

# Positive & Safe News Letter

June 2022



## Information and Resource

If you require a reminder about any PMVA techniques, remember you don't need to wait until your refresher - you can speak to one of the PMVA instructors on your ward who will be happy to help.

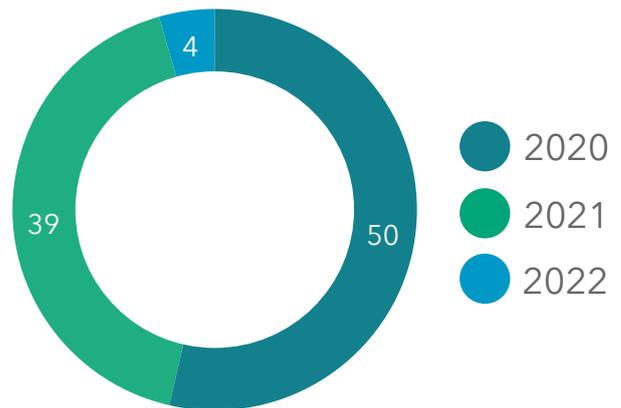
If you would like to discuss any aspect of the newsletter further, feel free to contact the Professional Development Team.

Please write a reflection / discussion point / share your thoughts with us by email and you could feature in next months newsletter. Send anything you would like to share, this might include new research, an article, feedback from staff or a patient that you have spoken to, or an example of how your practice has changed because of your learning.

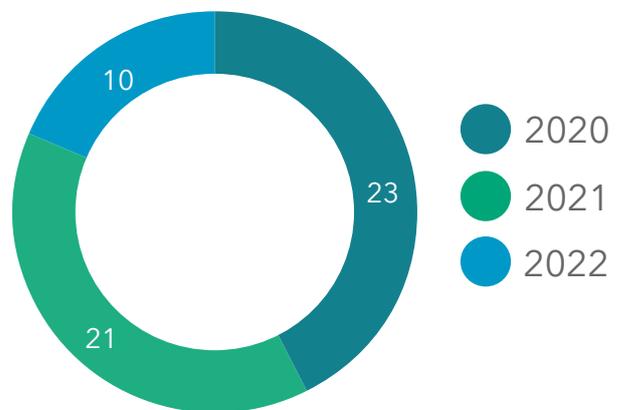
Send to:

[ajackson@cheswoldparkhospital.co.uk](mailto:ajackson@cheswoldparkhospital.co.uk) or  
[rcooper@cheswoldparkhospital.co.uk](mailto:rcooper@cheswoldparkhospital.co.uk)

## Restraints



## Seclusion



## PMVA Drop in Dates for July:

Please call into the professional development office, or contact us on 209 for any PMVA related questions / technique refreshers.

5th July - 1000

12th July - 1400

19th July - 1000

26th July - 1400



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## Restrictive Practice

The restraint reduction network suggest that organisations use a self-assessment tool to monitor their own progress in relation to the use of force and restrictive practices. We have been using this tool since January 2021 to monitor our progress. The tool is based upon Huckshorn’s (2004) six core strategies which have been shown to eliminate or reduce restrictive practices within organisations. Our progress and the six core areas are shown in the table.

Some of the areas of strength include PMVA being accredited by BILD, consistent gathering and assessment of incident data, reduction in the use of force used, patient designed training on restrictive practices, patient designed leaflet on restrictions and adaptation of our polices and procedures to remain adherent to the new Use of Force in Mental Health units (2018) act which came into effect in early 2022.

Six Core Strategies	Jan 2021	Jan 2022	June 2022
Leadership and governance	3	52	64
Performance management	4	43	43
Learning and development	2	48	50
Personalised support	8	49	49
Customer involvement	1	41	47
Continuous improvement	1	16	20

Areas to develop on include using data for individual patient feedback, consistent use of PBS plans and consistent use of the debriefing process and policy.

Restraint	Seclusion	Ward Manager Feedback
<b>Aire:</b> 2019 - 22 2020 - 23 2021 - 4 2022 YTD - 7	<b>Aire:</b> 2019 - 26 2020 - 13 2021 - 11 2022 YTD - 8	Aire ward is an acute setting and as such has patients who are extremely unwell and often present with challenging behaviours. Aire ward staff have worked diligently and with compassion to reduce restraint and seclusion; these restrictive measures are only used as a last resort when all other methods of de-escalation have been exhausted. All staff use communication skills with expertise and understanding to ensure a high standard of support is given for patients through the acute phase of illness. It is very much the ethos of the ward to provide a holistic approach ensuring care is delivered to a high standard.  The support workers and nurses are to be recognised and congratulated on the empathetic, compassionate and consistent approach they show towards patients in times of distress. (Pauline Allen, Ward Manager).

Restraint	Seclusion	Ward Manager Feedback
<b>Bronte:</b> 2019 - Not open 2020 - 20 2021 - 14 2022 YTD - 5	<b>Bronte:</b> 2019 - Not open 2020 - 9 2021 - 13 2022 YTD - 5	<p>Bronte ward staff have worked extremely hard to prevent incidents happening on the ward. The team has demonstrated great skills in de-escalating patients and understanding of the difference between a bad behaviour and a risk, and how-to manage either, hence so much reduction in restraint and seclusion. However, given the clientele, patients presentation always varies depending on what is happening in their lives including anniversaries, ward and family dynamics.</p> <p>The least restrictive approach and efficiency of staff members coupled with consistence and compassion has made a difference in the general atmosphere of a medium secure which appears relaxed.</p> <p>A huge thank you goes to staff, patients for working with staff, individual patient families working with us to support their loved ones and the MDT. (Patrice Mpala, Ward Manager).</p>

Restraint	Seclusion	Ward Manager Feedback
<b>Brook:</b> 2019 - 58 2020 - 33 2021 - 11 2022 YTD - 2	<b>Brook:</b> 2019 - 65 2020 - 36 2021 - 38 2022 YTD - 13	<p>I am really proud of the team for their efforts in developing ward level de-briefs. The patients on the ward highlighted that the team needed to consider how incidents on the ward impacted patients that were not directly involved with the incident. Following on from this I have witnessed the efforts from the team implementing this during and after incidents, and the positive response from patients, on one occasion diffusing the anxiety of another patient.</p> <p>Debriefs are a key resource that help us better understand our patients and help us to develop plans of care to support them individually. Brook nursing team are invested in this, and that is something they should be proud of themselves, as I am of them. (Rebecca Talman, Ward Manager).</p>

Restraint	Seclusion	Ward Manager Feedback
<b>Calder:</b> 2019 - 0 2020 - 0 2021 - 0 2022 YTD - 0	<b>Calder:</b> 2019 - 1 2020 - 1 2021 - 1 2022 YTD - 0	<p>The staff team on Calder have become more confident since the implementation of PMVA. It's clear to see how much more effort is being made around de-escalation.</p> <p>They have grown as a team managing situations with a particular patient and I feel they have learnt a lot from this, even though at the time it felt difficult for the team. The team work well and discuss and implement good interventions due to knowing what works for individual patients. (Emma Hunter, Service Manager).</p>

Restraint	Seclusion	Ward Manager Feedback
<b>Don:</b> 2019 - 7 2020 - 4 2021 - 5 2022 YTD - 1	<b>Don:</b> 2019 - 11 2020 - 15 2021 - 13 2022 YTD - 3	<p>Don Staff have managed challenging situations well, demonstrating good de-escalation techniques and good interventions by knowing what works for individual patients. Whilst restraint and seclusion data might fluctuate depending on the patient mix, staff only use restrictive interventions as a last resort.</p> <p>The team are more confident to manage situations on the ward and to support patients to use coping skills they have that are documented in the PBS and My Safety Plan. (Jayne Staniforth, Ward Manager).</p>

Restraint	Seclusion	Ward Manager Feedback
<b>Esk:</b> 2019 - 5 2020 - 7 2021 - 5 2022 YTD - 0	<b>Esk:</b> 2019 - 7 2020 - 9 2021 - 10 2022 YTD - 3	<p>Esk ward and the MDT have continued to work really hard with patients to reduce restraints and seclusions. The time spent on Positive behaviour support plans and my safety plans further improved our patient understanding of individualising de-escalation strategies.</p> <p>The team also worked really hard to find an appropriate strategy for a patient which accounted for the majority of restraints and seclusions. A long-term segregation plan was implemented and eventually an appropriate placement was found for the patient which therefore had a positive impact on other patient's risk behaviours. (Dan Robinson, Ward Manager).</p>

Restraint	Seclusion	Ward Manager Feedback
<b>Foss:</b> 2019 - 0 2020 - 1 2021 - 3 2022 YTD - 0	<b>Foss:</b> 2019 - 0 2020 - 1 2021 - 15 2022 YTD - 1	<p>During my time at CPH I have been overwhelmed to see the changes that staff have made in dealing with both difficult and sometimes challenging situations. We work with very diverse client groups but through a consistent and therapeutic approach that we all follow these situations have been managed in both the least restrictive way and lasting the absolute minimum amount of time.</p> <p>The number of incidents across the hospital has been greatly reduced with the introduction of PBS and PMVA which in-corporates de-escalation techniques and the use of PBS in its training. Staff and patients are now reaping the benefits of this training with fewer incidents or incidents that are de-escalated before a patient reaches crisis point.</p> <p>As a nurse and ward manager I have been part of incidents across the hospital and have been fortunate enough to observe both qualified and unqualified staff all maintaining the same and consistent approach when dealing with incidents, this sends a strong and clear message to patients and staff that we are all striving for the same goal.</p> <p>The benefits of using PBS are that it allows its use, to work alongside a variety of other treatments and interventions and is truly a multidisciplinary approach to mental health treatment and care. As PBS is a holistic approach staff are able to consider the individual patient when developing and assessing the interventions with the patient allowing them to take a degree of ownership regarding their individual treatment pathway.</p> <p>PBS provides us with the tools to de-escalate an individual patient with their own preferred 'method' of de-escalation, again I have been fortunate enough to observe many times staff engaging with and talking to a patient for sometimes hours to prevent the patient from reaching a crisis point or losing control.</p> <p>When a member of staff has to deal with a challenging situation their first instinct maybe to let someone else deal with it or run the other way, but through the training that we are provided, observing more experienced staff and building a good rapport with our patients I have seen staff time and time again staff effectively engage with an agitated patient or sometimes group of patients, de-escalation is a skill that we are all constantly learning through training, observing and dealing with real life situations it takes a team to ensure the safety of everyone whether it is staff, patients, visitors or members of the public. (Raw Towey, Ward Manager).</p>

Restraint	Seclusion	Ward Manager Feedback
<b>Wentbridge:</b> 2019 - Not open 2020 - Not open 2021 - 17 2022 YTD - 4	<b>Wentbridge:</b> 2019 - not open 2020 - not open 2021 - 18 2022 YTD - 1	Wentbridge staff have worked incredibly hard to get to know the gentlemen and their specific needs and wants. This should be recognised and applauded. We now understand the different methods of communication that work best on an individual basis, and these have been adapted over time. The therapeutic relationships have grown, and this has resulted in a holistic approach to care. This has seen a reduction in the incidents on the ward. (Emma Baldry, Ward Manager).

Restraint	Seclusion	Feedback
<b>Totals</b> 2019 - 92 2020 - 88 2021 - 59 2022 YTD - 19 <hr/> 258	<b>Totals</b> 2019 - 110 2020 - 84 2021 - 119 2022 YTD -34 <hr/> 347	It is really encouraging to see a declining rate of seclusions and restraints. Both of these interventions whilst on occasions are required, should always be a last resort. We will continue to work closely with all our patients to hopefully reduce these figures further. Rick Fuller, Director of Nursing and Operations.