# Reducing Restrictive Practice

Reflecting on our project



## Where we started

- NHS England are keen to see a reduction in Restrictive Practice in NHS services, namely the use of rapid tranquilisation, restraints and the use of seclusion.

- We used a driver diagram to gather feedback from staff, patients and carers to identify key areas for improvement on the ward that might impact the use of restrictive practice.

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| 1 | | Patients | Carers | Staff | Total | |
| 2 | Active Partipant in care | 1 | 2 | 2 | 5 | |
| 3 | Increased Participation in activities | 4 | 3 | 16 | 23 | |
| 4 | Person Centred Care | 3 | 0 | 8 | 11 | |
| 5 | Engagement between patients and staff | 7 | 2 | 6 | 15 | |
| 6 | Engagement in quality improvement | 0 | 0 | 2 | 2 | |
| 7 | Good communication and transparency | 3 | 0 | 8 | 11 | |
| 8 | Channels of communication between staff | 2 | 0 | 10 | 12 | |
| 9 | Training and the use of tools | 1 | 0 | 2 | 3 | |
| 10 | Supervision and Wellbeing | 0 | 0 | 13 | 13 | |
| 11 | Physical environment | 7 | 0 | 5 | 12 | |
| 12 | Reviewing blanket restrictions and ward rules | 2 | 0 | 3 | 5 | |
| 13 | Ward Rotuines | 0 | 0 | 12 | 12 | |
| 14 | [Caring for patients physical health] | 2 | 0 | 0 | 2 | |

## Staff Wellbeing

We then decided to take a focus on Staff Wellbeing, whilst this wasn't the highest scoring area on the driver diagram feedback, we felt that it was key in influencing all other areas and the goal to reduce restrictive practice on the ward

We gathered qualitative data from staff on the following two questions:

1. How does working on Kingsley Ward impact your wellbeing?
2. What could be done to improve your wellbeing whilst working on the ward?

Some of the responses are recorded below:

- *Senior management to listen to frontline staff with regards to admissions/discharges/changes on the ward*
- *'Very often I feel exhausted when I finish work'*
- *High risk of accidental death*
- *More spaces for reflective practice and debrief*
- *Enough alarms for each member of staff*
- *All agency to staff to have access to systems such as Rio/Wellsky (when appropriate) & have access to computers*
- *Faulty unreliable IT is a major frustration and wastes much time*

## Gathering and reviewing Data

-Alongside staff feedback, members form the QI team shadowed staff on nursing shifts
-We collected Ulysses data for restrictive practices on the ward
-Patients provided qualitative feedback:

-*'Staff are often getting side-tracked [from what you have asked them to do] because they are busy'*

*'There needs to be more staff presence on the ward'*

*'There are lots of staff in the office not engaging with patients on the ward. The paperwork needs to be reduced so that, there is more time with patients.'*



Shadowing of HCSW
- Office work – 34%
- 1:1 – 38%
- On ward tasks 11%
- On ward therapeutic 11%

Shadowing of charge nurse
- Meetings/handover– 15%
- Office – 69%
- On ward therapeutic 9%

The total number of episodes of restrictive practices (all interventions together) over time

*'Concerns for staff post incident, hopeful that staff receive debrief afterwards but, concerned that they don't as, the ward is busy. If they don't [have] this, [it] will have an impact on their work'*

*'Inappropriate topics being discussed with [patients] regarding their wellbeing needs not being met e.g. breaks/not enough staff etc'*

*'Staff spending 2-3 hours on 1:1 observations without a break/ or a change in staff'*

## Identifying themes and next steps

Through reviewing all the data, we felt that the majority fell within the following themes:
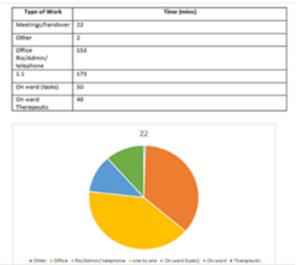- **Increased risks**
- **Time**
- **Environmental factors**
- **Exhaustion**
- **Agency staff integration**
- **Decisions made without front line staff involvement**
- **Debrief/reflective practice**

Next Steps:
- **Check with staff that they feel the themes are an accurate reflection of the feedback they have provided**
- **Ask staff for practical solutions for how these areas could be improved.**

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