National Patient Safety Improvement Programmes

Mental Health

Reducing restrictive practice

A benchmarking report for the East Midlands

November 2022 – January 2023

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Delivered by:

East Midlands
Patient Safety Collaborative

The AHSN Network

Led by:

NHS England

Introduction

A high number of people continue to be restrained and are subject to restrictive practice.

This report presents the results of a self-assessment of participating organisations, which was first conducted November 2020 – January 2021 as part of a regional benchmarking exercise in the East Midlands Mental Health Alliance. It was conducted again between November 2022 and January 2023, and compares the results between both assessments.

The participating organisations were assessed on various parameters to determine their level of compliance with best practices and identify areas where improvements are required. This report outlines the findings of the assessment, including examples of good practice, areas where improvements have been made, and areas where improvements are still required.

The assessment focused on key aspects such as leadership and governance, performance management, customer involvement, learning and development, personalised support, and continuous improvement. The assessment was carried out using a standardised methodology, which ensured consistency and accuracy of the results. The participating organisations were evaluated against a set of predefined criteria, which were developed based on industry best practices and standards.

The objective of repeating the assessment is to track progress made by participating providers and identify areas where improvements are still required. The comparison of results from the previous assessment allowed for a better understanding of the effectiveness of the initiatives undertaken by the participating organisations to improve their overall performance.

This report provides an overview of the assessment results, highlighting areas where participating organisations have excelled and areas where improvements are still required. It also provides recommendations on how participating organisations can improve their performance and build on their successes. Ultimately, the goal of this assessment is to help participating organisations achieve greater success in their operations and better serve their stakeholders.

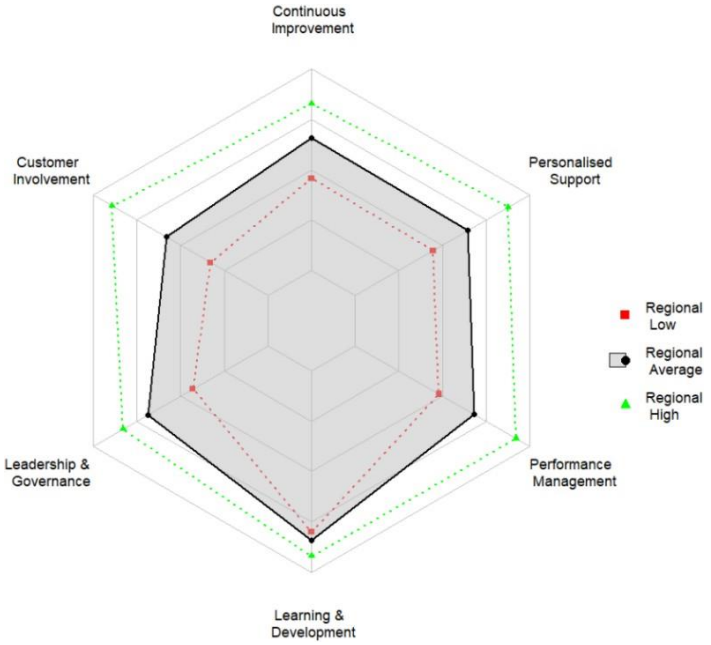
Methodology

As with the first exercise, each organisation's restraint and restrictive practice leads completed a self-assessment to determine how well the organisation is perceived to be implementing a particular strategy, based on the assessor's observations and triangulation of evidence.

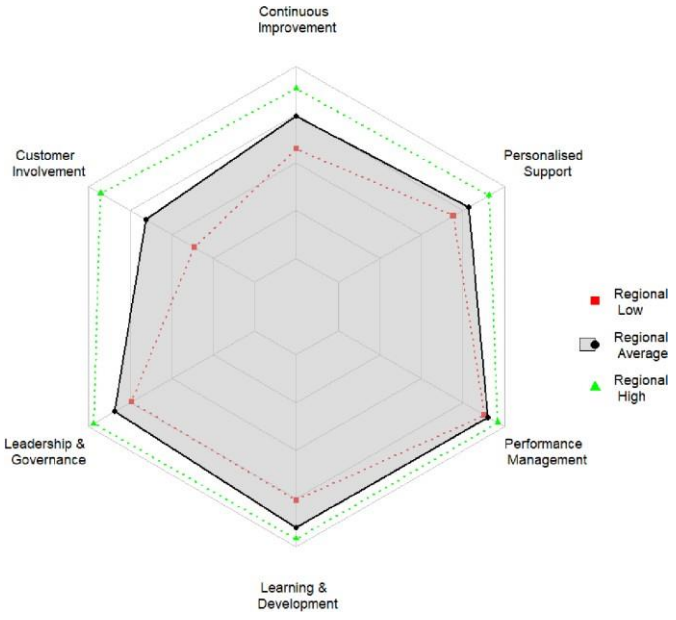
Once a judgment is made, a score is entered against the criteria and an overall score is calculated for each section.

The score from each section of the assessment tool was collated at the end to give an overall picture of the organisation's current position. This created the regional baseline which was compared against the previous baseline to demonstrate change over time using the scores recorded.

Organisational scores

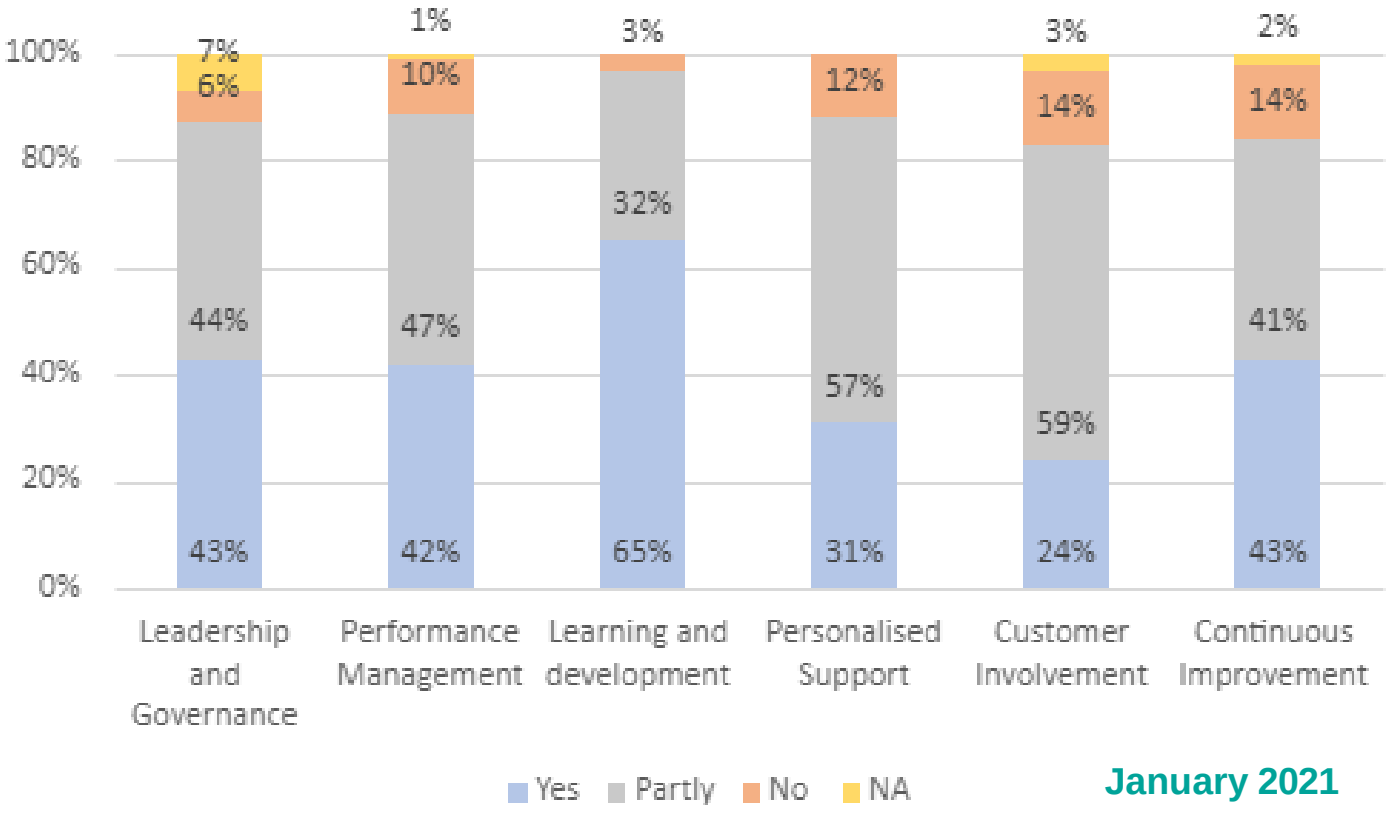


January 2021



January 2023

Answer distribution per strategy



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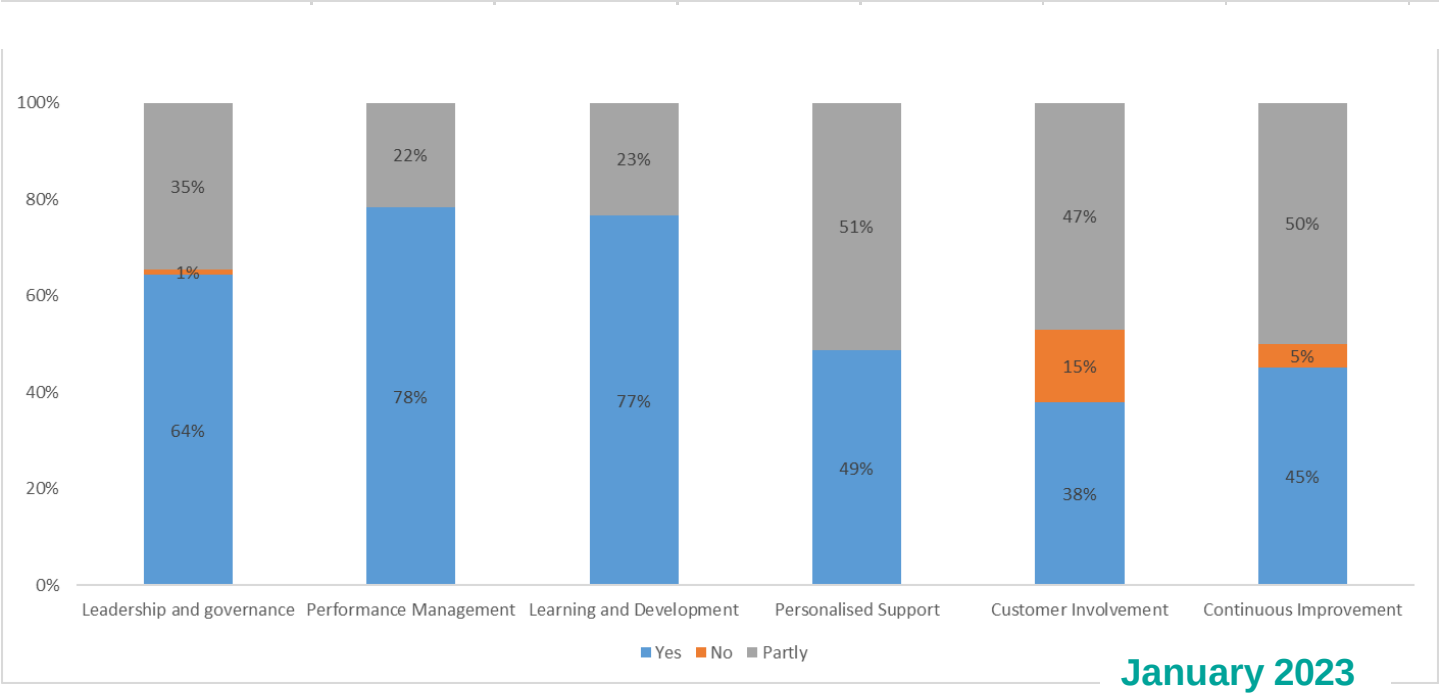

January 2023

Note: These findings are based on self-assessments completed by the participating organisations, and this report has been written with their agreement.

Summary of findings

Across the six strategies, the following themes emerged across the region as areas requiring further work and improvement.

1 Leadership and governance

- The restraint reduction strategy is communicated across the organisation and shared with stakeholders (service users and families, staff, commissioners, regulators).
- The prevailing culture in the organisation emphasises that the use of restraint is a ‘treatment failure’. Whenever restrictive practices are implemented, there is a clear approach which shows how staff will attempt to ensure further restraint is avoided in the future.

2 Performance management

- Data is provided to and used by staff to help them understand the needs of each person they support.
- As part of the workforce development plan, staff receive an appropriate level of training in Positive Behaviour Support.
- Staff receive effective ongoing supervision, support and workplace coaching to ensure learning is transferred into practice.

3 Personalised support

- Service users are fully involved in planning their individualised care and support.
- Where risk behaviours are identified, each service user’s behaviour support plan outlines how flexible and responsive crisis intervention and post-crisis support will be delivered.
- Staff are routinely briefed on each user’s behaviour support plan and know how to implement the service user’s preferred strategies to avoid or minimise conflict and how to safely implement restrictive practices if required.

4 Customer involvement

- Service users are recruited as advocates, experts by experience and workplace champions to promote the restraint reduction strategy within the service.
- Service users are involved in the co-delivery of training to staff on the use of restrictive practices.
- Organisations share their performance with service users and families so that everyone knows the successes achieved and any key areas for improvement.

5 Continuous improvement

- The organisation has a systematic process and management method for improving, building and sustaining performance in relation to conflict avoidance and restraint reduction.
- Continuous improvement in relation to conflict avoidance and restraint reduction occurs at an organisational, team and individual service user level.
- The organisation uses assessment tools which give an indication of staff attitudes towards restraint reduction and the level of care and compassion afforded to service users subject to restrictive practices.

Areas of good practice

There were several questions which scored highly across the region. The following scored the maximum for all providers.

Strategy	Number of high-scoring responses
Leadership and governance	5
Learning and development	4
Performance management	4
Continuous improvement	1
Personalised support	1

Areas showing improvement

Across the six strategies, the following themes emerged from the region as having improved from the last self-assessment.

1 Leadership and governance

- The organisation's Senior Management Team and Board receives regular reports on the organisation's performance in relation to restraint reduction.
- There is an effective governance framework and policy in relation to the use of restrictive practices to ensure restraint is not misused or abused.
- The organisation's policy on the use of restrictive practices provides clear and unambiguous criteria outlining when restrictive practice may be considered an appropriate and reasonable intervention.
- The organisation has a current restraint reduction strategy which outlines a range of multi-strategic approaches to reduce coercive approaches and to prevent the misuse and abuse of restraint.
- The restraint reduction strategy directly evidences approaches which meet national, service-specific, and regulatory guidelines and standards.
- The misuse and abuse of restrictive practices is consistently addressed by leaders and managers.

2 Performance management

- The organisation clearly sets out the measures that are used to determine the level of performance in relation to restraint and restraint reduction.
- The measures used are valid and the data captured takes account of the varying number of users accessing the service (e.g., incident rates are expressed as a rate per number of service users; rates per number of care hours/days delivered).
- Data is captured and used to inform the organisation about performance in relation to the specified measures.
- Data is used non-punitively to understand organisational performance and to highlight achievements and successes so that good practice is shared.

3 Learning and development

- The organisation implements an ongoing training cycle which ensures that staff maintain their competencies and continue to develop their knowledge and skills.
- The organisation has a workforce development plan which sets out the training required to develop and maintain the knowledge and skills staff need to support service users effectively.

4 Personalised support

- The primary and secondary interventions in each service user's support plan focus on approaches which help the person to address factors that impact on their behaviour.
- Where restrictive practices are used to manage crisis behaviour, individual service user risks assessments are completed to ensure the welfare, safety and dignity of the individual is maintained.
- Behaviour support plans are trauma-sensitive and trauma-informed, so the specific needs of each service user are identified and supported.

5 Customer involvement

- Outcomes of debriefing are used to enable collaborative action with service users and staff to develop more effective personal support and behavioural management strategies.
- Service users have access to quiet areas or sensory rooms where they can go as an alternative to seclusion.
- Organisations involve service users and families in developing their restraint reduction strategy.

Examples of work in the East Midlands

Expert by experience

Jenny is a patient by experience who works as a part of the Reducing Restrictive Practice Community of Practice. She had a bad experience whilst an in-patient in a Mental Health ward, where she had been restricted unnecessarily and this had left her emotionally and physically hurt.

Following her experience, she has focused on channelling her energies into ensuring that services and providers of care for individuals in mental health settings are aware of the debilitating effects of the use of restrictive practices, as well as methodologies and alternatives which yield better outcomes and experiences for patients and staff. Jenny says:

'Being part of the East Midlands communities of practice has been a positive experience for me. It brings together so many like-minded professionals and patients who are all committed to better understanding the challenges around restrictive practice and who all try to reduce its use.

'I can honestly say, that being part of co-production within this forum has been really empowering and has afforded me loads of opportunities to contribute and grow.

'Not only have I attended meetings and felt accepted and validated by the group, but I have presented at a show and tell session, I have also co-produced and co-presented at a conference.

'It is my direct experience that co-production is the golden thread that runs through everything the East Midlands PSC does, and this only adds value to the group being a positive influence for change.'

Using Positive Behaviour Support (PBS) and Trauma Informed Approach (TIA)

By utilising an multi-disciplinary team MDT approach, as well as applying PBS and TIA, a ward has adopted a novel approach when responding to ligature tying in complex patients that present severe self-injurious behaviours.

By responding in a ‘hands-off’ approach and allowing the patient to take ownership of the behaviour, with support from the wider team, they build an appropriate coping mechanism for the patient, enabling them within and outside the wards to respond positively.

The staff on the ward do not adopt a knee jerk reaction to urgently remove the ligature, but rather calmly assess if it is life-threatening, and where non-life threatening, they talk to the patient, asking them how they feel, offering support and then motivate and encourage the patient to remove the ligature themselves.

Where the ligature is life threatening, the staff communicate with each other in a calm manner without pulling the emergency response alarms as this could increase arousal level and anxiety of the patient, potentially leading to a detrimental effect on other patients on the ward.

This has yielded a huge reduction in the use of restrictive practice, even where there is a high incidence of ligature tying and led to patients having more positive experiences.

Recommendations

Two clear threads were noted:

- Providers use a ‘systems thinking’ approach and identify key performance measures underpinned by robust data which is used to inform quality and other service improvements.
- Involving staff and service users to support the development of services, training, pathways of care to improve the quality of care provided and improve health outcomes.

Ethnicity and the application of different types of restrictive practice

It is acknowledged that ethnicity may play a role in the use of restrictive practice. The programme so far has not explored how ethnicity has played a part in the use of restrictive practice; however, the next phase of the programme will collect data on ethnicity and review it for any correlation to practice. This will involve identifying patterns and trends in the use of restrictive practices across different ethnic groups and exploring the cultural factors that may contribute to these differences. By doing so, the programme can develop more targeted strategies to reduce the use of restrictive practices and ensure that all individuals receive equitable and culturally responsive care.

Conclusion

The last two years have demonstrated close working across the East Midland Providers who form a part of the community of practice for Reducing Restrictive Practice to facilitate sharing and implementation of strategies and ideas around the delivery of the National Mental Health Safety Improvement Programme.

The results from the self-assessment demonstrate improvements made from the last assessment, identify areas of exemplary practice as well as opportunities for improvement.

Performance management was the highest scoring strategy across the region, closely followed by learning, and development, which was the highest scoring in the last self-assessment report. The patient voice continues to be strong in the workstream, ensuring involvement from point of training all the way to review of data and sharing of results with users of mental health services and their families.

The upcoming local programme plans to build upon the solid foundation set so far, focussing on health inequalities whilst improving data quality, collection, and accuracy.

East Midlands Patient Safety Collaborative

Hosted by East Midlands Academic Health Science Network
Sir Colin Campbell Building
University of Nottingham Innovation Park
Triumph Road
Nottingham
NG7 2TU

T: 0115 823 1298
E: emahsn@nottingham.ac.uk
W: www.emahsn.org.uk
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