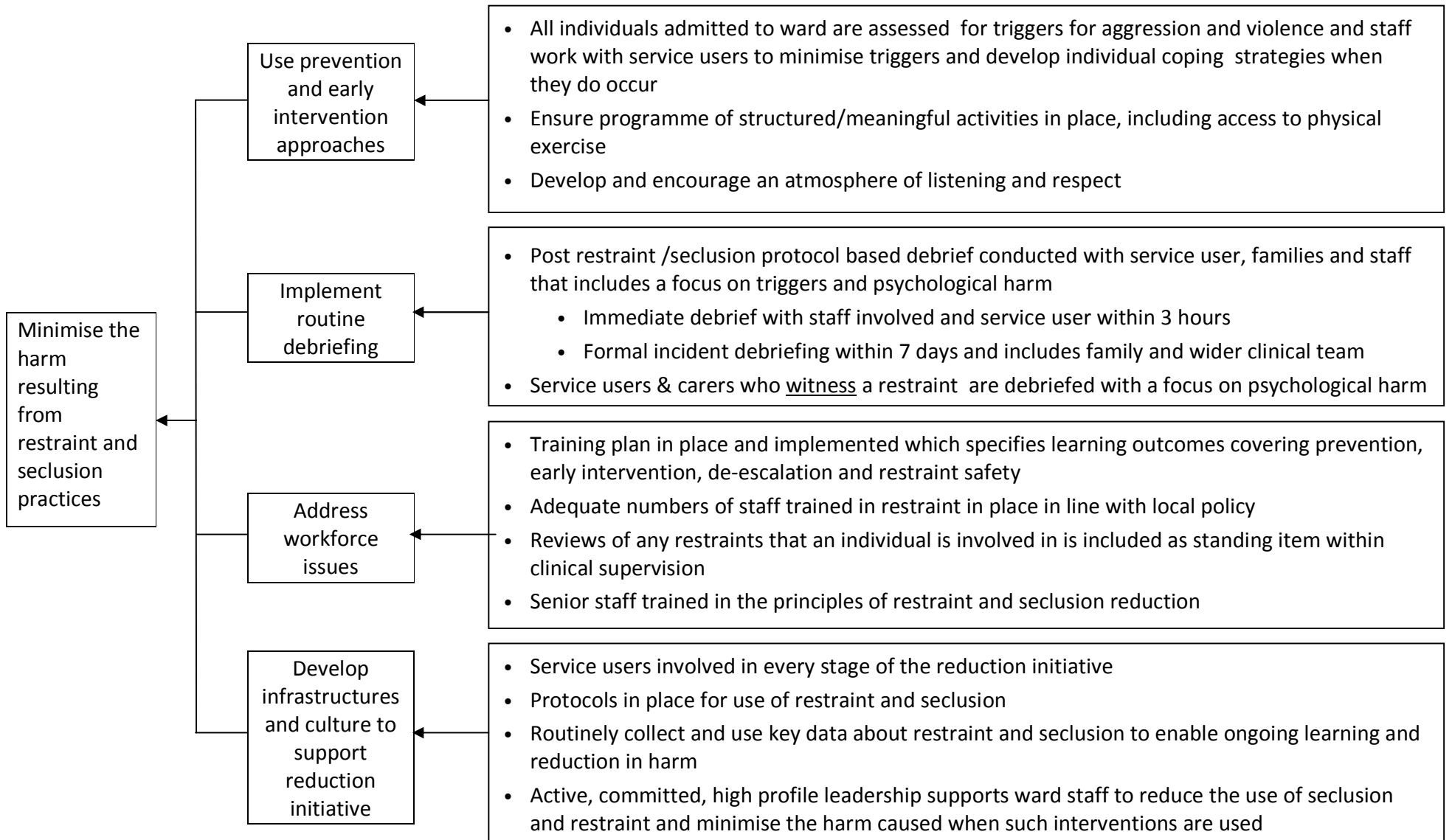


# Restraint and Seclusion Driver Diagram Phase Two



## Prevention and Early Intervention Approaches

| Secondary Drivers  | Change ideas for PDSA testing  |
|--|--|
| <p>All individuals admitted to ward are assessed for triggers for aggression and violence and staff work with service users to minimise triggers and develop individual coping strategies when they do occur</p> | <ul style="list-style-type: none"> <li>• Provide communication skills, anger management, problem solving and assertiveness skills development for inpatients</li> <li>• Ensure access to quiet spaces</li> <li>• Also need consider assessing for any physical risk factors that might indicate restraint not appropriate</li> </ul> |
| <p>Ensure programme of structured activities in place including access to physical exercise</p>  | <p>Identify themes from Patient Safety Climate Toll that are relevant<br/>Identify times of day/days of week where there is an increased incidence of restraint/seclusion/violent or aggressive incidents</p>  |
| <p>Develop an atmosphere of listening and respect</p>  | <ul style="list-style-type: none"> <li>• Use SRI2 to assess what the key areas for improvement are on the ward</li> <li>• Peer workers employed on inpatient units</li> <li>• Use Advocacy</li> </ul>  |
| <p>Ensure delivering trauma informed care</p>  | <ul style="list-style-type: none"> <li>• Audit practice to assess whether trauma informed (see Kevin Huckshorn Tool)</li> <li>• From the audit develop a plan to implement trauma informed care</li> </ul>   |

## Debriefing

| Secondary Drivers  | Change ideas for PDSA testing   |
|--|---|
| <p>Post restraint debrief conducted with service user, families and staff that includes a focus on triggers and psychological harm</p> <ul style="list-style-type: none"> <li>• Immediate debrief with staff involved and service user within 3 hours</li> <li>• Formal incident debriefing within 7 days and includes family and wider clinical team</li> </ul> | <p>Debrief needs to</p> <ul style="list-style-type: none"> <li>• Consider the facts</li> <li>• Acknowledge feelings</li> <li>• Aim to be a learning opportunity and focus on planning for prevention of further episodes</li> </ul> |
| <p>Service users &amp; carers who <u>witness</u> a restraint are debriefed with a focus on psychological harm</p>  | <ul style="list-style-type: none"> <li>• Consider the facts</li> <li>• Acknowledge feelings</li> </ul>  |

## Workforce Development

| Secondary Drivers  | Change ideas for PDSA testing  |
|--|--|
| Training plan in place and implemented which specifies learning outcomes covering prevention, early intervention, de-escalation and restraint safety | <ul style="list-style-type: none"> <li>• Training should be conducted and developed jointly by service users and staff</li> <li>• Further work to be completed nationally to identify a core set of learning outcomes for this training</li> </ul>   |
| Adequate numbers of staff trained in restraint in place in line with local policy  |  |
| Reviews of any restraints that an individual is involved in is included as standing item within clinical supervision                                 |  |
| Senior staff trained in the principles of restraint and seclusion reduction  | <ul style="list-style-type: none"> <li>• Senior staff need to be identified locally but should include as a minimum clinical managers with responsibility for inpatient services and board member with responsibility for mental health and board member with patient safety lead</li> </ul> |

## Infrastructures and culture

| Secondary Drivers  | Change ideas for PDSA testing  |
|--|--|
| Service users involved in every stage of the reduction initiative  |  |
| Protocols in place for use of restraint and seclusion  | <ul style="list-style-type: none"> <li>• System for highlighting the use, monitoring and recording of seclusion and restraint</li> </ul>   |
| Routinely collect and use key data about restraint and seclusion to enable ongoing learning and reduction in harm  | <ul style="list-style-type: none"> <li>• System for recording restraint and seclusion history within patient notes</li> <li>• Information collected on restraint related injuries includes method of restraint used</li> </ul>   |
| Active, committed high profile leadership supports ward staff to reduce the use of seclusion and restraint and minimise the harm caused when such interventions are used | <ul style="list-style-type: none"> <li>• Leaders champion reduction and make it a clear priority</li> <li>• Leaders actively seek discussions with staff, service users and carers on the reduction initiative</li> <li>• Leaders create an atmosphere for staff that models the atmosphere they want staff to create for service users</li> <li>• Leaders use a language that models recovery values</li> </ul> |

## Potential Process Measures for Restraint and Seclusion Workstream – Version 2

As well as measuring the level of harm occurring on inpatient units, the SPSP-MH programme also requires wards to measure their compliance with processes put in place to reduce harm. The **national programme is not putting compulsory process measures in place at this date** as it wants to generate useful and focused measures. **Therefore wards have flexibility to set their own process measures.** Through WebEx, Leadership Reports, Knowledge Network Site, Workstream Development Group, Programme Manager events and National and Regional Learning Sessions there will be mechanisms in place to share ideas between wards and boards working on the same workstream and time at the learning sessions to share the usefulness of the measures used locally.

Wards are not expected to collect all of these measures – simply to use measures which focus on the particular parts of the process they are testing. So, a ward decides to work on the debrief issues and trauma informed care issues, initially it would just start collecting process measures attached to those two issues. Finally, it is important to remember to baseline the measures prior to starting any focused work related to them.

| Secondary Driver  | Phase 2 Potential Measure  | Comments  |
|---|--|---|
| All individuals admitted to ward are assessed for triggers for aggression and violence and staff work with service users to minimise triggers and develop individual coping strategies when they do occur | % of individuals whose risk assessment includes known triggers for harm and whose safety plan includes actions to reduce that harm | Suggest measure this using a random audit of case notes. Wards need to consider whether audit weekly, every other week or monthly |
| Ensure delivering trauma informed care  | % of admissions where trauma history assessment completed  |   |

|  |   |   |
|--|---|---|
| Ensure programme of structured activities in place, including access to physical exercise  | Levels of structured activity sessions offered per week   |   |
| Immediate debrief with staff involved and service user within 3 hours  | % of restraint and seclusion episodes where an immediate post restraint review was conducted with service user and staff involved within 3 hours  |   |
| Formal incident debriefing within 7 days and includes family and wider clinical team   | % of restraints/seclusions where a formal incident debriefing took place within 7 days involving the service user, family and wider clinical team |   |
| Service users & carers who <u>witness</u> a restraint are debriefed with a focus on psychological harm   | % of restraints where evidence that those witnessing it were identified and debriefed   |   |
| Adequate numbers of staff trained in restraint in place in line with local policy  | % of restraints which involved staff who were not up to date with training  | Depending on numbers – may want to do this as a case note audit and use random sampling |
|  | Of total number of staff involved in restraints in a given month, % of them who were not up to date with their training                           |   |
| Training plan in place and implemented which specifies learning outcomes covering prevention, early intervention, de-escalation and restraint safety | % of staff who have completed the full prevention, early intervention, de-escalation and restraint safety training                                |   |
|  | % of staff who need an update and have completed the update for prevention, early intervention, de-escalation and restraint safety                |   |



|   |   |  |
|---|---|--|
| Active, committed, high profile leadership supports ward staff to reduce the use of seclusion and restraint and minimise the harm caused when such interventions are used | % of identified senior staff who have completed training in principles of restraint and seclusion reduction | Local policy will need to define which staff should attend this training – and this will give you the denominator. Numerator will be total number of those identified as needing to attend who have attended |
|   | % of post-restraint reviews signed off by nominated lead  |  |
| Reviews of any restraints that an individual is involved in is included as standing item within clinical supervision  | % of nurses accessing clinical supervision/reflective practice at least once every 8 weeks                  |  |