

TRUST-WIDE CLINICAL POLICY DOCUMENT

REDUCING RESTRICTIVE PRACTICE

Policy Number:	SD48
Scope of this Document:	All Staff
Recommending Committee:	Reducing Restrictive Practice Implementation Group
Approving Committee:	Executive Committee
Date Ratified:	January 2017
Next Review Date (by):	January 2020
Version Number:	Version 1
Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Lead for Reducing Restrictive Practice

TRUST-WIDE CLINICAL POLICY DOCUMENT

2016 – Version 1

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE CLINICAL POLICY DOCUMENT

REDUCING RESTRICTIVE PRACTICE

Further information about this document:

Document name	REDUCING RESTRICTIVE PRACTICE POLICY (SD48)
Document summary	This document details Mersey Care NHS Foundation Trust's strategic position on employing the principles of least restrictive practice across all domains of business and service delivery across the organisation.
Author(s) Contact(s) for further information about this document	DR JENNIFER KILCOYNE Lead for Reducing Restrictive Practice Telephone: 0151 472 4550 Email: jennifer.kilcoyne@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	SD04 Management of clinical risk through supportive observation SD11 Use of Rapid Tranquillisation SD12 Handling of medicines SD17 Safeguarding Vulnerable Adults from Abuse SD18 Support of service users who present with challenging behaviour (formerly recognition, prevention and management of aggression/violence) MH01 Mental Health Act Policy MC01 Mental Capacity Act Policy MC04 Deprivation of Liberty Safeguards Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

		Version History:
Version 1	Presented to the Executive Committee for Approval	January 2017

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

Contents

Index	Page No
1. PURPOSE AND RATIONALE	5
2. POLICY STATEMENT	5
3. WHAT ARE THE MEASURABLE CHANGES AS A RESULT OF THIS POLICY?	5
4. SCOPE	5
5. ACCOUNTABILITY AND GOVERNANCE	5
6. HOW WILL THE POLICY BE DELIVERED?	6
7. POLICY STANDARDS	6
8. CONSULTATION	7
8. TRAINING AND SUPPORT	7
9. MONITORING	7
10. EQUALITY AND HUMAN RIGHTS ANALYSIS	8
11. ACTION PLAN TEMPLATE	11
12. APPENDIX 1	13
13. APPENDIX 2	14

1. PURPOSE AND RATIONALE

- 1.1 The policy aims to articulate Mersey Care NHS Foundation Trust's commitment to reducing restrictive practices and applying the least restrictive principles to all aspects of the Trust's business and service delivery. Least restrictive principles relate to applying as few limits as possible to a persons choices, personal rights and freedom while ensuring their support and care needs are being met.
- 1.2 Restrictive practices are any type of support or practice that limits the rights, freedom, or movement of a person within services. Restrictive interventions are ways staff may intervene in crisis situations to prevent harm e.g. physical restraint, seclusion, supportive observations, rapid tranquilisation. Any restrictive intervention must be legally and ethically justified to prevent serious harm and it must be the least restrictive option.
- 1.3 This Policy will guide and demonstrate a clear position to staff to ensure that the Trust and its workforce provide compassionate, trauma- informed and recovery focused individual care to the people who use our services in the safest and least restrictive manner.

2. POLICY STATEMENT

- 2.1 Mersey Care NHS Foundation Trust is committed to reducing restrictive practices and applying the least restrictive principles to all aspects of the Trust's business and service delivery.

3. WHAT ARE THE MEASURABLE CHANGES AS A RESULT OF THIS POLICY?

- 3.1 Restrictive practices are monitored and reduce over time. Restrictive practice reduction strategies are implemented across all Mersey Care services and lead to improvements in the participation, quality of life outcomes and experience of service users and staff.
- 3.2 All staff are capable, knowledgeable and committed to reducing the use of restrictive practices which is evidenced in clinical practice across the organisation.

4. SCOPE

- 4.1 The policy applies to all staff and clinical services in all areas of Mersey Care NHS Foundation Trust.

5. ACCOUNTABILITY AND GOVERNANCE

- 5.1 **Executive Director of Nursing** is accountable for ensuring an appropriate strategy is in place to support reduction in the use of restrictive practice and ensuring this is implemented and adhered to.
- 5.2 **All senior leaders and managers in the Divisions** are responsible for considering the framework outlined in the policy and ensuring their local provision, clinical practices and operational procedural arrangements are in place to deliver this approach.
- 5.3 The **Patient Safety Committee** is responsible for ensuring the principles outlined in this policy are integral to decision making in relation to safe practice and safe environments and will ensure that practice within the organisation is consistent with the policy objectives.
- 5.4 The **Reducing Restrictive Practice Implementation Group** will be responsible for:
 - 5.4.1 the development and implementation of new practice and clinical innovation in this area
 - 5.4.2 monitoring and recording levels of restrictive practice and associated assurance process

5.4.3 Reviewing and recommending implementation of this policy

- 5.5 The **Local Surveillance Groups** in each clinical division are responsible for highlighting local trends in data on restrictive practice and communicating the actions to address issues to the clinical division leadership.
- 5.6 The **Reducing Restrictive Practice Curriculum Board** is responsible for ensuring the training curriculum taught to our staff meets the principles of least restrictive practice and is focused primarily on the prevention of conflict.
- 5.7 The **Head of Nursing and Patient Experience (Secure Division)** is accountable for the delivery, content and provision of PSS training for the workforce.
- 5.8 **All staff** are responsible for ensuring personal and professional compliance with this document.

6 HOW WILL THE POLICY BE DELIVERED?

- 6.1 All new developments and innovation in clinical care, service delivery and organisational transformation will be consistent with the commitment to reducing restrictions and promoting recovery based and person-centred care.
- 6.2 The Trust will involve Experts by Experience in developing services at all levels.
- 6.3 High quality service improvements and culture change will be initiated to reduce restrictive practice.
- 6.4 Least restrictive and recovery principles are integrated into all aspects of our business including our capital planning and our procurement processes.
- 6.5 Buildings and environments are developed which are conducive to recovery, consistent with Trust strategic priorities and are positive, safe and therapeutic.
- 6.6 People who use our services are involved in all aspects of their clinical care and have individualised processes and plans to support them at times of crisis which are collaborative, clearly documented and recorded for the service-user and staff team.
- 6.7 Recruitment processes for the organization hold values in line with those of the Trust and compassionate health care.
- 6.8 Appropriate training for staff is provided in the use of restrictive practices and the principles of least restriction. To ensure the workforce have the knowledge, skills and competencies to prevent and manage conflict in a safe and collaborative manner. The focus of the training will be on non-restrictive approaches, person-centred therapeutic interactions, recovery and social inclusion.
- 6.9 Our wards will ensure they provide care that is based upon the needs of the people who use our services. All standardised policies, rules, practices and procedures that are restrictive to personal freedoms and choices require a rationale in place to justify their use.

7 POLICY STANDARDS

- 7.1 Individuals who may be subject to restrictive practices will be given clear information about the range of restrictive approaches approved and authorised within the service, the circumstances which govern their use, and whom to complain to if there is concern about how these measures are implemented.

- 7.2 Any restrictive interventions that are used will be and only be used as a last resort where non-restrictive alternatives cannot be used or have failed.
- 7.3 All interventions should be appropriate, proportionate, necessary, the least restrictive option for the circumstance and used for the shortest possible time.
- 7.4 The use of restrictive interventions will be assessed and planned to meet the specific needs of the individual, taking account of their history, physical and psychosocial needs and preferences in order to minimise distress, trauma or risk of harm.
- 7.5 The use of any restrictive practice which is considered degrading or abusive is not permitted.
- 7.6 Restrictive practices will not be used as a consequence to enforce rules, to punish or coerce, or as a substitute for a lack of resources.
- 7.7 Staff performance regarding outcomes relating to restraint, medication led restraint, seclusion and segregation and supportive observations are robustly monitored and will form the basis for learning and development across the clinical divisions.

8 CONSULTATION

- 8.1 This policy has been developed through consultation with the Senior Leadership Teams in the clinical divisions of the Trust and service users.

9 TRAINING AND SUPPORT

- 9.1 The principles of No Force First and Least restrictive practice are included in mandatory training for all staff through the Personal Safety Service Training.

10 MONITORING

- 10.1 The adherence to this policy will be monitored by the Reducing Restrictive Practice Monitoring Group, the Reducing Restrictive Practice Implementation Group, Divisional Surveillance, and Clinical Governance to ensure appropriate performance and quality outcome data is being recorded and analysed This will ensure that key indicators will be delivered and restrictive practices will be reduced, whilst indices of patient and staff experience will be improved.

11 EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: The Least Restrictive Practice Policy
Area covered: Trust Wide

What are the intended outcomes of this work? To reduce restrictive interventions in the Trust and outline the commitment to principles of least restrictive practice
Who will be affected? Staff, service users, families and carers.

Evidence
What evidence have you considered? A range of national guidance outlined in appendix 2 and other MCT Policies.
Disability (including learning disability) References below <ul style="list-style-type: none"> • Learning Disability QS101 – Learning disabilities, challenging behaviour • Learning disabilities: challenging behaviour (2015) NICE quality standard 101
Sex Services to examine gender differences within least restrictive practices..
Race Evidence that patients/service users from BME communities experience higher levels of negative experiences within Mental Health services.
Age Please cross cutting.
Gender reassignment (including transgender) Please see cross cutting.(please note where a patient is 'trans' any data will need to be handled sensitively. This is due to low potential numbers of 'Trans' patients being recorded . Therefore it would be easy to identify a patient within a service and impact upon confidentiality issues.
Sexual Orientation Please see cross cutting
Religion or belief Please see cross cutting
Pregnancy and maternity Please see cross cutting
Carers. No issues identified.

Other identified groups
No other groups identified.

Cross Cutting
Experience should be audited form patients from all of the protected characteristics. The least restrictive practice should have a positive impact on the experiences of patients/service users from the protected groups in particular (Learning Disability/Race /Gender).

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>Human Rights Based Approach Supported.</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>Human Rights Based Approach Supported. Supportive of Article 3</i>
Right to liberty (Article 5)	Human Rights Based Approach Supported. Supportive of Article 5
Right to a fair trial (Article 6)	Human Rights Based Approach Supported.
Right to private and family life (Article 8)	Human Rights Based Approach Supported.
Right of freedom of religion or belief (Article 9)	No issues identified within discussions.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No issues identified within discussions.
Right freedom from discrimination (Article 14)	Human Rights Based Approach Supported. Supportive of Article 14

Engagement and Involvement *detail any engagement and involvement that was completed in putting this together.*

Discussed Policy development and content with service users

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy aims to promote positive experiences of patients/service users within the protected groups.

Advance equality of opportunity

Supportive

Promote good relations between groups

Supportive

What is the overall impact?

Intended to be positive and reduce restrictive practices.

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

The Policy is to reduce the impact of inequality and promote right and fair treatment

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here*

Information is collected to monitor the impact of restrictive practices and this is collated by the Equality and Diversity Committee.

Least Restrictive practice group to report to the equality group twice yearly.

For the record

Name of persons who carried out this assessment:

Dr Jennifer Kilcoyne, Lead for Reducing Restrictive Practice

George Sullivan Equality and Human Rights Advisor .

Date assessment completed:

02/11/2016

Name of responsible Director: Ray Walker, Director of Nursing

Date assessment was signed:

October 2016

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Communication Strategy	Policy to be shared with service users and all staff groups.	Jan 2017	Lead for Reducing Restrictive Practice.
Governance and Audit	<p>Meeting processes are established in the Reducing Restrictive Practice Implementation/ Monitoring groups in the Clinical Divisions. Reducing Restrictive Practice objectives will be incorporated into ward audit data. Data is gathered on routinely on incidents, physical restraint, seclusion, medication-led restraint. Participation, experiences and safety outcomes are also collected. Collected data about the use of restrictive practices will be in relation to protected characteristics will be analysed identifying trends and improvement plans implemented.</p> <p>All restrictive practices are to be reviewed from a staff and service user perspective and audited by July 2017 any practices without clear clinical rationale removed from services</p>	On-going	Executive Director of Nursing Implementation and Monitoring Groups
Sustainability Systems	All new design, service delivery requires consideration to	On-going	Executive Director of Medicine and

	<p>the principles of this policy.</p> <p>Valued Based Recruitment continues to focus on outcomes relating to Reducing Restrictive Practice as a key component for ensuring that our workforce reflects the service user needs.</p>		<p>Nursing</p> <p>Director of Human Resources</p>
Training	<p>New training manual incorporates principles of the Policy to be delivered to all staff in mandatory training, Personal Safety Service training and No Force First is delivered to all staff on induction.</p>	Jan 2017	<p>Head of Nursing and Patient Experience (Secure Division)</p>

APPENDIX 1

DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
Least restrictive principle	People taking action without a patient's consent must attempt to keep to a minimum the restrictions they impose on the patient's liberty. (MHA Code of Practice)
Personal Safety Service	The Personal Safety Service is a dedicated Trust team who provide advice, support and training for the Directorates on the prevention and management of conflict, including the use of physical interventions..
No Force First	The conflict and restraint reduction strategy employed by the Trust to reduce restrictive practice and improve service user and staff experience.

APPENDIX 2

REFERENCES

Key policy documents

- [Learning disabilities: challenging behaviour](#) (2015) NICE quality standard 101
- Department of Health (2014) [Mental health crisis care agreement](#)
- Department of Health (2014) [Positive and proactive care: reducing the need for restrictive interventions](#)
- Department of Health (2014) [A positive and proactive workforce. A guide to workforce development for commissioners and employers seeking to minimize the use of restrictive practices in social care and health.](#)
- Robert Francis QC (2013) [Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry](#)
- Department of Health (2012) [Compassion in practice – nursing, midwifery and care staff – our vision and strategy](#)
- Department of Health (2012) [Winterbourne View Hospital: Department of Health review and response](#)

Related NICE quality standards

- [Violence and aggression: short term management in mental health, and community settings NG10](#)
- [Learning disabilities: challenging behaviour](#) (2015) NICE quality standard 101
- [Personality disorders: borderline and antisocial](#) (2015) NICE quality standard 88
- [Antisocial behaviour and conduct disorders in children and young people](#) (2014) NICE quality standard 59
- [Service user experience in adult mental health services](#) (2011) NICE quality standard 14
- [Dementia: support in health and social care](#) (2010) NICE quality standard 1