, which practices are used, and the impact of these. The conversation was not a ‘one off’ and intended to acknowledge the flow of patients and therefore capturing differences in experience and understanding.

In our initial conversations patients told us that they would like to be known as patients and not as service users. They also told us that the term restrictive practice did not make sense to them and talked about protection indicating an understanding of safety, as a justification for restrictive interventions. They also told us they understood the terms rules and boundaries, restraint and some were able to share their experiences in a way that was helpful to understand.

Building relationships with staff through conversation was a key objective for patients. This was a positive step forward especially as this conversation would have never occurred in such a constructive manner a few years ago, instead of muttering complaints. Patients now have the opportunity to attend a variety of platforms, and contribute to the discussion.

Several patients now attend the RP steering group which is held quarterly and oversees the RP agenda within the service. A small group of patient leads presented a PowerPoint presentation at the Senior Management Quality and Safety Group meeting to share their roles as patient RP leads, and give feedback on the projects they are working on. Central to this was acknowledging their experience and how this can enhance a new way of working within the service.

Patients are co- delivering the security training (‘SEE THINK ACT’) which they feel is a positive step. They share their recovery journey including what it is like to be in hospital, including what they feel like when unwell, activities of daily living and relationship with staff amongst many topics. Staff have reported how helpful they find hearing a patient story and how this influences practice for them. Further learning from this training is to enhance patient and staff understanding that it is “not about being consistent with rules – but consistent about our decision making about rules. Wards are dynamic – they constantly shift and change – rules sometimes need to do the same thing.” Key messages are that of minimising the feeling of “goal posts” moving.

Patients acknowledge that verbal de-escalation is a core skill for any member of staff to refine and apply. However, they also tell us that they understand there are situations in which verbal de-escalation may not be successful. When speaking from their experiences they said they felt very vulnerable and scared at this time, even though this may not be seen outwardly.

Patients told us that they “don’t always turn round and say thank you to staff – want to give thanks now”. They were able to highlight aspects that they would like to change in their relationship with staff, and described it being “brilliant” when “staff just talk” to them. Some patients elaborated about how well staff de-escalated, stating, “they know how to talk to me”.

Designing Tools

Patients attended a RP lead workshop (for patients and staff RP leads) to develop a shortlist of projects they wanted to work on.

The projects included a mental health translator, a directory of terms written by patients to help new patients settle into the new environment. Patients explained to us through sharing their lived experience how "daunting" it is to enter an unfamiliar environment and how difficult the system can be to navigate. They acknowledge the value of the existing leaflet giving an overview and introduction to the service; however they felt that having a translator written by experienced patients for new patients will complement the leaflet and help ease the transition. The draft document was shared with a wider group of patients for review and comments, and resulted in very positive feedback. The mental health translator is now available as a resource for new and existing patients alike. Feedback received stated it was the "first time I have experienced a booklet for patients explaining what to expect … less stressful."

Frequently asked questions (FAQ) were also identified as an area for improvement. Patient representatives shared their observation that the same questions are being asked by patients of staff and suggested that a FAQ would direct patients to useful information more effectively and also release staff time. This is a work in progress and will be issued within the next 3 months (by end of June 2018).

Patients also reviewed posters which staff felt conveyed a clear message about restrictive practice but which patients did not recognise. Therefore, they are in the process of redesigning these posters using language that patients understand.

"first time I have experienced a booklet for patients explaining what to expect … less stressful."

Gabe Table – understanding and telling the story of each ward through display of data

The Gabe table uses the same data that the service had been collecting through Datix reports. The presentation of data has changed from a bar graph or pie chart format to a table that is ordered to tell the story of individual patients, and how their data relates to the bigger picture of the ward. Staff previously reported having an intuition of what was happening on the ward but not having the data to "back this up". Whereas it is now possible to see trends within individual behaviour as well as the ward, helping staff to reflect on what may be contributing to observed patterns.

Ward Name Restraint & De-Escalation Data 2017/18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Restraint													
Total Restraints (de-escalation unsuccessful)	1	1	1	0	0	0	0	3	5	1	3	6	21
Successful Verbal De-Escalation	2	0	4	9	1	3	0	11	13	7	10	14	74
Totals incidents (Restraints + De-escalations)	3	1	5	9	1	3	0	14	18	8	13	20	95
Rate of incidents involving successful de-escalation	67%	0%	80%	100%	100%	100%	0%	79%	72%	88%	77%	70%	90%
Prone Restraints													
Total Restraints	1	1	1	0	0	0	0	3	5	1	3	6	15
Total Prone Restraints	0	0	0	0	0	0	0	2	1	0	1	2	6
Rate of incidents involving Prone restraint	0%	0%	0%	0%	0%	0%	0%	67%	20%	0%	33%	33%	40%
Patient Data													
Total Number of Patients restrained	1	1	1	0	0	0	0	2	4	1	3	2	15
Number of Patients restrained multiple times	0	0	0	0	0	0							
Individual Patients*													
Patient 1													
Patient 2			1										
Patient 3													
Patient 4													
Patient 5													
Patient 6	1												
Patient 7													
Patient 8													
Paitent 9		1											
Categories of Incident leading to / cause of Restraint													
Anti-Social Behaviour	0	0	0	0	0	0	0	2	1	1	2	3	9
Assault - Non Physical (Verbal)	1	0	0	0	0	0	0	0	1	0	0	2	4
Assault - Physical	0	1	1	0	0	0	0	1	3	0	1	1	8
Medication Administration													
Rapid Tranquillisaiton used	0	1	0	0	0	0	0	1	2	0	1	3	8
Physical observations were undertaken after the incident	0	0	0	0	0	0	0	2	1	0	0	2	5
Seclusion and Long Term Segregation (LTS)													
Patients in Seclusion	0	2	1	0	0	0	1	3	3	1	0	1	12
Patients in LTS	0	0	0	0	2	0	0	2	1	0	3	7	15

It is now possible to see trends within individual behaviour as well as the ward

We have shared the Gabe table with the patient reps and with a small number of patients and initial feedback was mixed. Patients told us that they found it difficult to see themselves within this data and were uncertain about the reflection on them. We will revisit this as a focussed project to facilitate better understanding of the potential for the table to be included in review meetings and/ or ward rounds.

The table has the potential to link with the development and review of positive behaviour support plans (PBS). Use of the PBS in combination with the Gabe table could help patients to understand their journey and how and when staff might intervene more effectively in future to de-escalate and avoid conflict which can result in personal guilt/shame.

The Gabe table is used in staff meetings to facilitate discussion and reflection of the ward 'temperature'. Feedback from staff is that they are finding it helpful as the information is validating their understanding and intuition whilst supporting the teams approach. Sharing the Gabe table is now standard practice, and would be important as a live dashboard.

Staff engagement – building a meaningful relationship with staff to enable open discussion of issues, concerns and helping to tailor effective support and training

Using the simple approach to ask five questions, staff told us about their worries and concerns, while also highlighting good practice and demonstrating their commitment to helping patients recover. Ensuring they use their time in the service effectively.

Staff also told us about their fears and asked questions/made comments such as, "where will this end", "the patients are taking over" and "there are no rules and boundaries".

Learning more about staff fears and understanding some inconsistencies in terms of how organisational targets were presented was important in validating their experiences. We were then able to look at issues ward by ward, understand the themes and work with them to develop their understanding of the agenda and how important it is to speak up with any concerns or worries. The conversation with staff continues.

What RP means to Staff

- Restricting patients from accessing rooms at certain times of day
- Blanket rules
- Physical restraint
- Unnecessary boundaries
- Restricting of freedoms

Culture of Openness – freedom to ask questions and discuss concerns

It is a marker of success hearing staff check with their colleagues when something doesn't feel right while feeling able to express their concerns openly. In a recent example where a patient assaulted a member of staff, it was necessary to nurse the patient separately from the main ward area however their placement in a particular room which was locked raised concerns for staff. They conveyed that although no harm was caused to the patient it felt like a step was missed, and if the patient was reassessed it could have led to a different less restrictive outcome. Staff appropriately articulated their concern, and asked for external advice. Thus giving the opportunity to explore and understand the context and contributory factors and actions taken. They reflected on this and how a different approach could be taken in future demonstrating a culture of openness and willingness to learn. In addition it was also observed that staff spoke to the other patients about the incident and sought their views with regard to how the situation might have been managed differently.

We are also told by patients that the ongoing conversations have helped develop an enhanced understanding about decision making, remarking "it is all decided by care plans … individually assessed".

"it is all decided by care plans … individually assessed"

Patients are keen to share their stories and experiences to support a change in culture and practice. An example of this is demonstrated below.

Patient Story

"My ultimate goal would be to transition fully and once I am discharged, I want the operations required to do so. However, while I am in hospital I would like to be able to have the tablets or the injection that will help me start the process. Despite being allowed to wear women's clothing for the past year and a half, I still feel like it hasn't moved fast enough. It was only a few weeks ago that I was put on the waiting list to be assessed to transition. The waiting list is 14-20 months … I should have been on the list 6 months into being at hospital, it is frustrating. They are trying to help more; a member of staff now paints my nails for me. An OT has organised a basic class for me, to teach me how to do make-up … I take my stress out on the smaller issues, that I keep raising to make me a little bit happy, but I am always happiest when I am in a dress."

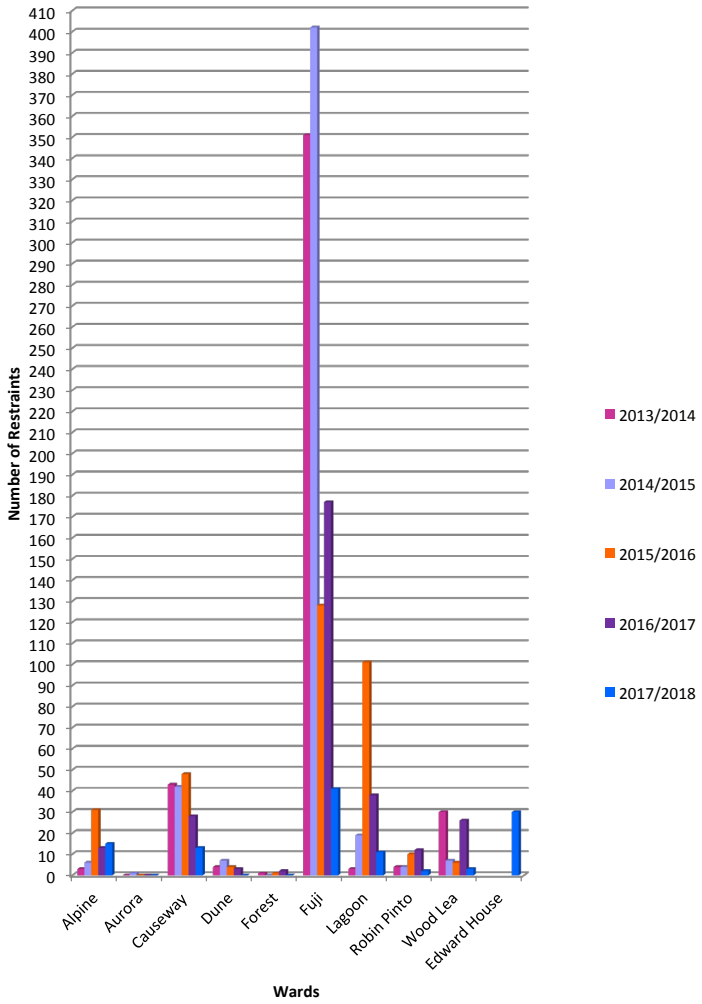
The example of the patient story demonstrated the depth and openness of conversation. Within this relationship there is an understanding that the desired result may not always be achieved however it is necessary that the conversation continues.

> “a better future”

It is encouraging to hear from patients that they are willing to engage in these conversations, to try to bring about change to make “a better future”.

Positive outcomes – understanding that reduction of restraints leads to a safer environment for everyone

We have seen a significant change in the practice of restraints, seclusion and long-term segregation and blanket rules and would like to share these as positive outcomes for patients and staff. We also like to share achievements in acknowledgement of our commitment to reducing restrictive interventions as a service.



Reaching for positive heights

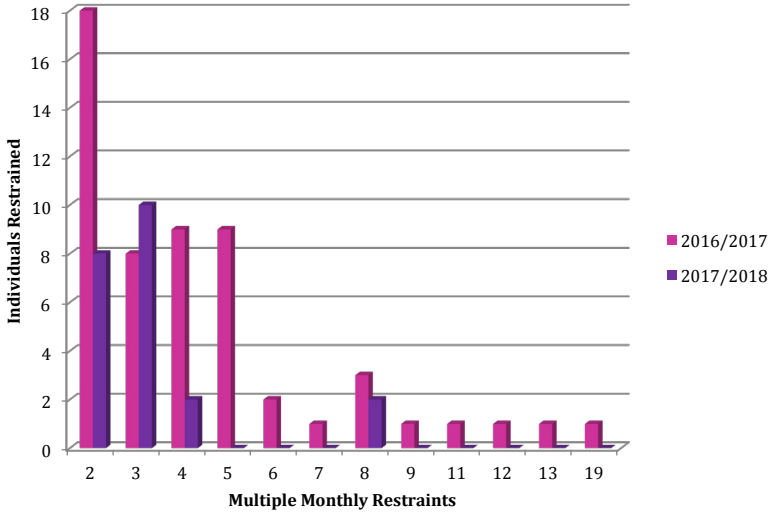
A considerable amount of work has been done in the past five years to reduce the occurrence of restraint. Different sets of data were collected pre-merger in April 2017. Since the merger Edward House is now part of the wider secure services portfolio.

Fuji ward is a female medium secure ward at Brockfield House, and is consistently one of the higher reporting wards for restraints in the Trust. It is noted that in 2017/18, when the occurrence of restraint is at its lowest across the service, Fuji also reported its lowest occurrence of restraint.

It is encouraging to see that Fuji ward has seen the largest decline in restraint occurrence. Looking at the data from 2014/15 to 2017/18 Fuji restraint data shows an **89% decrease.** It is this reduction, accompanied by Fuji wards work to reduce restrictive practice overall, that led to them being recognised for this work by winning the **CEO award** at EPUT’s 2018 Quality awards.

In the past 5 years, Aurora ward has had **only 1 incident of restraint.** Although as a pre-discharge unit Aurora is expected to have low restraint occurrence, the minimal use of this restrictive intervention highlights the ward's appropriate use of RP. Over the same time period, Dune and Forest wards have consistently showed low rates of restraint. Furthermore, all **3 wards did not use restraint** at all in the last financial year.

The variation in rate of restraint across the service and on each individual ward, suggests this is caused by ward temperature and patient combination, as opposed to a change in practice. Rehabilitation and pre-discharge wards are likely to accommodate patients further along in their recovery, which minimises the possibility of a restrictive intervention being required.



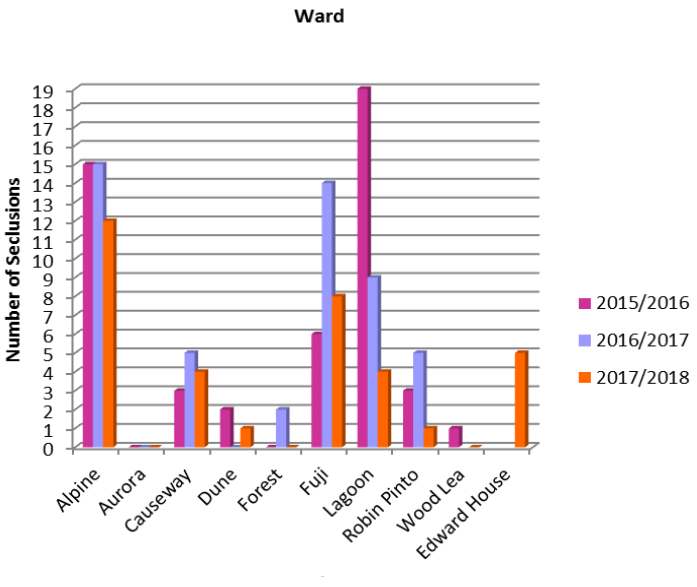
The graph adjacent highlights the **significant reduction** in the overall occurrence of individuals repeatedly restrained. In 2017/18 only 22 patients were restrained more than once a month as opposed to in 2016/17 when 55 patients were involved in multiple restraints. This reflects a **60% reduction** in the occurrence of repeated restraints of patients over the past year. The graph further shows a **reduction of 57%** in the maximum occurrence of restraint an individual patient was involved in over a month.

We spoke to patients about **seclusion and long-term segregation** they acknowledged how distressing this can be, but feedback that "people who go into seclusion, need to".

The graph shows that Lagoon ward, a medium secure male ward, has seen the highest episodes of seclusion when compared to other services.

Lagoon has also seen a **78% reduction** in the use of seclusion over the past two years. Furthermore, Aurora, Forest and Wood Lea did not use seclusion as an intervention at all in the past year.

Restraint, Seclusion and Long-term Segregation data for Edward House is inconclusive because of the way data was collected pre-merger.



Aurora, Forest and Wood Lea did not use seclusion as an intervention at all in the past year.

Picking up on cues indicating distress is vital for a successful de-escalation. Understanding what these cues mean for an individual patient can result in the detection of unsettled behaviours and allows for pro-active intervention. Both patients and staff are learning the use of PBS and how this can support de-escalation.

Patients do put forward the suggestion that having their behaviour and actions mapped out long before this occurs would provide security in the knowledge that staff would know their wishes, about how they desire to be treated at such destressed times.

In order to support a strong preventative culture, we are currently piloting full implementation of PBS with 3 patients from two wards (female). This is also to help staff to try and reinforce effective behaviours so that the patient has an improved quality of life and also identifies when staff may need to intervene to help a patient. We will continue reporting on this aspect in further reports.

Celebrating successes between patients and staff is an area which we would like to explore further. This includes consideration for announcements through the newly implemented newsletter ('Our Community') and temperature displays validating number of restraint free days. This also includes patient comments such as "before restrictive practice we didn't have a say – now we have a say, we have a voice".

Patients had the opportunity to have "a say" and their views heard during interviews and used this time to discuss what they thought were blanket rules on their respective wards. They were keen to collaborate in discussion listening to staff's worries and focus on finding solutions together.

An example of this is on Fuji ward the patient representatives held a meeting with the ward sister and a member of the Restrictive Practice team. They voiced what they thought were blanket rules needing review. The discussion included listening to reasons for certain restrictions based on risks.

> "before restrictive practice we didn't have a say – now we have a say, we have a voice"

The table below gives an overview of points raised not exclusive to Fuji ward.

Restriction	Patients Rationale for Reconsideration	What is the Clinical Rationale for this Restriction/Boundary?	Process of Change
Access to bedrooms during medication times	Understand the reason for staff's presence while they take their medication, but believe it is "unnecessary" to be made to wait until everyone has taken their medication before returning to their rooms. Once they have taken their medication they should be able to leave the communal area if they so wish.	The ward sister agreed that it was "unnecessary" for patients to wait in communal area during medication time and return to their rooms if they choose to.	Changed
Clothing, hair accessories and shoe laces	Patients said they feel limited in their fashion choices, as some clothes and hair accessories are not permitted on the wards. Have been told it is for safety reasons but feel this can be reconsidered.	Clothing with detachable laces or fringe is allowed once risk assessed by the patient's MDT. Given on an individual basis. Items of clothing or hair accessories that a patient does not have access to can be brought up with their MDT for risk assessment. Concerns for the safety issues around shoe laces and hair clips, ongoing discussion.	Discussion
Cutlery	Patients had made a decision following discussion to change the way cutlery was collected in at the end of meal times. Patients would like for this to be reviewed, as some patients after consideration prefer the old way.	The ward sister was happy to facilitate a discussion to review this with patients. Although she pointed out the way cutlery was collected might not change, as she would still support discussions.	Discussion - Ward agreement
Bottle lids on the ward	Currently patients are being asked to dispose of bottle lids. Patients feel their drinks are going to waste.	Access to bottle lids is currently restricted due to the risk they have presented on the ward in the past. However, the patient group has changed since the risk was presented, and therefore the ward sister said she would bring the restriction up for review.	Discussion and review
Handing mobile phones in at night	The pre-discharge ward was the first to trial having their own ward mobile phones, during the trial they had to hand them in at 10pm. They are now requesting this arrangement is changed to them having the phones with them all the time.	There is a risk presented to sleep hygiene and well-being to keep phones throughout the night. Changing this is currently being discussed as patients on a pre-discharge ward need to become accustomed to self-monitoring at night regardless of stimuli.	Discussion
Wanting Mobile Phones on the wards	The ward phone has to be shared between patients and therefore contact with loved ones can be delayed. If each patient had their own mobile phone, contact during the day would not need to be delayed.	It has been acknowledged that separation from loved ones is difficult, and although a smart phone has been seen as too great a risk, once a patient has been risk assessed they now have access to their own ward mobile phone.	Changed

The table above demonstrates how collaborative working can enhance patients' experience.

Sir Peter Carr Award – clinical and service development lead finalists in national award, participating in a follow up programme to develop leadership and quality improvement skills

The clinical lead and project manager were supported by the Executive team to apply for the prestigious Sir Peter Carr award, an innovative scheme to encourage continuous improvement at all levels of the NHS.

The winning pair and 4 runners up have been offered a package to support their personal and professional development. They submitted the work they have led to reduce restrictive practice and were shortlisted as one of five finalist pairs out of 92 pairs of applicants.

As part of the developing leaders in the NHS they were offered support from NHS Improvement to develop their leadership qualities with the guidance of the Executive Nurse for NHS Improvement. This learning does not only supporting individual development, but also allows for the sharing with colleagues to become an even more affective agent for change within this agenda.

CQUIN informing the Trust agenda

This CQUIN was very timely in a number of respects; it enabled the service to build on structure and achievements of 'Sign up to Safety' as well as renew the focus and work towards an already identified safety priority for the organisation.

The time was apt for engagement with patients and staff to change the way that we work and involve patients in their recovery.

Next steps

We are keen to further develop the Gabe Table to become a patient safety dashboard. This is to enable a live data overview for staff to validate experiences on the ward and provide confidence for practice.

We are working towards finding a less time intensive solution for consistently reporting verbal de-escalation to showcase a more accurate story of positive practice.

We are planning to jointly present our successes at local and national conferences spreading the word about patients lived experiences.

Sharing our experiences with others and learning from others is fundamental for evolving this agenda.

Conclusion

> “The focus is now on the patients – staff these guys want this”

Our approach shows that asking questions and developing trust is a meaningful way to engage with patients and staff and to move forward together. This also inspires confidence and true collaboration.

The purpose of this report was to write up and disseminate the success of the Restrictive Practice agenda in collaboration with patients. We have achieved this by listening to patients whilst they have also contributed to the content and helped determined the format and structure.

We are learning from patients and staff that interventions such as restraint, seclusion and long-term segregation are happening; however we are receiving a consistent message that they are only used as a last resort, to make sure the ward is safe.

The RP agenda is a nationally debated subject, and we have made huge strides towards achieving a safe environment for patients and staff. Improving care for patients by collaboratively minimising the restrictions placed on them is one of the intentions for reducing RP, and this report displays a collaboration of patient and staff efforts; highlighting the willingness of both groups to “pave the way for a better future”.

> “pave the way for a better future”

Glossary

Apt	Inclined; disposed; given; prone: likely
Blanket Rules	Rules routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application.
Care	The provision of what is necessary for the health, welfare, maintenance, and protection of something or someone.
Collaboration	The act of collaboration - to work, one with another; cooperate
CQUIN	Commissioning for Quality and Innovation
Directory	A book containing an alphabetical index of the names and addresses of persons in a city, district, organization, etc., or of a particular category of people
Engagement	The act of engaging - to occupy the attention or efforts of (a person or persons)
Evolving	To develop gradually
Fascination	To attract and hold attentively by unique power, personal charm, unusual nature, or some other special quality; enthral
Listen	To pay attention; heed; obey
MDT	Multi-Disciplinary Team
Objective	Something that one's efforts or actions are intended to attain or accomplish; purpose; goal; target
Paradox	A statement or proposition that seem self-contradictory or absurd but in reality expressed a possible truth
Positive	Constructive, optimistic, or confident
Proactive	Creating or controlling a situation rather than just responding to it after it has happened
Recovery	Restoration or return to any former and better state or condition.
Safety	The quality of averting or not causing injury, danger, or loss
'Sign up to Safety'	A national patient safety campaign announced by the Secretary of State for Health
Significant	Important; of consequence
Validate	To make valid; substantiate; confirm