# TRUST WIDE CLINICAL STRATEGY

## REDUCING RESTRICTIVE PRACTICE

<table>
<thead>
<tr>
<th>Document name</th>
<th>REDUCING RESTRICTIVE PRACTICE STRATEGY</th>
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<tbody>
<tr>
<td>Document summary</td>
<td>This document details West London Mental Health Trust’s strategic position on employing the principles of least restrictive practice across all Services.</td>
</tr>
<tr>
<td>Author</td>
<td>Jimmy Noak Deputy Director of Nursing</td>
</tr>
<tr>
<td>Contact for further information about this document</td>
<td>Stephanie Bridger Director of Nursing and Patient Experience</td>
</tr>
</tbody>
</table>
| To be read in conjunction with | O1 Therapeutic Engagement & Supportive Observation  
M2 Medicines Policy  
S28 Safeguarding Adults Policy and Reporting Procedure  
V2 Violence Reduction and Management Policy  
M14 Mental Health Act Policy  
M9 Mental Capacity Act Policy  
N8P Nasogastric Administration of Medication  
R10 Rapid Tranquilisation Restrictive Practice  
Best Practice Guidance for patients cared for under Long Term Segregation  
The Human Rights Act 1998- Article 2,3,5,8,9,10,14  
Health and Social Care Act 2008  
Department of Health (2015) Deprivation of liberty safeguards – information and resources |
<p>| Acknowledgment | This document is developed at WLMHT and was based on local work with WLMHT and collaborative work with Merseyside Health Care Foundation Trust whose strategy informed this documentation. We acknowledge their work and thank them for support. |</p>
<table>
<thead>
<tr>
<th>Content</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Purpose and Rationale</td>
<td>3</td>
</tr>
<tr>
<td>2. Strategy Statement</td>
<td>3</td>
</tr>
<tr>
<td>3. Safeguarding</td>
<td>3-4</td>
</tr>
<tr>
<td>4. What are the measurable changes as a result of the strategy?</td>
<td>4</td>
</tr>
<tr>
<td>5. Scope</td>
<td>4</td>
</tr>
<tr>
<td>6. Accountability and Governance</td>
<td>4</td>
</tr>
<tr>
<td>7. How will the strategy be delivered</td>
<td>6-7</td>
</tr>
<tr>
<td>8. Policy Standards</td>
<td>7</td>
</tr>
<tr>
<td>9. Consultation</td>
<td>7</td>
</tr>
<tr>
<td>10. Training and support</td>
<td>7</td>
</tr>
<tr>
<td>11. Monitoring</td>
<td>8</td>
</tr>
<tr>
<td>12. Appendix 1</td>
<td>9</td>
</tr>
<tr>
<td>13. Appendix 2</td>
<td>10</td>
</tr>
<tr>
<td>14. Appendix 3</td>
<td>11</td>
</tr>
<tr>
<td>15. Appendix 4</td>
<td>12</td>
</tr>
</tbody>
</table>

**Trust Vision and Values**

Promoting hope and wellbeing together;

1) **Togetherness:** Ensure teamwork, mutual respect and trust sit at the heart of everything we do here. Our service users and their carer’s are an integral part of the team.

2) **Responsibility:** Ensure when we say we’re going to do something, we do it. We don’t leave it to someone else to do. Our service users are responsible for engaging in their treatment.

3) **Excellence:** Ensure we strive for excellence in everything we do. ‘Good enough’ is simply not good enough. Excellent is better. The safety of our service users and our team is our number one priority.

4) **Caring:** Ensure caring means more than showing compassion to our service users and each other. It’s also about having a can-do attitude, stepping up and caring to be the best we can. Because we care, we give praise when it’s due.
1. PURPOSE AND RATIONALE

1.1 The strategy aims to articulate West London Mental Health NHS 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 person’s 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 for example physical restraint, seclusion, supportive observations, and rapid tranquilization. Any restrictive intervention must be legally and ethically justified to prevent serious harm and it must be the least restrictive option Code of Practice revised (2015)

1.3 This Strategy 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. STRATEGY STATEMENT

2.1 West London Mental Health NHS 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. SAFEGUARDING

3.1 Each Service area must consider the areas of capacity and consent when deciding if the proposed restrictive intervention is in the person’s best interests. Service areas must be satisfied that the evidence confirms that the implementation of the proposed intervention will be in the person’s best interests.

3.2 Documentation must clearly record the formal discussions and processes involved in reaching a multi-disciplinary agreement.

3.3 The Restrictive intervention plan must be fully considerate of human rights and the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles and can be implemented under an appropriate legal framework.

3.4 The person and their representatives must be supported to understand their rights and provision must be made of information on how they can raise any objections or complaints.

3.5 Each service area must ensure that the decisions they make are ethical and fully considerate of the individual professional responsibilities, and the organization’s accountability and governance structure.

4. WHAT ARE THE MEASURABLE CHANGES AS A RESULT OF THIS STRATEGY

4.1 Restrictive practices are monitored and reduce over time. Restrictive practice reduction plans are in place across all West London Mental Health Trusts services and should lead to improvements in the participation, quality of life outcomes and experience of service users and staff.
4.2 Service Lines will be able to outline minimum use of any restrictive practice that is proportionate and necessary with the service, service line will be able to demonstrate measurement of restricted practice.

4.3 All staff are capable, knowledgeable and committed to reducing the use of restrictive practices which is evidenced in clinical practice across the organization.

5. SCOPE

5.1 The strategy applies to all staff and clinical services in all areas of West London Mental Health NHS Trust.

6. ACCOUNTABILITY AND GOVERNANCE

6.1 Executive Director of Nursing/Medical Director are 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.

6.2 All senior leaders and managers in the services 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.

6.3 The Trust Quality Committee is responsible for ensuring the principles outlined in this strategy are integral to decision making in relation to safe practice and safe environments and will ensure that practice within the organization is consistent with the policy objectives.

6.4 Trust Structure and Governance of Restrictive Practice

The West London Mental Health NHS Trust structure for reducing restrictive practice is outlined in table 2 below and includes; Trust Board, Quality Committee, Trust Clinical Governance Group and Operational Service Lines.
Local Services (with 5 service lines), High Secure Service and West London Forensic Services

Table 2 Trust Structure

<table>
<thead>
<tr>
<th>Structure</th>
<th>Lead</th>
<th>Function</th>
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<tbody>
<tr>
<td>Trust Board</td>
<td>Executive Director of Nursing</td>
<td>Agree Strategy&lt;br&gt;Assure good practice&lt;br&gt;Support Innovation&lt;br&gt;Receive trust overview report</td>
</tr>
<tr>
<td>Quality Committee</td>
<td>Clinical Directors</td>
<td>Receive and review assurance updates from Clinical Directors and EDs for service lines with associated performance run charts</td>
</tr>
</tbody>
</table>

Service Lines operational structures

<table>
<thead>
<tr>
<th>High Secure</th>
<th>Clinical Director (or named deputy)</th>
<th>To review and review assurance reports. Ensure accurate, reliant and timely data available (and used) Ensure minimisation/reduction program in place Ensure compliance with code of practice and best practice standards Provide relevant reports to Quality Committee and commissioners. Ensure up-to-date work plan for restrictive practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WLFS</td>
<td>Clinical Director (or named Deputy)</td>
<td>To review and review assurance reports. Ensure accurate, reliant and timely data available (and used) Ensure minimisation/reduction program in place Ensure compliance with code of practice and best practice standards Provide relevant reports to Quality Committee and commissioners. Ensure up-to-date work plan for restrictive practice.</td>
</tr>
<tr>
<td>Local Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaison and long-term condition</td>
<td>Clinical Director (or named Deputy)</td>
<td>To review and review assurance reports. Ensure accurate, reliant and timely data available (and used) Ensure minimisation/reduction program in place Ensure compliance with code of practice and best practice standards Provide relevant reports to Quality Committee and commissioners. Ensure up-to-date work plan for restrictive practice.</td>
</tr>
<tr>
<td>Access and Urgent care</td>
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<tr>
<td>Primary and Planned mental health care</td>
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<tr>
<td>Cognitive Impairment and dementia</td>
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<td></td>
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<tr>
<td>CAHMS and developmental services</td>
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</tr>
<tr>
<td>Community Health Service</td>
<td>Clinical Director (or named Deputy)</td>
<td>To provide treatment to patients at home, in the least restrictive environment when acutely unwell, by avoiding admission to an acute hospital. Homeward intermediate care beds. For patients who need more intensive support and if there are concerns about the patients capacity to consent to admission, DoLs would be considered to ensure that the admission does not inappropriately restrict their freedom.</td>
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- Community Independence Service
NB: Each service will be responsible for leading on restrictive practice work with their specific area, and will undertake the following:

6.4.1 Have clear explicit governance around restrictive practice (data, meetings/reviews, leadership).

6.4.2 The local development and implementation of new practice and clinical innovation in this area.

6.4.3 Clear data and recording levels of restrictive practice and associated assurance processes with their service.

6.4.4 Data that can be available to benchmark and aggregate (if appropriate).

6.4.5 Evidence of implementation of this strategy.

6.5 The **Local Governance Groups in each clinical service** are responsible for highlighting local trends in data on restrictive practice and communicating the actions to address issues to the clinical leadership, local reports should be available for trust wide monitoring.

6.6 The Prevention and Management of Violence and Aggression (PMVA) leads (and other trainers) are 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.

6.7 The Prevention and Management of Violence and Aggression (PMVA) lead is accountable for the delivery, content and provision of PMVA training for the workforce.

6.8 All staff are responsible for ensuring personal and professional compliance with this document.

**7. HOW WILL THE STRATEGY BE DELIVERED?**

7.1 All new developments and innovation in clinical care, service delivery and organizational transformation will be consistent with the commitment to reducing restrictions and promoting recovery based and person-centered care.

7.2 The Trust will involve Experts by Experience in developing services and in working to reduce restrictive practice.

7.3 High quality service improvements and culture change will be initiated to reduce restrictive practice.

7.4 Least restrictive and recovery principles are integrated into all aspects of our business including our capital planning and our procurement processes.

7.5 Buildings and environments are developed which are conducive to recovery, consistent with Trust strategic priorities and are positive, safe and therapeutic.

7.6 People who use our services are involved in all aspects of their clinical care and have individualized processes and plans to support them at times of crisis which are co-produced collaborative, clearly documented and recorded for the service-user and staff team.

7.7 Recruitment processes for the organization hold values in line with those of the Trust and compassionate health care.
7.8 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-centered therapeutic interactions, recovery and social inclusion.

7.9 Our wards and where appropriate community teams will ensure they provide care that is based upon the needs of the people who use our services. All standardized policies, rules, practices and procedures that are restrictive to personal freedoms and choices require a rationale in place to justify their use.

7.10 Trust wide reports to relevant governance structure on restrictive practice based on agreed best practice, report will have a Trust over view and specify information related to specified service lines.

8. POLICY STANDARDS

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

8.2 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.

8.3 All interventions should be appropriate, proportionate, necessary, the least restrictive option for the circumstance and used for the shortest possible time.

8.4 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 minimize distress, trauma or risk of harm.

8.5 The use of any restrictive practice which is considered degrading or abusive is not permitted.

8.6 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.

8.7 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.

9. CONSULTATION

9.1 This strategy has been developed through consultation with the Senior Leadership Teams in the clinical divisions of the Trust and service users. It has also been shared with West London Collaborative.

10. TRAINING AND SUPPORT

10.1 The principles of least restrictive practice are included in mandatory training for all staff through the PMVA Training.

10.2 Mental Capacity Act and Deprivation of Liberty training should be available to all staff.
11. MONITORING

11.1 The adherence to this strategy will be monitored by the Quality Committee; Trust-wide Clinical Governance Group and Local Governance groups to ensure appropriate performance and quality outcome data is being recorded and analyzed 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.
### Action Plan Example Template

<table>
<thead>
<tr>
<th>Category</th>
<th>Action</th>
<th>Target Date</th>
<th>Lead</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication Strategy</strong></td>
<td>Strategy to be shared with Service Users and all staff groups.</td>
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</tbody>
</table>
| **Governance & Audit**    | Meeting processes are established in the Reducing Restrictive Practice Implementation/ Monitoring groups in the Clinical Services.  
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 protect characteristics will be analysed identifying trends and improvement plans implemented.  
All restrictive practices are to be reviewed from a staff and service user perspective and audited by any practices without clear clinical rationale removed from services |             |      |         |
| **Sustainability Systems** | All new design, service delivery requires consideration to the principles of this strategy.  
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. |             |      |         |
| **Training**           | Principles of the Strategy to be delivered to all staff in PMVA mandatory training, PMVA training and is delivered to all staff on induction.                                                                 |             |      |         |
### Definitions (Glossary of Terms)

<table>
<thead>
<tr>
<th>Glossary of Terms</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Least Restrictive Principle</td>
<td>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.)</td>
</tr>
<tr>
<td>PMVA</td>
<td>The PMVA 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.</td>
</tr>
<tr>
<td>Barriers to Change Checklist</td>
<td>The BCC attempts to clarify thinking and breakdown the complex issues in the process that maintains long-term segregation into discrete areas to enable staff to use the H.O.P.E.(S) model and Progress-enhancing strategies to target resources, improve formulation and impact on decision making. Once completed the checklist should be used in conjunction with the progress-enhancing strategies to turn negative responses into positive ones.</td>
</tr>
</tbody>
</table>
| HOPES MODEL                        | The HOPE(S) clinical model is a recovery based approach to working with patients in segregation developed from research and clinical practice. It refers to:  
  - Harnessing the engagement of the patient and clinical teams through key attachments and partnerships.  
  - Providing Opportunities for positive behaviours, meaningful and physical activities.  
  - Identifying Protective and preventative risk and clinical management strategies.  
  - Enhancement of the environment and experience of the person through structured, progressive and graded plans.  
Throughout engaging in these tasks the (S)ystem needs to be managed and developed to provide support throughout all stages of the approach. |
Appendix 3

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.
• 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
Appendix 4


13. Safeguarding service users from abuse and improper treatment

1) Service users must be protected from abuse and improper treatment in accordance with this regulation.
2) Systems and processes must be established and operated effectively to prevent abuse of service users.
3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.
4) Care or treatment for service users must not be provided in a way that—
   a) Includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of the service user,
   b) Includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint,
   c) Is degrading for the service user, or
   d) Significantly disregards the needs of the service user for care or treatment.

5) A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.
6) For the purposes of this regulation— “abuse” means—
   a) Any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(a),
   b) Ill-treatment (whether of a physical or psychological nature) of a service user,
   c) Theft, misuse or misappropriation of money or property belonging to a service user, or
   d) Neglect of a service user.

7) For the purposes of this regulation, a person controls or restrains a service user if that person—
   a) Uses, or threatens to use, force to secure the doing of an act which the service user resists,
   Or
   b) Restricts the service user’s liberty of movement, whether or not the service user resists, including by use of physical, mechanical or chemical means.”