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1. STRATEGY AND DELIVERY PLAN

According to the MHA Code of Practice (2015) "restrictive interventions are deliberate acts on the part of other person(s) that restrict a patient’s movement, liberty and/or freedom to act independently in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and to end or reduce significantly the danger to the patient or others". More simply defined, restrictive practice is “making someone do something they don’t want to do or stopping them from doing something they want to do” (Skills for Health, 2014)

Restrictive interventions should be used for no longer than necessary to prevent harm to the person or to others, be a proportionate response to that harm, and be the least restrictive option.

Cygnet Health Care is committed to reducing the use of restrictive practice within all clinical settings. This strategy outlines our intentions and the action plan identifies the steps we will take to improve our approach to minimising the use of all restrictive interventions which will in turn have a positive impact on the management of violence and aggression.

The plan will be updated regularly to keep the Board informed of progress.

1.1 Strategy Aims

Cygnet aims to develop an initiative to change how risk behaviour is managed and develop a culture to promote recovery and reduce the need for restrictive interventions. We aim to re-define the relationship between staff and service users to one of risk sharing rather than risk management.
2. OUR MISSION

We support a multi-faceted approach to reducing restrictive practice as we recognise that no one intervention strategy will reduce all restrictive interventions.

With regards to the management of violence and aggression, we support the mission and values of the Restraint Reduction Network™ and the desire to deliver restraint-free services.

In order to achieve this we will work to identify and reduce all restrictive practice as this has been shown to have an impact on reducing seclusion and restraint. We will embed the principles and values of the Restraint Reduction Network™ into our organisation, and produce an annual restraint-reduction plan which will be publicly available to all who work in or use our services. We will continually work toward minimising the use of restrictive practices and ensuring that these are not misused or abused. We also subscribe to the ‘No Force First’ initiative in order to fundamentally change how risk behaviour is dealt with in our services.

The aim is to change the culture from one of containment to one of recovery; eliminating coercion is the ultimate goal. The core principles of ‘No Force First’ are listening, flexibility, compassion, patience and positive, recovery focused, communication.

The use of restraint and seclusion should be defined as a ‘treatment failure’ and incidents reviewed on that basis.
3. BACKGROUND

The Department of Health launched guidance; Positive and Proactive Care: reducing the need for restrictive interventions in April 2014. This was aimed at promoting the development of therapeutic environments and minimizing all forms of restrictive practices so they are only used as a last resort. This was followed by the Mental Health Act Code of Practice in April 2015 and NICE Clinical Guideline 10; Violence and aggression: short-term management in mental health, health and community settings in 2015.

The guidance says:

- All forms of restrictive practices should be reduced over two years (DoH, 2014)

- Providers should have in place a regularly reviewed and updated restrictive intervention reduction programme ensuring that ‘where unavoidable’ restrictive interventions are used in the safest manner possible (DoH, 2014; DoH, 2015).

- Restrictive practices should only be used as a last resort in emergency situations (DoH, 2014; DoH, 2015; NICE; 2015)

- Providers should focus primarily on providing a positive and therapeutic culture aimed at preventing behavioural disturbances, early recognition, and de-escalation (DoH, 2014; DoH, 2015)

- There is an objective to reduce prone (face-down) restraint – “There must be no planned or intentional restraint of a person in a prone/face down position on any surface, not just the floor” (DoH, 2014; DoH 2015) “unless there are cogent reasons for doing so” (DoH, 2015). “If the prone (face down) position is necessary, use it for as short a time as possible” (NICE, 2015).

- Board members should be fully informed of their trust’s position on restrictive practices and the management plan to reduce their use (DoH 2014; DoH, 2015)

- The Board should identify an Executive Director to lead on recovery approaches and reducing restrictive practices (DoH 2014; DoH, 2015)

- Providers should publish an annual report on the use of restrictive interventions (DoH, 2014).

- The Care Quality Commission will monitor and inspect against compliance with the guidance (DoH, 2014).
4. WORK TO DATE

Phase one of the Cygnet Health Reducing Restrictive Practice work plan 2014 – 2015 is now complete. This initial work focussed on:

- Ensuring governance processes and systems were in place to understand, record and monitor restrictive practices
- Capturing and analysing restrictive practice data
- Updating corporate policies relating to restrictive practice
- Appointing a Violence Reduction Lead/role for Reducing Violence and Restrictive Practices
- Ensuring the Board had an Executive Lead and are fully aware and up to date with current practice, policy and plan
- Understanding staff awareness and understanding of restrictive practice and putting together a training package to support this
- Implementing a restraint and seclusion audit pilot to improve data quality and to use data to inform and improve clinical practice
- Reviewing physical intervention training in line with least restrictive practice and rolling this out
- Initial scoping exercise in order to improve the theory package for violence reduction training

Alpha Hospitals had undertaken work in 2015. This included:

- Developing a clear vision and strategy direction
- Understanding and gathering restrictive practice data
- Developing and delivering training
- Developing training for staff and service users on functional assessment, positive behaviour supports plans and debrief
- Developing a draft whole ward approach structure incorporating the Six Core Strategies and Safe Wards.
- Undertaking work to understand patient attitude of restrictive practice

Phase one made excellent progress and we are now in a strong position with a firm policy and governance framework as well as a good understanding of our use of restraint, seclusion and special nursing, staff attitude and understanding. We will be working to bring together the work from Alpha Hospitals and the Cygnet group, building on the strong strategy direction Alpha created. From phase one we need to do more work on:

- Strategy development
- Learning and training involving service users and staff
- Identifying and delivering models of care and interventions that deliver reductions in restrictive practice.
5. PHASE TWO 2016 – 2017

Our restrictive practice reduction strategy is based upon a multi-framework approach incorporating 3 models; the widely researched “Checklist for Assessing Your Organisation’s Readiness for Reducing Seclusion and Restraint”, (Colton, 2004) used by NHS Protect (formally NHS SMS), the “Six Core Strategies” (Huckshorne, 2005) which has been widely and successfully implemented in a number of countries and the recently published “Seclusion and Restraint Strategy” (Mental Health Commission Ireland, 2014) that is recommended by the DoH 2014 guidance and takes into consideration both Huckshorne and Colton’s models. As these models are specific to restraint and seclusion reduction they are used in line with other recommendations in the DoH and NICE guidelines in order to ensure that the strategy has a wider focus that enables it to tackle all other restrictive interventions.

As part of the action plan, Cygnet Health Care has become a member of the Restraint Reduction Network. As a member of the Restraint Reduction Network, we give a clear and transparent commitment to the people that use and work in our services, that all our leaders, managers and front line staff will work together to ensure that the use of coercive and restrictive practice is minimised, and the misuse of abuse or restraint is prevented.

We will work together to create restraint free services built on continuous learning and improvement.

- LEADERSHIP
- PERFORMANCE MEASUREMENT
- LEARNING AND DEVELOPMENT
- PROVIDING PERSONALISED SUPPORT
- COMMUNICATION & SERVICE USER FOCUS
- CONTINUOUS IMPROVEMENT
- ENVIRONMENT
- STAFFING
6. VALUES AND PRINCIPLES

All people are entitled to equal enjoyment, social justice and the protection of human rights and fundamental freedoms. Regardless of the behavioural challenges and risks people might present, everyone will be treated with respect and dignity and their care, welfare, safety and security will be maintained.

Supporting people, especially those individuals who at times may present with significant risk behaviour, requires a commitment to develop personalised services, care and support which places the person at the centre of everything we do.

People are experts in their own experiences. Understanding people’s needs, history, future wishes and aspirations is essential and a commitment to listen to and collaborate with the individual and those significant others who are important in their lives is fundamental in order to deliver high quality services and outcomes.

Our leaders and managers will take an active role in reviewing the use of all coercive and restrictive practices and will develop a range of organisational approaches to ensure all forms of restriction are minimised, individualised according to need, are the least restrictive option and are regularly monitored and evaluated. Our leaders and managers will create a positive culture and work alongside all staff to ensure restrictive interventions are not misused or abused and remain the last, and not first, resort.

We will ensure all forms of restrictive practice are recorded and reported in the various forums available such as data collation systems, care plans, ward operational procedures, etc.

The use of restrictive interventions such as seclusion and restraint will be considered an organisational inability to deliver effective support, care or treatment and as such will be reviewed in an open and transparent way so that we can learn more about the person in order to offer more person-centred, effective services which do not rely on such restrictions.

People who may be subject to restrictive interventions 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.

People who are subjected to or are involved in applying restrictive interventions will have access to someone they can talk to about their experiences. It is essential that people have access to support and help if required and are supported to complain if they are unhappy regarding any aspect of the care and support we provide.

The use of any restrictive intervention will be undertaken in the best interests of the person and/or others around them and only as a last resort to maintain safety in circumstances where there is immediate or imminent harm where non-restrictive alternatives cannot be used or have failed.

We will make everyone accountable for the use of restrictive interventions and require a clear and robust justification when such approaches are used.
6. VALUES AND PRINCIPLES CONTINUED

Wherever possible, 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.

The use of any restrictive interventions which are considered degrading, abusive or inhumane is unacceptable and will be prevented. We will not authorise or approve any restrictive intervention which, by design or misapplication, is likely to lead to avoidable pain or injury except in the most exceptional circumstances to mitigate an immediate risk to life. Restrictive interventions will not be used to enforce rules, to punish or coerce, or as a substitute for a lack of resources.

We will ensure that all our staff are appropriately trained to use restrictive interventions as part of a wider commitment which will ensure our workforce are knowledgeable and skilled in least restrictive practice which is embedded in person-centred thinking, positive behaviour support, recovery and social inclusion.
7. PROJECT STRUCTURE

The Project will be driven and overseen by a Reducing Restrictive Practice Project Board.

**PROJECT BOARD**
- Project Lead - Director of Nursing
- Reducing Restrictive Practice Lead
- Expert by Experience
- Psychology Lead
- Medical Director
- Director of Corporate Governance
- Corporate Risk Manager
- Operational Director, Hospital Manager

**NORTH DELIVERY BOARD**
- Project Lead - Reducing Restrictive Practice Lead
- Members TBA

**SOUTH DELIVERY BOARD**
- Project Lead - Reducing Restrictive Practice Lead
- Members TBA
### 8. DELIVERY PLAN

<table>
<thead>
<tr>
<th>Strategy Area</th>
<th>Action</th>
<th>Lead</th>
<th>Date</th>
<th>Traffic Light</th>
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<tbody>
<tr>
<td><strong>Strategy One: Leadership</strong></td>
<td>The organisation develops a mission, philosophy and guiding values which promote non-coercion and the avoidance of restraint. Executive leaders commit to developing a restraint reduction plan which is implemented and measured for continuous improvement.</td>
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<tr>
<td></td>
<td>• Strategy and delivery plan to be presented to EMB for sign off</td>
<td>JK</td>
<td>Jan 2016</td>
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<td></td>
<td>• Plan to ensure integration of Alpha into delivery plan</td>
<td>JK</td>
<td>Jan 2016</td>
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<td></td>
<td>• Appoint Reducing Restrictive Practise Lead</td>
<td>JK</td>
<td>April 2016</td>
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<tr>
<td></td>
<td>• Strategy to be launched at Management Conference</td>
<td>JK</td>
<td>April 2016</td>
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<tr>
<td><strong>Strategy Two: Performance Measurement</strong></td>
<td>The organisation takes a ‘systems’ approach and identifies performance measures which determine the effectiveness of its restraint reduction plan and which measure key outcomes for customers.</td>
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<td></td>
<td>• Each Ward will be asked to undertake an audit of current reducing restrictive practice initiatives and interventions.</td>
<td>NH/JK</td>
<td>Feb 2016</td>
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<tr>
<td></td>
<td>• Each Ward will be asked to identify one area of restrictive practice, seclusion, restraint or special nursing and agree a reduction target – this will be monitored on a monthly basis. Data will be provided in easy read poster format to be displayed openly on each ward.</td>
<td>JK/NH/RM</td>
<td>March 2016</td>
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<tr>
<td></td>
<td>• Cygnet Health will identify and support 5 wards to implement Safe Wards – reduction in restrictive practices will be measured after 12 months.</td>
<td>JK/NH/RM</td>
<td>April 2016</td>
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<tbody>
<tr>
<td><strong>Strategy Three: Learning and Development</strong></td>
<td>• Staff understanding and awareness audit to be rolled out across Bury, Sheffield and Woking</td>
<td>NH</td>
<td>TBC</td>
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<td></td>
<td>• Findings from phase one audit to be shared widely</td>
<td>NH</td>
<td>TBC</td>
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<td>• Awareness week to be developed and delivered across the group</td>
<td>Steering Groups</td>
<td>May 2016</td>
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<tr>
<td></td>
<td>• Awareness sessions to be road showed across the group</td>
<td>RM/JR/SQ</td>
<td>TBC</td>
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<td></td>
<td>• Further work is needed to review training needs for all clinical staff and specifically in PMVA</td>
<td>RM/JR/SQ</td>
<td>TBC</td>
<td></td>
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<tr>
<td><strong>Strategy Four: Providing Personalised Support</strong></td>
<td>• Cygnet will be supporting 5 wards to fully implement Safe Awards</td>
<td>JK</td>
<td>April 2016-2017</td>
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<td></td>
<td>• We continue to support and encourage wards to become Star Works Accredited</td>
<td>JK</td>
<td>April 2016-2017</td>
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<td></td>
<td>• We will be looking at tailored approached for our CAMHS wards – looking at Trauma informed Care when the CAMHS CNS is appointed</td>
<td>JK/CAMHS CNS</td>
<td>June 2016</td>
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<td>• We will share best practice (identified from the audit) across the group, using established Practice Development Groups</td>
<td>JK/NH/RM</td>
<td>Ongoing</td>
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<tr>
<td><strong>Strategy Five: Communication and Customer Focus</strong></td>
<td>The organisation fully involves customers in a variety of roles within the service, identifies the needs of customers and uses these to inform service provision and development.</td>
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<td></td>
<td>• We will share our strategy and work plan widely</td>
<td>JK</td>
<td>Feb 2016</td>
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<td>• Commissioners will be fully briefed on progress</td>
<td>JK</td>
<td>Feb 2016</td>
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<td></td>
<td>• We will involve people with lived experience in our steering groups</td>
<td>JK/ NH/RM</td>
<td>Ongoing</td>
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<td></td>
<td>• We will launch the strategy at this year’s management conference</td>
<td>JK</td>
<td>April 2016</td>
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<td><strong>Strategy Six: Continuous Improvement</strong></td>
<td>The principle of post-incident support and learning is embedded into organisational culture.</td>
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<td></td>
<td>• We will be monitoring implementation and improvement on a monthly bases</td>
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<td></td>
<td>• Incorporate best practice as recommended by NICE CG10 also taking into consideration recent research in order to implement debrief in a safe and effective way</td>
<td>JK/RM/NH</td>
<td>Ongoing</td>
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<td></td>
<td>• Define the context of debrief into 3 distinct but associated processes for the service user, staff and organisation to process, reflect and learn via various appropriate methods and include this in the PSTS policy as recommended by the extensive research completed by MHC Ireland</td>
<td>JK/RM/NH</td>
<td>Ongoing</td>
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<td></td>
<td>• Put in place structures to ensure that staff and service users who will be involved in debriefing are adequately trained and supported</td>
<td>RM/NH/JR</td>
<td>Ongoing</td>
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<tbody>
<tr>
<td><strong>Strategy Seven: Environment</strong></td>
<td>• We will support wards in completing environmental audits that identify physical areas that may cause staff to be more restrictive</td>
<td>RM/NH</td>
<td>April 2016</td>
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<td></td>
<td>• Involve people with lived experience in the design and decoration of wards</td>
<td>Managers</td>
<td>Ongoing</td>
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<td></td>
<td>• Promote ward cultures that embody collaborative and recovery oriented care environments and an atmosphere of listening, attentiveness and respect</td>
<td>Managers</td>
<td>Ongoing</td>
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<tr>
<td><strong>Strategy Eight: Staffing</strong></td>
<td>• Staffing patterns will be assessed to ensure that adequately skilled staff are available at critical times, such as during transitions, at change of shift, in the evening, and at times of high acuity</td>
<td>Managers</td>
<td>Ongoing</td>
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<td></td>
<td>• We will ensure staff are adequately supported and trained to deliver the care required of them with regards to reducing restrictive practice</td>
<td>JK/RM/NH</td>
<td>Ongoing</td>
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<td>• We will ensure systems are in place to support staff and reduce burnout</td>
<td>Managers</td>
<td>Ongoing</td>
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<td></td>
<td>• We will empower staff by ensuring multi-disciplinary collaboration in the local implementation of the strategy and the development of service specific initiatives</td>
<td>RM/NH</td>
<td>May 2016</td>
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The organisation recognises the critical roles played by both the ‘care’ and ‘physical’ environments on service user experience and the significance this has on rates of conflict and containment.

The organisation recognises that the skills, expertise, values, attitudes and morale of staff are key factors in the delivery of less coercive and quality service user centered care and therefore takes this into consideration with regards to recruitment and retention strategies.
9. SUMMARY

Cygnet Health Care is committed to reducing the use of restrictive interventions within all clinical settings.

This year we will be focussing on delivering reductions in restrictive interventions, each ward will agree a plan to reduce restrictive practices, and as a group we will support 5 wards to fully adopt Safe Wards.

An update will be given to the Board in October 2016.