

TRUST-WIDE CLINICAL POLICY DOCUMENT

REDUCING RESTRICTIVE PRACTICE POLICY

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Recommending Committee:	Reducing Restrictive Practice Implementation Group
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2020 – Version 2

Striving for perfect care
and a just culture

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REDUCING RESTRICTIVE PRACTICE POLICY

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.
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To be read in conjunction with	SD04 Supportive observation SD11 Use of Rapid Tranquillisation SD12 Handling of medicines SD17 Safeguarding Vulnerable Adults from Abuse SD18 Support of service users who may present with behaviours of concern (formerly recognition, support of service users who present with challenging behaviour) 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	
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Version Control:

		Version History:
January 2017	Presented to the Executive Committee for Approval	Version 1
March 2020	Presented to the Executive Director for Approval	Version 2

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 adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not 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 **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 The policy aims to articulate Mersey Care NHS Foundation Trust's commitment to protecting peoples fundamental human rights, 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 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. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 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.
- 2.2 All staff are capable, knowledgeable and committed to reducing the use of restrictive practices which is evidenced in clinical practice across the organisation.

3. SCOPE

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

4. DEFINITIONS

- 4.1 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, long term segregation, 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.

5. DUTIES

- 5.1 **Executive Director of Nursing and Operations** 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 **Strategic Patient Safety Improvement Group** 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 Reviewing and recommending implementation of this policy

- 5.5 The Divisional **Reducing Restrictive Practice Monitoring Group** which reports to the Clinical Governance Committee is responsible for monitoring and providing challenge / support to reduce restrictive practice and providing an assurance process at Divisional level to ensure compliance with the MHA code of practice, relevant guidance and evidence based good practice.
- 5.6 The **Local Safety Huddles** 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.
- 5.7 The **Reducing Restrictive Practice Curriculum Group** 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.
- 5.8 The **Associate Director of Nursing and Patient Experience (Secure & Specialist Learning Disability Division)** is accountable for the delivery, content and provision of PSS training for the workforce.
- 5.9 **All staff** are responsible for ensuring personal and professional compliance with this document.

6 PROCESS

- 6.1 All new developments and innovation in clinical care, service delivery and organisational transformation will be consistent with the commitment to upholding a human rights based approach to reducing restrictions and promoting recovery based, 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, accessible 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 rights based approach 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 which considers the persons human rights in place to justify their use.
- 6.10 Individuals who may be subject to restrictive practices will be given clear accessible 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.

- 6.11 Any lawful restrictive interventions that are used will be considered with due diligence to the persons human rights and dignity and only be used as a last resort where non-restrictive alternatives cannot be used or have failed.
- 6.12 All interventions should be appropriate, proportionate, necessary, the least restrictive option for the circumstance and used for the shortest possible time.
- 6.13 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.
- 6.14 The use of any restrictive practice which is considered degrading or abusive is not permitted.
- 6.15 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.
- 6.16 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.

7 CONSULTATION

- 7.1 This policy has been developed through consultation with service users and the senior leadership teams in the clinical divisions of the Trust.

8 TRAINING AND SUPPORT

- 8.1 The principles of No Force First with clear reference to supporting an overall human rights based approach, which is focused on the minimisation of the use of restrictive interventions, is included in mandatory training for all staff through the Personal Safety Service.

9 MONITORING

- 9.1 The adherence to this policy will be monitored by the Divisional Reducing Restrictive Practice Monitoring Groups, the Trust Reducing Restrictive Practice Implementation Group, Divisional Safety Huddles, 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.

Title: Reducing Restrictive Practice Policy
Area covered: Trust Wide

<p>What are the intended outcomes of this work? This is a review of the last impact assessment</p> <p>To reduce restrictive interventions in the Trust and outline the commitment to principles of least restrictive practice</p> <p>Who will be affected? Staff, service users, families and carers.</p>
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Evidence
<p>What evidence have you considered? A range of national guidance outlined in appendix 2 and other MCT Policies.</p>
<p>Disability (including learning disability)</p> <p>References below</p> <ul style="list-style-type: none"> • Learning Disability QS101 – Learning disabilities, challenging behaviour • Learning disabilities: challenging behaviour (2015) NICE quality standard 101
<p>Sex Services to examine gender differences within least restrictive practices..</p>
<p>Race Evidence that patients/service users from BME communities experience higher levels of negative experiences within Mental Health services.</p>
<p>Age Please cross cutting.</p>
<p>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.</p>
<p>Sexual Orientation Please see cross cutting</p>
<p>Religion or belief Please see cross cutting</p>
<p>Pregnancy and maternity Please see cross cutting</p>
<p>Carers. No issues identified.</p>

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

This review was completed by

George Sullivan Secure Equality and Human Rights Advisor.

Danny Angus Lead Nurse for Quality and Innovation

Date assessment completed:

17/02/2020

Last assessment

02/11/2016

Name of responsible Director: Executive Director of Nursing and Operations

Date assessment was signed:

Feb 2020

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.	Feb 2020	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, long term segregation medication-led restraint. Participation, experiences and safety outcomes are also collected.</p> <p>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 April 2020 any practices without clear clinical rationale removed from services</p>	<p>On-going</p> <p>April 2020</p>	<p>Executive Director of Nursing and Operations RRP Implementation and Monitoring Groups</p> <p>RRP Implementation and Divisional Monitoring Groups</p>

Sustainability Systems	All new design, service delivery requires consideration to the principles of this policy.	On-going	Executive Medical Director and Executive Director of Nursing and Operations
Equality	Report with Protected Characteristics to be presented to the trust EDI group Looking at Race Disability/LD Marriage Religion Gender Sexual orientation	2020	Lead for Reducing Restrictive Practice.
Training	New Personal Safety Service training programme accredited by the Restraint Reduction Network incorporates principles of the Policy to be delivered to all staff in mandatory training and on Induction.	Ongoing	Associate Director of Nursing and Patient Experience (Secure & Specialist Learning Disability Division)

APPENDIX 1

DEFINITIONS (Glossary of Terms)

Glossary of Terms	Definition
A Human Rights Based Approach	A rights based approach allows health and social care professionals to formulate their decision based on certain values, principles and the law, whilst ensuring that the person and their particular wishes and needs are at the centre of that decision making process. (Human Rights Act 1998).
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 1983: Code of Practice 2015).
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

Restrictions on Service-User Property in Mersey Care NHS Foundation Trust

(Acknowledgement of the Guidance provided by the CQC 2017)

Prohibited Items

- Alcohol and drugs or substances not prescribed (including illicit and psychoactive substances)
- Items used as weapons (e.g. firearms-real or replica, knives, or other sharps, bats, rope)
- Fire hazard items (flammable liquids, matches, lighters, incense)
- Cigarettes and tobacco
- Clinically inappropriate or illegal material e.g. incites violence, sexual abuse racial/cultural/religious/gender hatred

In High Secure:

- Mobile phones
- Personal Computers, tablets, games devices with hard drives or sharing capabilities
- Items with voice recording capabilities
- Other items with enabled WiFi /internet capabilities
- Items considered as an escape aid

In Medium Secure Services IT and Mobile Phone capabilities are currently under review.

Restricted /Monitored items

Monitored items are items where the access is controlled and may be supervised according to local protocols and individual risk assessment.

- Some toiletries- aerosols, razors
- Identity documents, bank cards
- Cutlery, tinned materials, glassware
- Equipment that can record moving or still images (camera, web cameras)
- Clingfilm, foil, plastic bags, metal clothes hangers
- Pets

Risk Assessment and Individualised Care for Restricted Items

Access to items depends on a range of factors which may be fixed or subject to change. The risk assessment of access to restricted items should take an individualised approach, where possible in collaboration with the service-user, which increases personalised and responsive care. For property that may be considered for restricted use, staff are required to complete a risk assessment and provide the service-user with a clear rationale that explains the management process and review period. This assessment should consider:

1. **Personal risk:** taking account of the individual's historical risk **and** current mental state does the item represent a current risk
2. **Interpersonal risk:** does the item represent a direct risk to others- service users and staff
3. **Environmental risk:** relating to ward dynamics and/or general service safety. In the event that a clinical area has a Serious Untoward Incident (SUI) involving one or multiple service-users which may present environmental risks jeopardising the health and safety of persons present, emergency action may be required to minimise risk exposure and harm. This may include closing locations within the affected area to manage the situation. Any action of this nature will require authorisation from the Clinical Management structure and when out of hours the on call incident management team; Bronze, Silver and Gold Command. Silver and Gold will be informed of such incidents on all occasions regardless of the time of day. This will be classed as an adverse incident and reported and reviewed as such on Trust incident reporting and monitoring systems.
4. **A Common Sense Consideration** of the item in question – is it appropriate to be present on an inpatient ward.
 - **Attached is a table that staff can use to determine the level of risk the item presents to the individual service user in their ward environment. Any restricted items in the Amber or Red categories should be recorded in the service-users clinical notes in the risk assessment with a detailed rationale and period of review. This should be communicated to the service-user.**
 - **Service Users should be made aware they have a right to appeal any decision in relation to restricted/monitored items locally with their team or through using Advocacy and complaints procedures.**
 - **If a service user lacks capacity in relation to an item/or the right to appeal and staff wish to restrict the item. Staff are required to follow a best interest assessment in conjunction with families and carers.**
 - **If staff are unsure about religious/ spiritual or cultural specific items and whether they should be restricted, they should consult the relevant Religious/ Spiritual Leads or the Equality and Diversity Lead.**

RAG Rating	Item	Individualised and Risk Assessed Rationale
<p>(GREEN) Access to the item can be facilitated with a collaboratively formed care plan in place with the service user. A service may choose to have a standardised approach for the item which can then be adapted to the individual's need.</p>		
<p>(AMBER) With the information provided and risk assessment completed so far, it is inconclusive whether access to the item can be safely facilitated. Refer the issue for further assessment and discussion to the MDT/ward round/ PCT.</p>		
<p>(RED) Personalised risk assessment has determined that access to the item cannot be safely facilitated. The service user is provided with an explanation for the restrictions applicable a timeframe for when the access can be reviewed.</p>		

APPENDIX 3

REFERENCES

Key policy documents

- [Learning disabilities: challenging behaviour](#) (2015) NICE quality standard 101
- Department of Health (2015) [Mental Health Act 1983: Code of Practice](#)
- 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