



Reducing Restrictive Practice

2020-2021

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Introduction

Cheswold Park is in a period of significant and positive change. Changes to our leadership, services and environment have meant that it is not the right time to design and implement a long-term strategy. Central to this is a decision made to change our training for conflict resolution and physical interventions across the organisation that will require close management to ensure successful roll-out.

In addition, we also have made significant improvement in the governance architecture that will allow for better monitoring of restrictive practice, the dissemination of learning and sharing of good practice.

Accordingly, this strategy is designed to take us over the next 12-18 months and prepare the ground for the next phase of work in this area. At this point we will continue to gear up our approach as improvements in our information technology, training and workforce development will mean we have the opportunity, expertise and capacity to be more ambitious.



Brief Overview of Current Position

Cheswold Park has a clear Executive Commitment to a reduction in the use of restrictive practice and to providing a positive and therapeutic culture aimed at preventing behavioural disturbances, early recognition, and de-escalation

Through the Recovery College, regular meetings to discuss restrictive practice that includes staff and patients working collaboratively. Patients and family carers have forums where they can meet and discuss issues relating to restrictive practice, raise concerns or suggest ideas.

Policies, training at induction and through continuing professional development is provided. Supervision and reflective practice opportunities take place across the hospital and tools are in place to support good practice e.g. restrictive practice logs.

Data is collected and monitored at organisational and ward level through MDT meetings, ward governance meetings and within hospital wide forums. This data includes standard indicators such as number of incidents and type, restraints, seclusions, observations,

etc. The information is action as appropriate and learnings inform policy, practice and training.

We have recently assessed our performance using the Reducing Restrictive Practices Checklist which has enabled us to identify where we can make improvements to ensure that the use of coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented.



Values & Principles

At Cheswold Park Hospital our work to reduce restrictive interventions is underpinned by the Equality & Human Rights Commission (EHRC) Framework for Restraint (2019).

This framework sets out key principles of articles 3, 8 and 14 of the European Convention on Human Rights (ECHR), incorporated into domestic law by the Human Rights Act 1998, which govern the use of restraint across all settings.

This is strengthened by our own organisational mission, objectives and values which are set out below:

Our Mission

To do good for others

Our Key Objectives

- To care for & champion the need of the people who use our services
- To support, develop & celebrate the staff who serve them

Our Core Values

- People & Families
- Mind & Body
- Care & Compassion
- Dignity & Respect
- Honesty & Transparency



What this means in practice is that we believe people, and their families, are central to all we do. That regardless of their level of behavioural distress, security or risk we will treat them holistically, with care and compassion and ensure that their experiences are dignified and respectful. If we get things wrong, we will approach this with honesty and be transparent in our actions and intentions.

All levels of our organisation are committed to reducing all restrictive practices and will work to create the conditions for people to flourish by meeting their needs, understanding their history and supporting them to achieve their goals and aspirations.

We will ensure that through robust governance, regular meetings and forums that we have clear sight of the use of restrictive practice and the plans that each ward or department have in place to reduce their use.

Key Strategic Objectives 2019-2020

1. We will roll-out across the hospital an accredited training programme for the management and support of patients presenting with behavioural distress (MAYBO) that includes content that emphasises positive behavioural support and de-escalation whilst teaching physical interventions that are safe, respectful and dignified. We will also ensure the contribution of patients to delivering training to staff and sharing their experiences is included.
2. We will commence a programme of work across the hospital that harnesses and implements the learning from SafeWards and the Six Core Strategies for Reducing the Use of Restraint & Seclusion.
3. We will strengthen our hospital governance and outcomes data concerned with the use of restrictive interventions. We will robustly provide ward to board information that will help all levels of the organisation to set relevant stretch targets, implement action plans and evaluate progress and outcomes effectively. This will include the presentation of accessible information to enable patients and families to meaningfully contribute.
4. We will ensure that there are relevant targets within the plans of other Groups and Committees across the hospital that contribute towards the reduction of restrictive practice e.g. Medication Management, Recovery College, Therapeutic Activities etc.



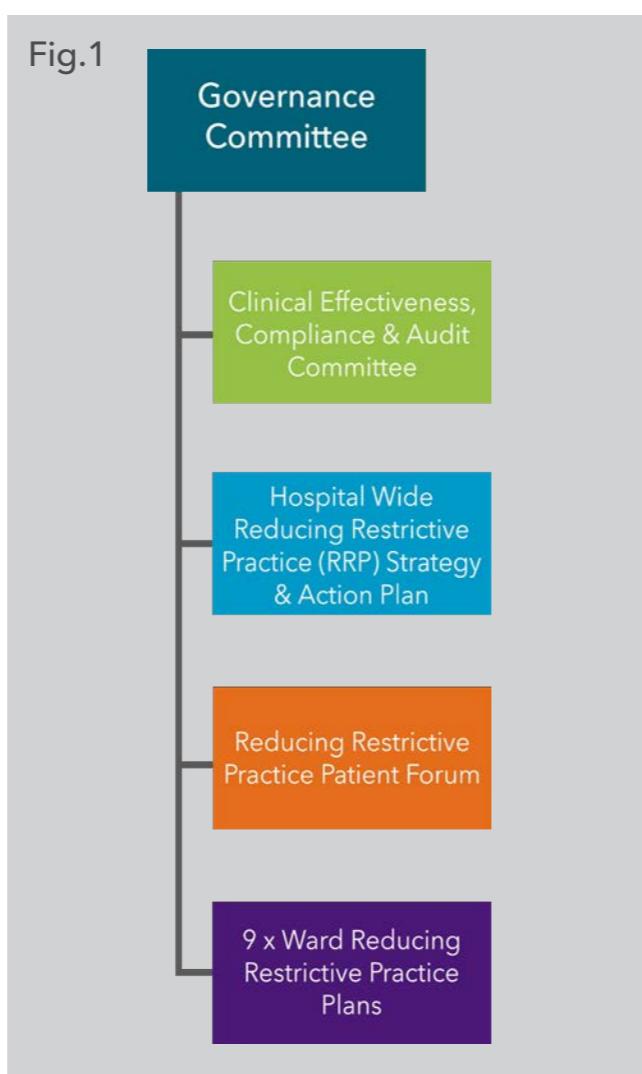
Architecture To Support The Implementation Of This Strategy

The Executive accountable for the Reducing Restrictive Practice Strategy is the Chief Nurse and the responsibility for the delivery of the strategy is with the Reducing Restrictive Interventions Group. This group meets monthly and is responsible for:

- Design, delivery and monitoring our delivery plan to ensure that we achieve our 4 Key Strategic Targets.
- To ensure that the training curriculum taught to our staff meets the principles of least restrictive practice and is focused.
- To ensure patients and families are given clear information about range of restrictive practices approved and how to complain if they are concerned about how these practices are implemented.
- To ensure robust performance monitoring regarding outcomes relating to restraint, medication led restraint, seclusion, segregation and supportive observations.
- To ensure all new developments and innovation in clinical care, service delivery and organisational transformation are consistent with the commitment to reducing restrictions.

The Reducing Restrictive Practice Group sits in a structure see fig 1.

We believe that by harnessing all the talents of our workforce, the people we serve and their families and friends we can make real our goal of reducing restrictive practice in the next 12-18 months and beyond.



“...There is no such thing as a value-free way of working with others. The challenge is to keep ourselves honest and to consider what values we actually use in our work and not just the values we say we use.”

Herb Lovett



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