National Patient Safety Improvement Programmes

NHS

Mental Health

Reducing Restrictive Practice Workshop

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Delivered by:

East Midlands
Patient Safety Collaborative

The **AHSN** *Network*

Led by:

NHS England
NHS Improvement

Aim and Objectives

To give participants insight into restrictive practice in a co-produced experiential way, whilst looking at how and why we should be working to reduce them.

- **Participants will better understand the ethos of the project and why it's important.**
- **Have more understanding around QI projects and change ideas within our collaborative.**
- **Better understand co-production and why it is so important.**
- **To gain insight into how restraint can feel from a service user perspective.**
- **To look at how restraint can be done differently.**
- **To share good practice**

Workshop Outline

1) **Introduction (5mins)**
2) **Project so far (5mins)**
3) **Co-production (5mins)**
4) **Service user voice (10mins)**
5) **Professional voice (5mins)**
6) **Listening differently exercise (15mins)**
7) **Scenario** – group work **(15mins)**
8) **Plenary** and **Evaluation (5mins)**

Restrictive Practice

"Restrictive interventions are deliberate acts on the part of other person(s) that restrict a patient'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 actions is undertaken, and
- End or reduce significantly the danger to the patient or others.

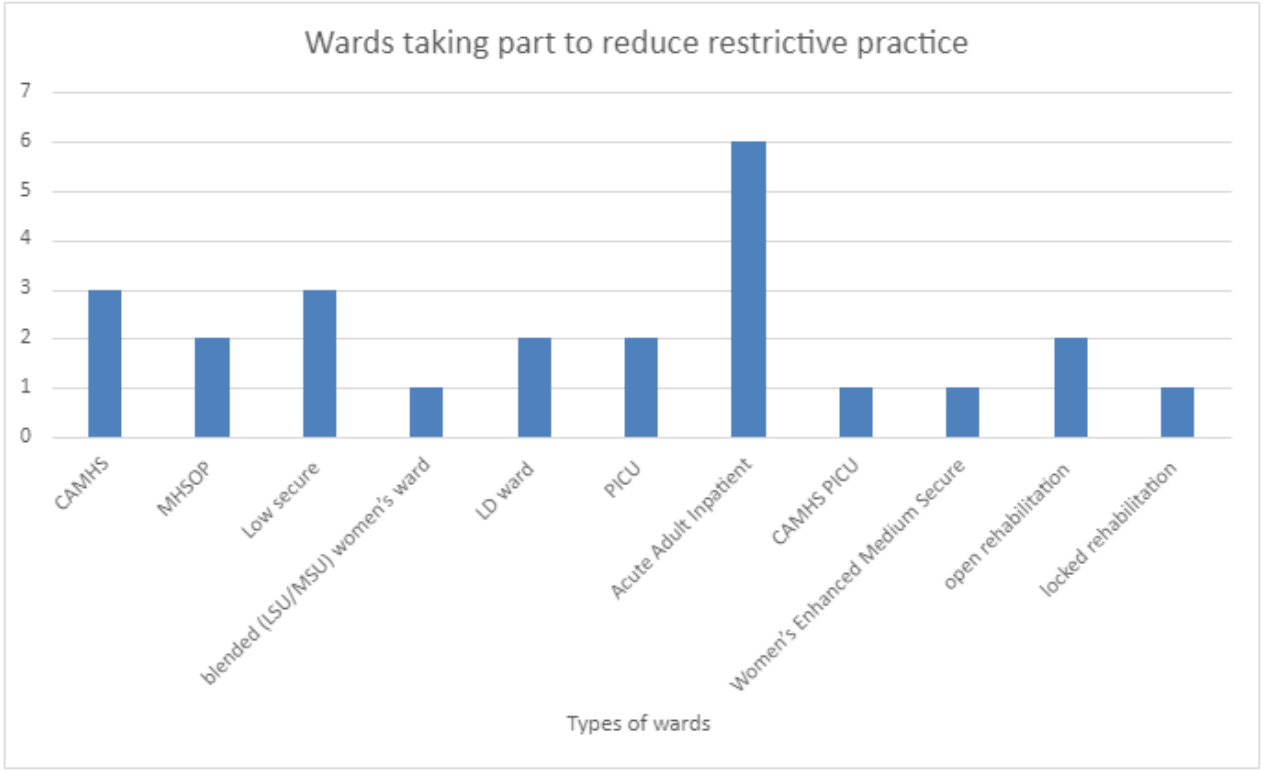
Restrictive Interventions should not be used to punish or for the sole intention of inflicting pain, suffering, or humiliation".

MHA Code of Practice (2015)

Restraint | **Seclusion** | **Rapid Tranquilisation**

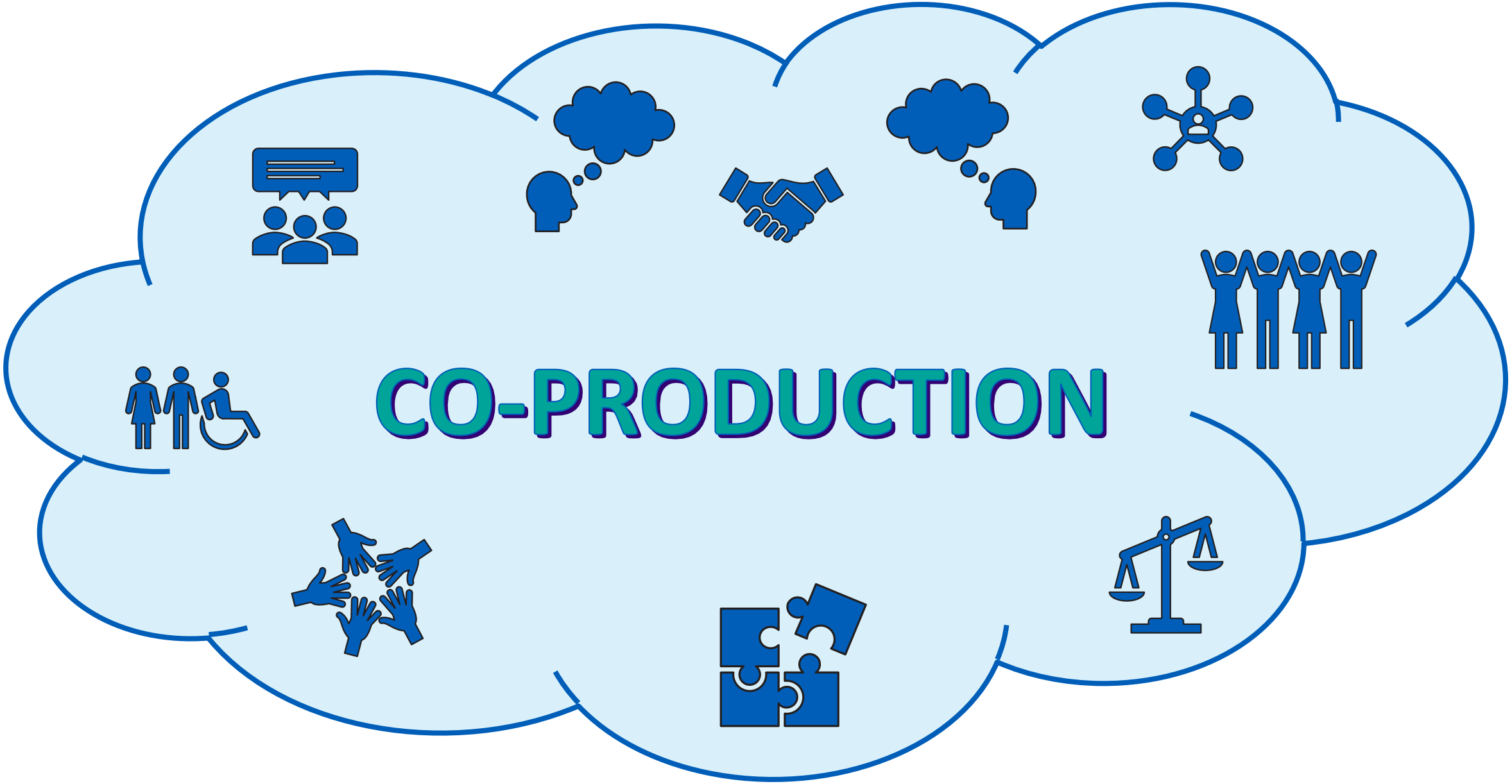
Community of Practice

‘The National Patient Safety Improvement Programme’s aim to support and encourage a culture of safety, continuous learning and improvement across the health and care system, helping to reduce the risk of harm and make care safer for all.’



Principles of Least Restrictive Practice

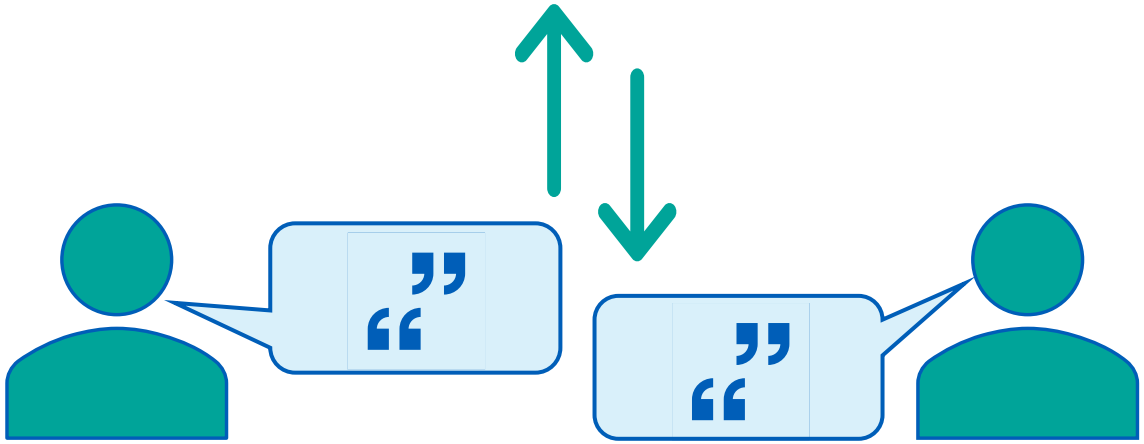
- Emphasis on early intervention and anticipating risk behaviour to prevent the need for restrictive intervention – in this case restraint.
- It is recognised that there are some occasions in which the risk of inaction may outweigh that of taking action.


CO-PRODUCTION

Co-Production

"True co-production means that it should be the golden strand that weaves itself all the way through all levels of service delivery to promote cultural and personal change"

Jenny Allen-Lynn



Service User Voice - Jen

"Being part of the East Midlands Patient Safety Collaborative has been a very positive experience for me. It brings together so many like-minded people both professionals and patients all committed to better understanding the challenges around restrictive practices and how we can all work together to reduce them across all services"

Jenny Allen-Lynn

Service User Voice – Sue

“ When I was on a psychiatric unit, I thought people didn’t care. My work with the Collaborative, and events such as this, shows me that people do care and want to work towards reducing the need for restrictive practice.”

Sue Wheatcroft

Professional Voice – Emily

"Being part of the East Midlands Patient Safety Collaborative has enabled us as healthcare professionals to truly work collaboratively with service users around the use of Restrictive Practice. Having experts by experience contribute to these discussions has been invaluable and enables us to learn and reflect from their experiences and work together to embed true collaboration and coproduction in all that we do, to drive forward positive change in the area of restrictive practice."

Emily Binding

Listening Differently Exercise

Listen to the 2 different accounts of what restraint felt like – one positive and one negative. Please take notes. Be ready to feedback.

Pages 4 – 7 in your workbook

Positive

Top 5 “**DO’s**” in restraint scenarios that will make it more emotionally safe and done with compassion:

- ……
- ……
- ……
- ……
- ……

Negative

Top 5 “**DON’Ts**” in restraint scenarios that are likely to impact negatively on the individual:

- ……
- ……
- ……
- ……
- ……

Scenario 1

You will now be given a scenario to work through *(pages 8 -9)*

You will be given some background information on the patient and a scenario you will be faced with.

On your tables think about the following:

- **What would you do and what do you need to think about?**

Considering the things we have discussed and experiences we have listened to, write down your thoughts/ideas and prepare to feedback. *(5 Mins)*

Scenario 1

Shortly after waking, JD attends for his morning medication where he appears bright in mood, is engaging appropriately and expressed no concerns regarding his current mental state. JD then proceeds to go to the communal lounge/day room area of the ward, where other patients are also sitting/spending time. JD mentions to a passing nurse whether he was able to have some PRN. Approximately 15 minutes of being in the communal lounge area, JD is observed to be sat in a chair clicking his fingers, he then proceeds to get up and begins to pace the day room/lounge area.

Scenario 2

You will now be given the next scenario to work through *(Page 10)*

On your tables continue to think about the following:

- **What would you do and what do you need to think about?**

Considering the things we have discussed and experiences we have listened to, write down your thoughts/ideas and prepare to feedback. *(5 Mins)*

Scenario 2

JD then begins to stare in the direction of another peer and proceeds to walk up behind him and starts to repeatedly throw punches – he does appear to connect a number of times with his peer. The other patient is able to move away from the situation to a safer place, he does not make any attempt to retaliate or fight back. JD then adopts a boxing type stance and begins to jump/bounce. As you approach, he begins to throw punches, a couple do connect with staff but are not with significant force and do not cause significant harm to staff. JD then starts to move around the ward whilst throwing punches and is becoming increasingly distressed.

You will likely need to restrain JD and give him IM medication

Summary

- Professional calm
- Communication
- Culture and environment
- Know your patients
- Work in partnership with your patients
- Have difficult conversations – aware of someone's trauma history and debrief
- Reflective practice – reflect/share/learn
- Think about – what can I do?

Thank You

Any Questions?

Jenny Allen-Lynn – Expert by experience
Sue Wheatcroft – Expert by experience
Emily Binding – Expert by profession