

Developing a Restraint Reduction Plan

Tees Esk Wear Valleys NHS Foundation Trust

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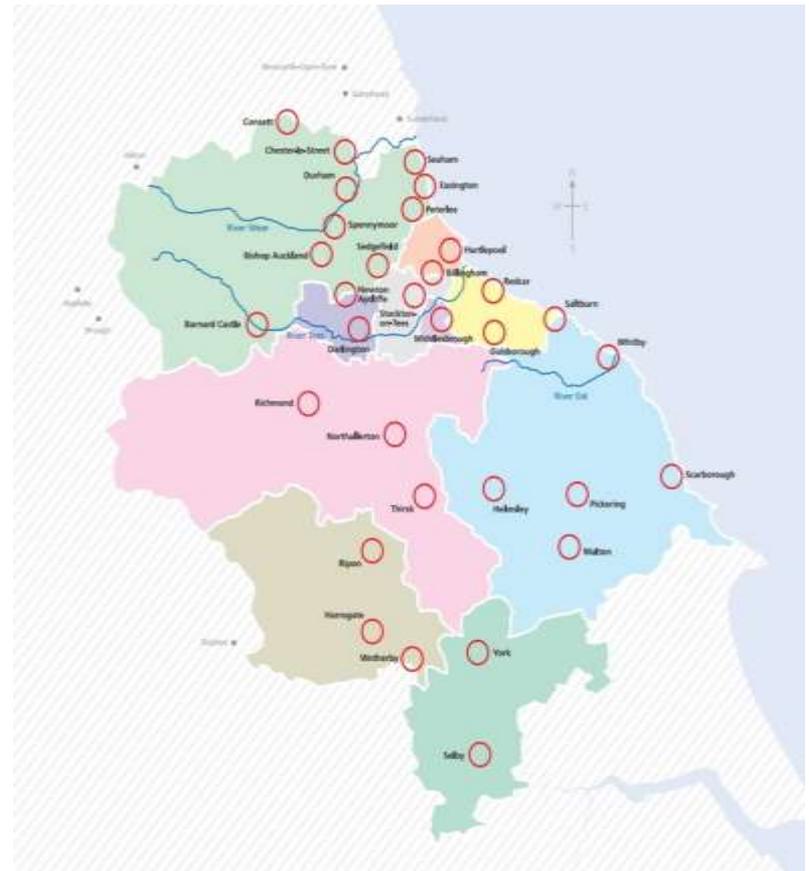
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Workshop Aims & Objectives

- To provide an Overview of the Organisation and the services it offers
- To consider the National and Local policy context to reduce the use of restrictive interventions
- To provide and overview of TEWV's Restraint Reduction Plan
- To critically review the approaches available to reduce the use of restrictive interventions and consider how the approaches can be embedded within an organisation

About the Trust

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides a range of mental health, learning disability and eating disorders services for the 1.6 million people living in County Durham, the Tees Valley and North Yorkshire.



About the Trust

- TEWV has over 6,000 staff working out of c.180 sites, and an annual income of £291m. We deliver our services by working in partnership with seven local authorities and clinical commissioning groups, a wide range of voluntary organisations, as well as service users, their carers and the public. The services are spread over a wide geographical area of around 3,600 square miles, which includes coastal, rural and industrial areas

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About the Trust

- Tees, Esk and Wear Valleys NHS Trust (TEWV) was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust. In July 2008 we became the North East's first mental health trust to achieve foundation trust status.
- Following our success in winning the tender to provide mental health and learning disability services in Harrogate, Hambleton and Richmondshire, these services transferred to TEWV in June 2011.
- We have recently taken over responsibility to provide services throughout York and Selby as of 1st October 2015

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TEWV Trust Goals

- To provide excellent services, working with the individual users of our services and their families to promote recovery and well being
- To continuously improve the quality and value of our work.
- To recruit, develop and retain a skilled, compassionate and motivated workforce.
- To have effective partnerships with local, national and international organisations for the benefit of our communities we serve.
- To be recognised as an excellent and well governed foundation trust that makes best use of its resources for the benefit of our communities we serve.

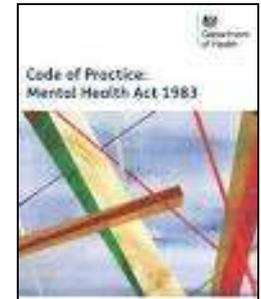
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Positive & Safe

- No deliberate use of Prone/face down restraint or pain compliance
- Least restrictive/ last resort
- Individualised behaviour support plans (PBS)
- Board Level Support
- Governance structures and policy development
- Post incident analysis and debrief
- Support plan Audit and internal data gathering
- CQC compliance and assurance
- Organisational restraint reduction plan





The Mind Report

What's crisis care like in TEWV?

- The use of physical restraint was higher than most other trusts in England***
- The use of physical restraint to administer medication was lower than most other trusts in England.
- The incidents of physical injury following restraint were lower than most other trusts in England.

***All the figures used are raw data. We have not adjusted for differences in general or patient population so cannot provide frequencies for the use of restraint.

	Number	Average for England*	Male	Female
Incidents of physical restraint	3346	455	1278	1922**
Patients experiencing physical restraint	398	247	220	163**
Incidents of face down restraint (prone)	Data not provided	65	Data not provided	Data not provided
Incidents of physical restraint used to administer medication	1	74	0	1
Incidents where police were involved in physical restraint	Data not provided	8	Data not provided	Data not provided
Incidents of physical restraint resulting in physical injury	4	7	1	2
Incidents of physical restraint resulting in psychological harm	Data not provided	0	Data not provided	Data not provided
Incidents of physical restraint resulting in death	0	0	0	0
Complaints relating to physical restraint	0	2	0	0

*Average for England is the median average

**Male and female gender figures do not add up to the total as TEWV provided 'gender unknown'

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Force Reduction Project Aims

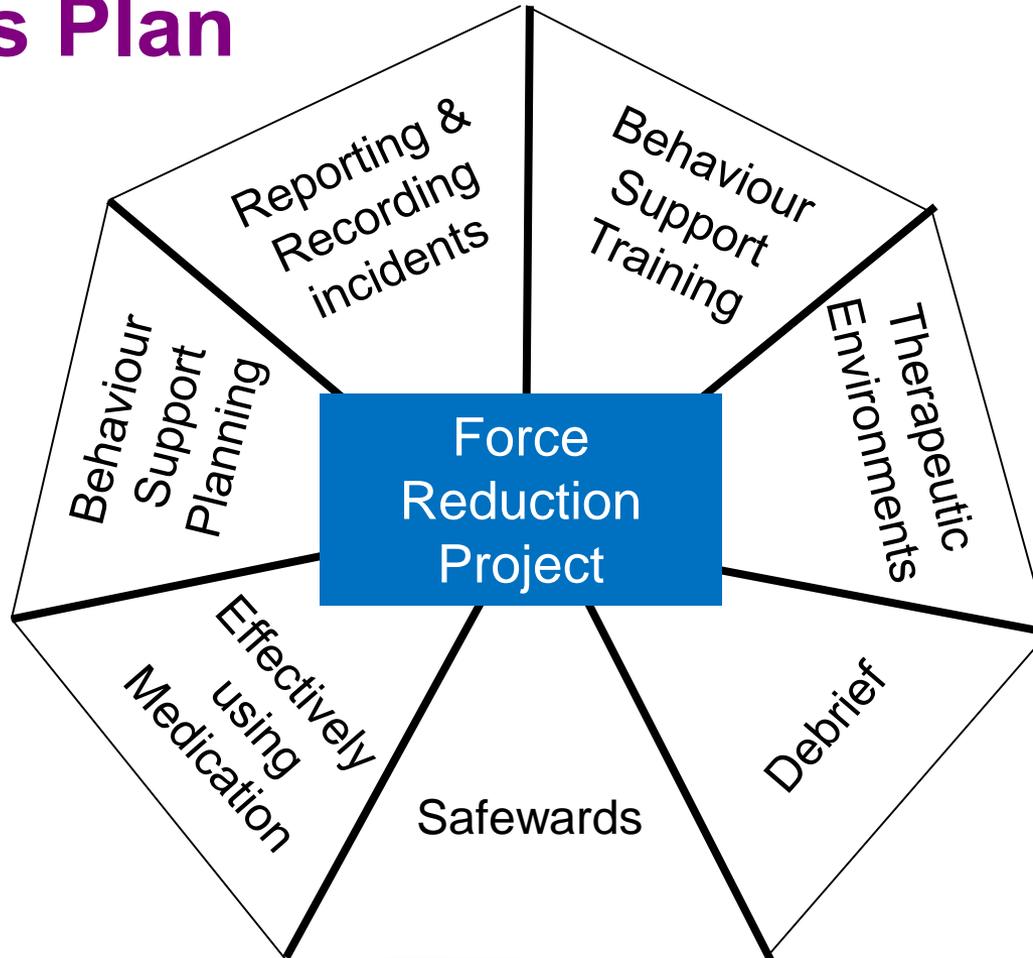
- Gathering good quality information about restrictive intervention and using it to provide excellent services
- Work with the people we support to develop good quality behaviour support plans
- Provide staff with training that promotes a culture of safe preventative behaviour support
- Assist all our services to become Safewards
- Develop a debriefing tool for staff and patients that supports and helps learn lessons for the future

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TEWV's Plan



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Reporting and Recording of Restrictive interventions

- Continued gathering of data about when restrictive interventions are used
- Improvement of in house data quality
- National Benchmarking
- Baseline data to offer a comparison following intervention
- Supporting service to complete data Analysis and use it to assist in supporting patients

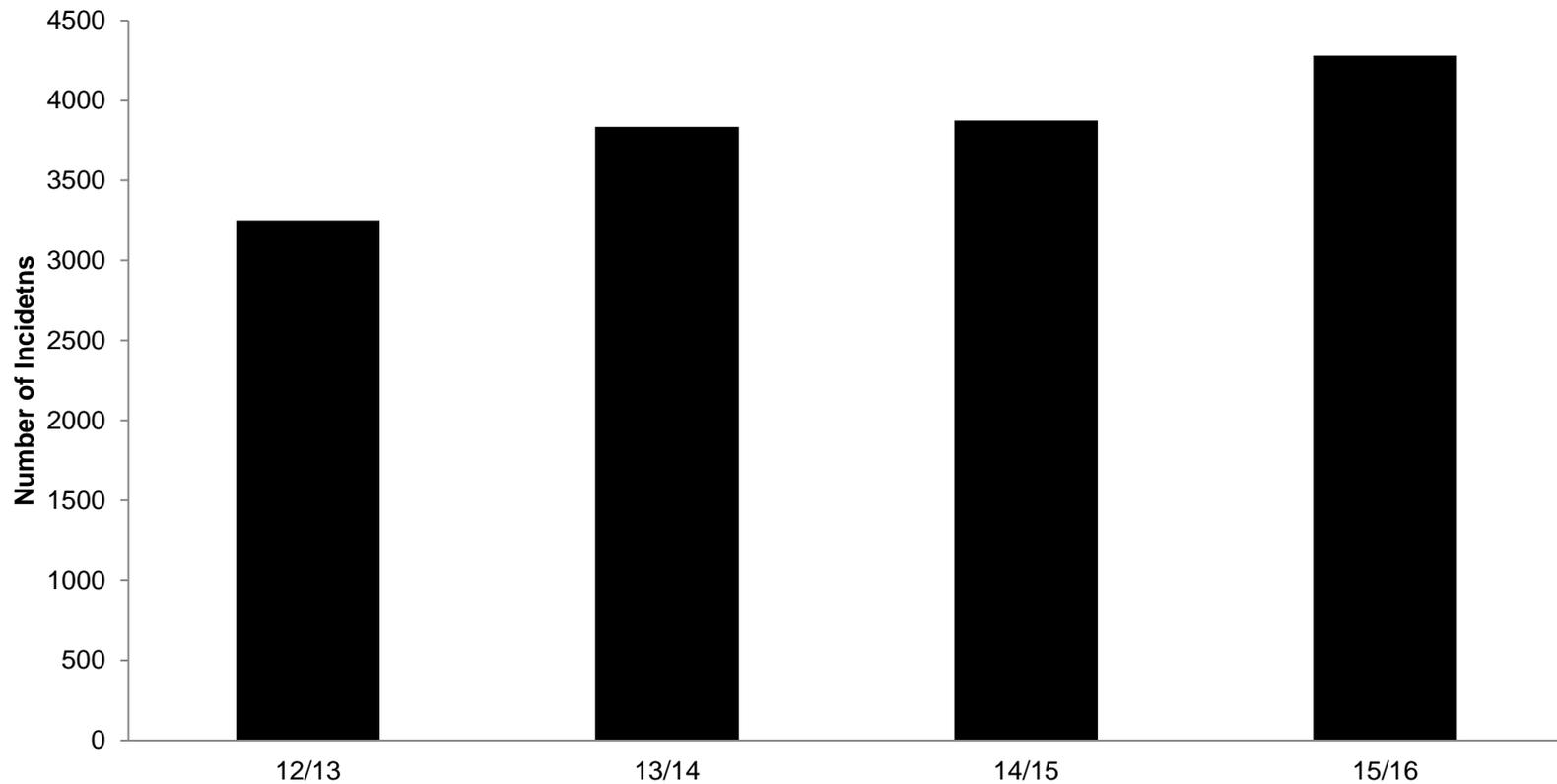
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Reporting and Recording of Restrictive interventions

Total Incidents involving Physical Holds



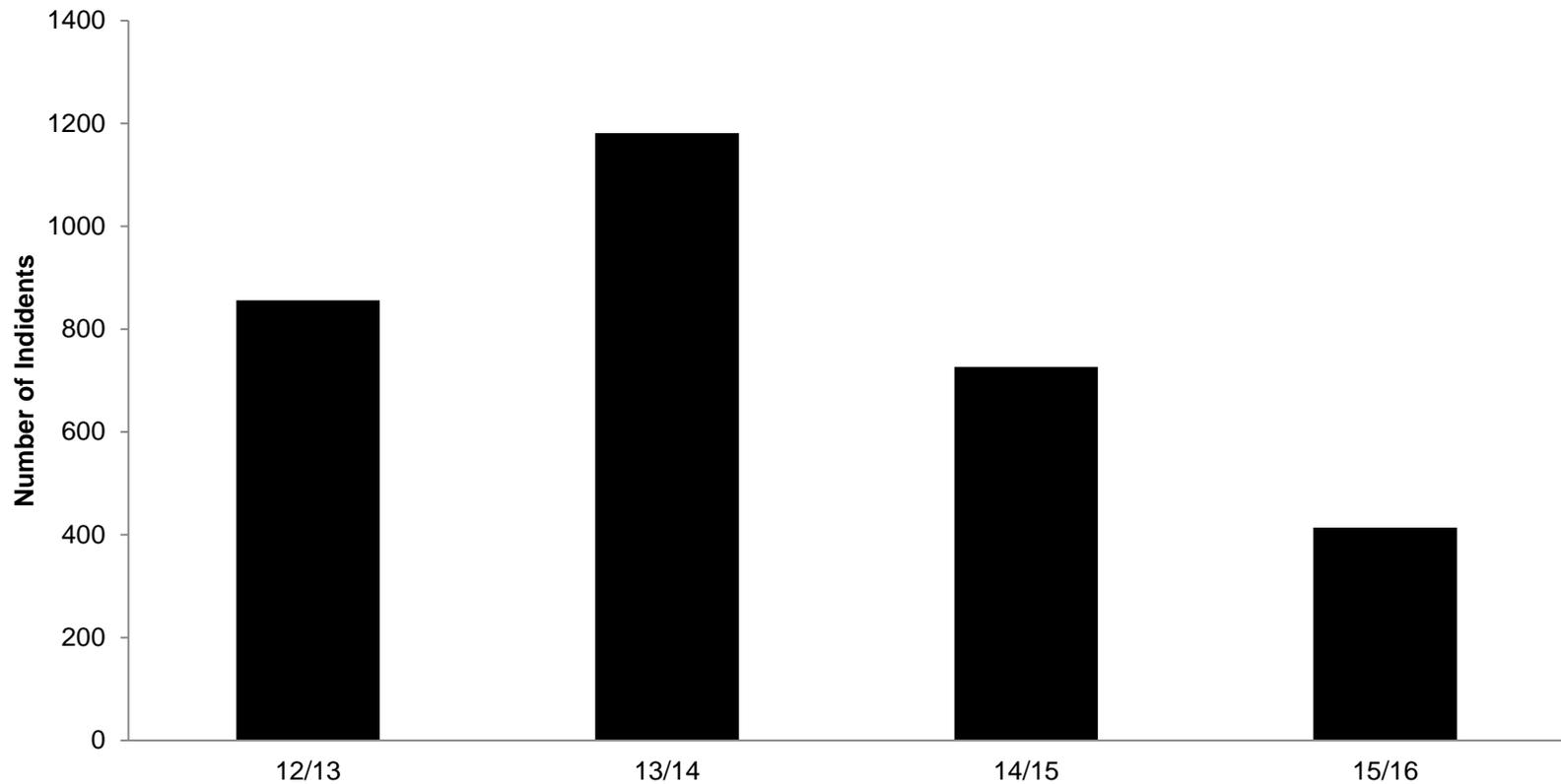
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Reporting and Recording of Restrictive interventions

Total Incidents involving Prone Restraint



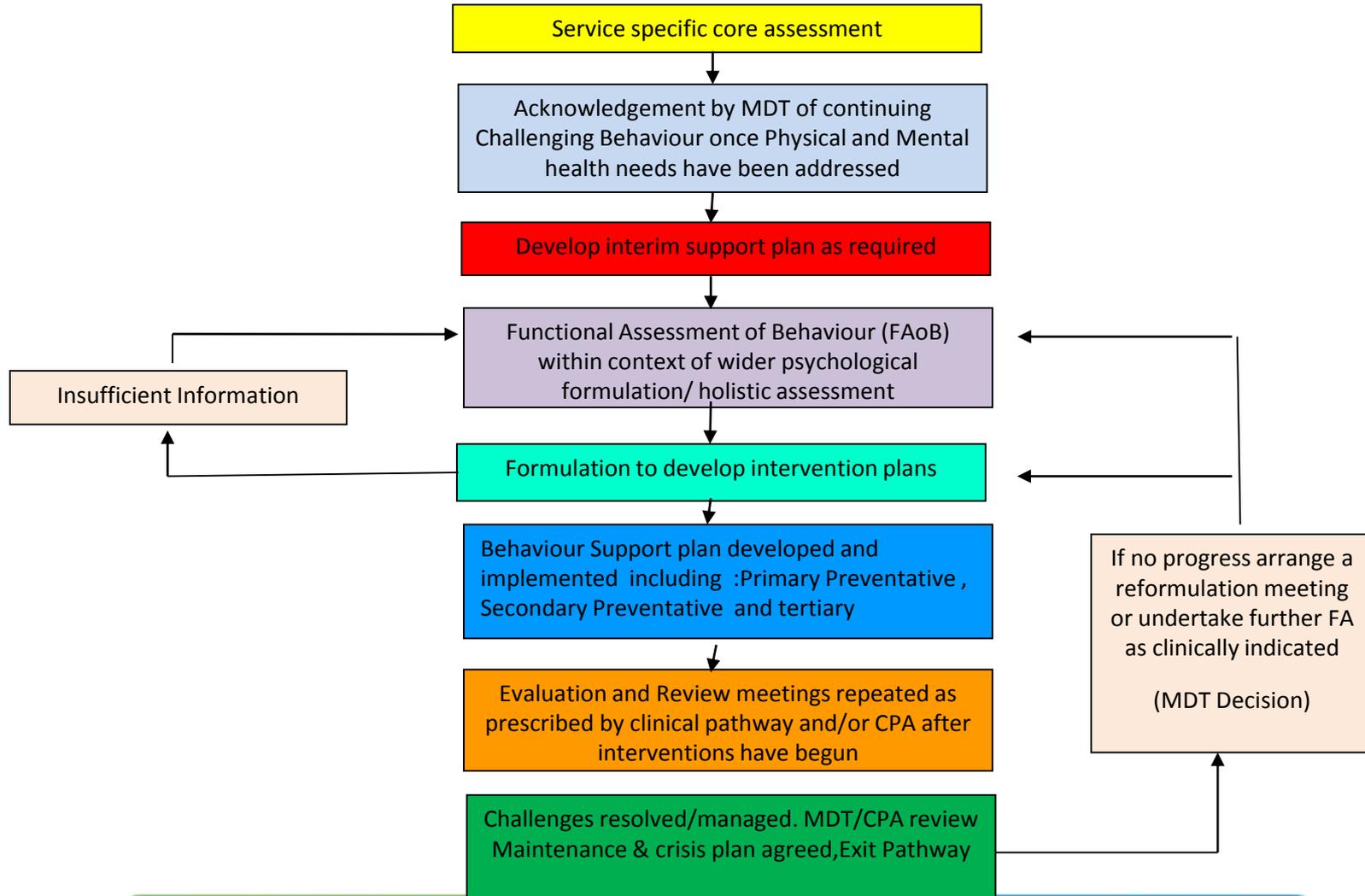
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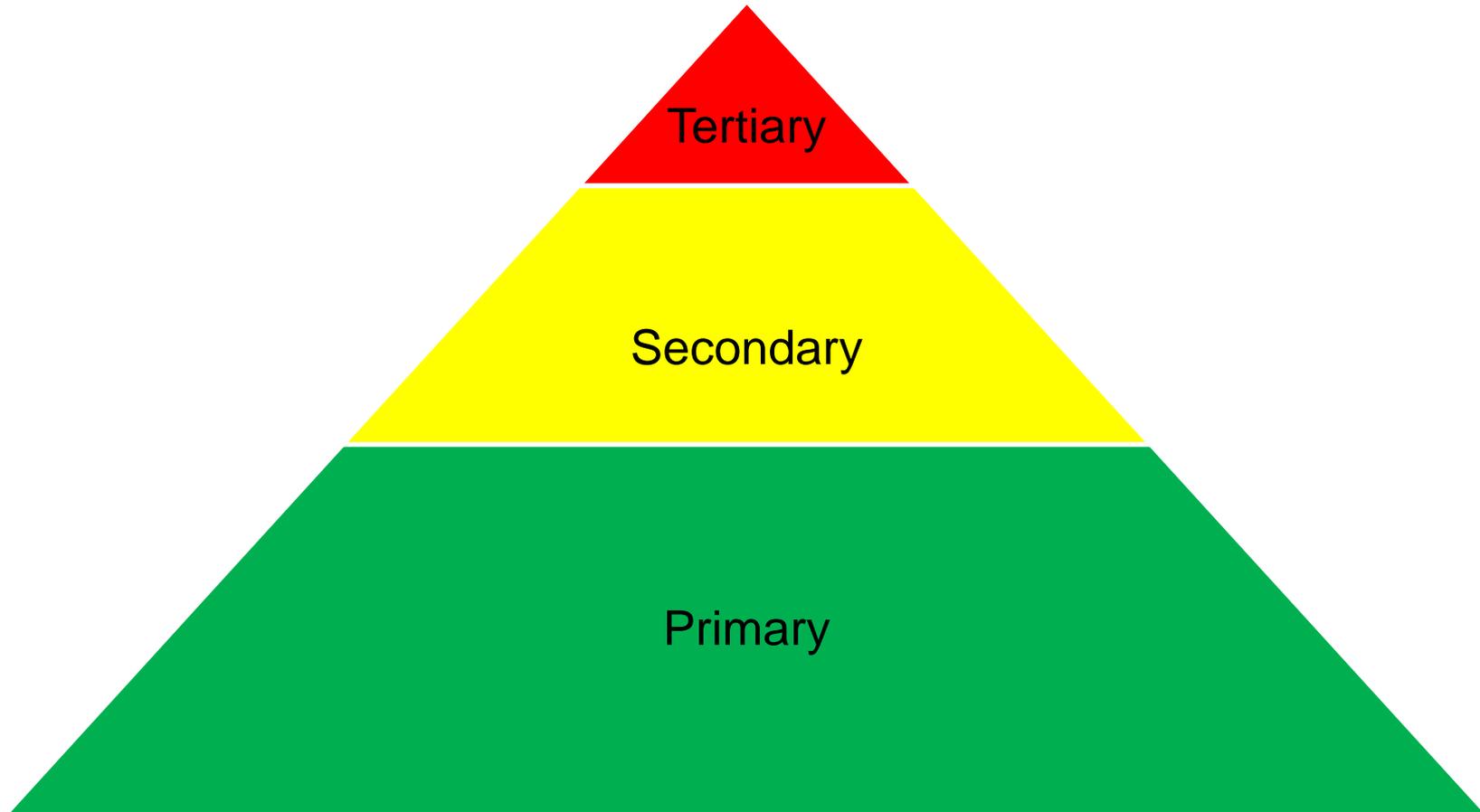
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Behaviour Support Planning

- Utilising the principles of recovery and a Positive Behaviour Support Framework
- Building on good practice utilising Care Pathways
- Evidencing the use of Behaviour Support Plans across the Trust, through the development of robust audit systems and patient feedback



Behaviour Support Framework



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Primary Prevention: Largest Part of the Plan

- Changing the environment
- Improving communication styles and opportunities
- Offering programmes of activities
- Addressing mental and physical health
- Improving carer confidence and competence
- Eliminating or modifying triggers
- Increasing rates of access to preferred reinforcers
- Increasing rates of engagement
- Modifying demands
- Providing additional help
- Embedding disliked tasks between more preferred tasks
- Teaching skills e.g. Coping skills, social skills, general skills, functionally equivalent skills
- Positive role-modelling by carers

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Secondary Prevention

- Active listening
- Stimulus change/ removal
- Prompting to use coping skills
- De-escalation
- Not ignoring as this may increase distress/ behaviour
- Strategic capitulation
- Diversion to reinforcing or compelling activities

Tertiary Intervention

- Proxemics
- Breakaway
- Minimal physical intervention
- As required medication
- Post incident support
- Can be employed as advanced directives as promoted within policy

Safewards

- Identified as 'Best Practice' as part of Positive and Proactive Care
- TEWV began implementing Safewards in January 2015.
- Introduced over 3 phases, 10 wards at a time
- Implementation is now in Phase 3 with the inclusion of 30 wards across the organisation
- Development of a train the trainer package to facilitate further roll out
- Development of Safewards champions group

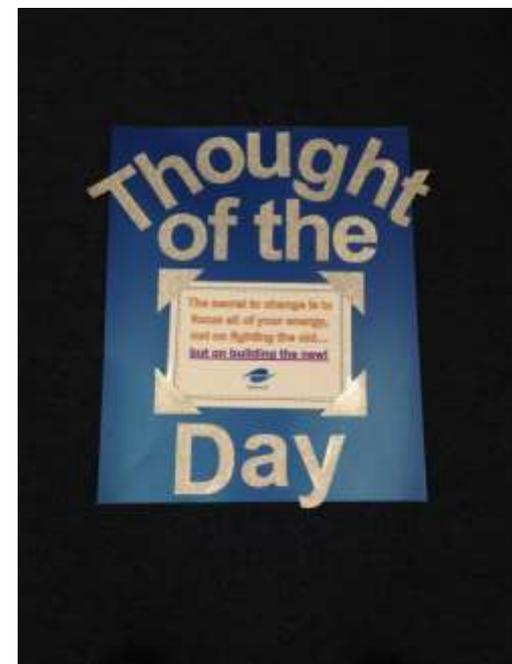
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- Clear Mutual Expectations
- Positive Words
- Soft Words
- Mutual Help Meetings
- Know Each Other
- Discharge Message
- Bad News Mitigation
- Reassurance
- Talk Down
- Calm Down Methods

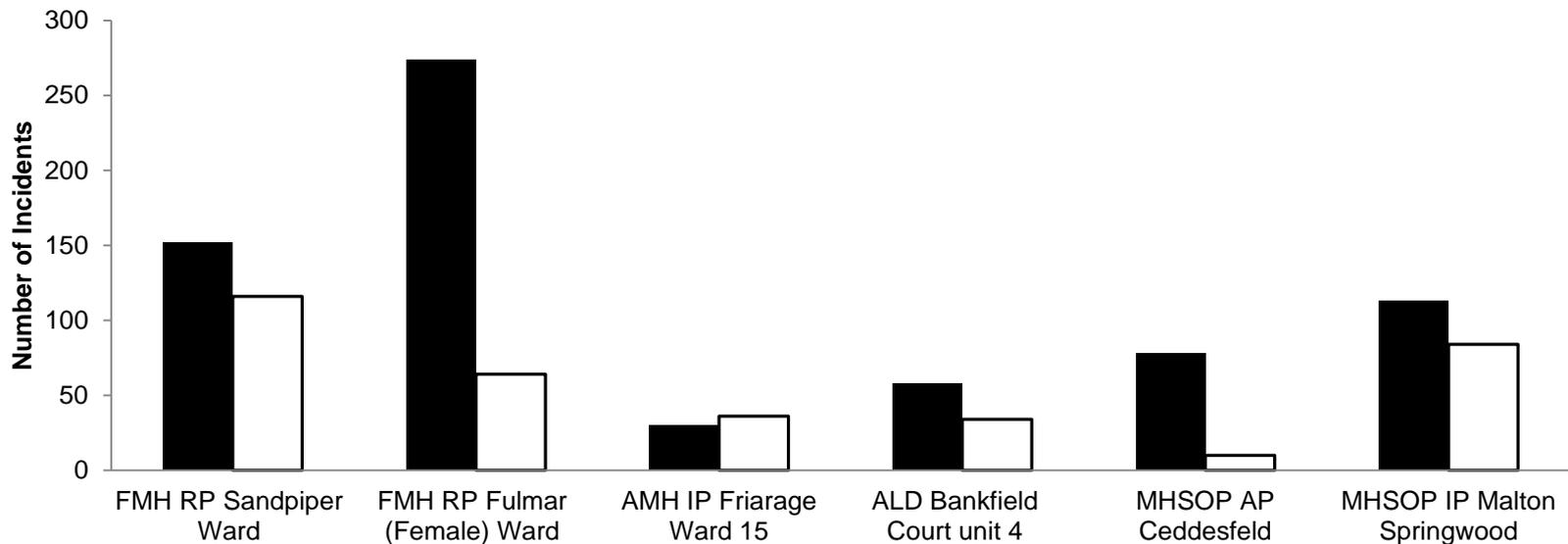




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Safewards in Practice

Incidents involving physical holds



Column 1 is the total number of incidents that required physical holds for the financial year 14/15, the second column is the predicted number of incidents involving physical holds for 15/16 (total incident for quarter 1 and 2 x2)

PMVA Training

- Training to focus of primary preventative methods of Behaviour Support
- Introduction of Positive Behaviour Support Frameworks
- Service user involvement in the development and delivery of training
- Supporting the training team to share good practice

Debriefing

- To evaluate the physical and emotional impact on all involved and offer support where necessary
- Help people who use services and staff to identify what led to the incident and what could have been done differently
- Determine whether alternatives, including less restrictive interventions, were considered
- Determine whether service barriers or constraints make it difficult to avoid the same course of actions in future
- What changes could be made from the lessons that have been learnt

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Use of Medication

- **Clearly define how we use medication to manage behaviours that challenge**
- **Consider how we educate and skill the workforce to utilise the approach**
- **Development of work to increase the use of Alternative injection sites**
- **Review Policy and standards to incorporate the national agenda and the development of recovery principles and Positive Behaviour Support within the organisation**

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Seclusion and Mechanical restraint

- Reviewing the current standards for the use of seclusion so that it reflects the new NICE guidelines and Mental Health Code of Practice.
- Looking at the minimum standards for considering the use of seclusion
- Considering how seclusion is incorporated within a person centred behaviour support plan

Group Discussion

As a group discuss :

- **What are the approaches that your organisation has taken to reduce the use of restrictive interventions**
- **What are your experiences of implementing these approaches, what are the effects that you have experienced as a result**

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Conclusion

- Work scheduled for completion by April 2015
- Further consideration required for cultural change and sustainability
- Early indications suggest a positive effect from implementation of the plan
- Co production and stakeholder involvement is key
- A practical, flexible approach is essential
- Continual review of the plan is key, learning lessons as we develop and change the way we deliver services

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Any Questions ?

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Contact Details

- Contact the team on :

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