Kestrel Ward

Thames House

Enhanced Low Secure Female Forensic Unit

Oxford Health NHS Foundation Trust

Reducing Restrictive Practices Ward Team-

Liane Randall, Hajrah Yousef, Rachel Baxter, Marcus James and John Ioannou.

OHI Team – Tony, Gurpreet, Stephen

RCPSYCH Coach – Kate

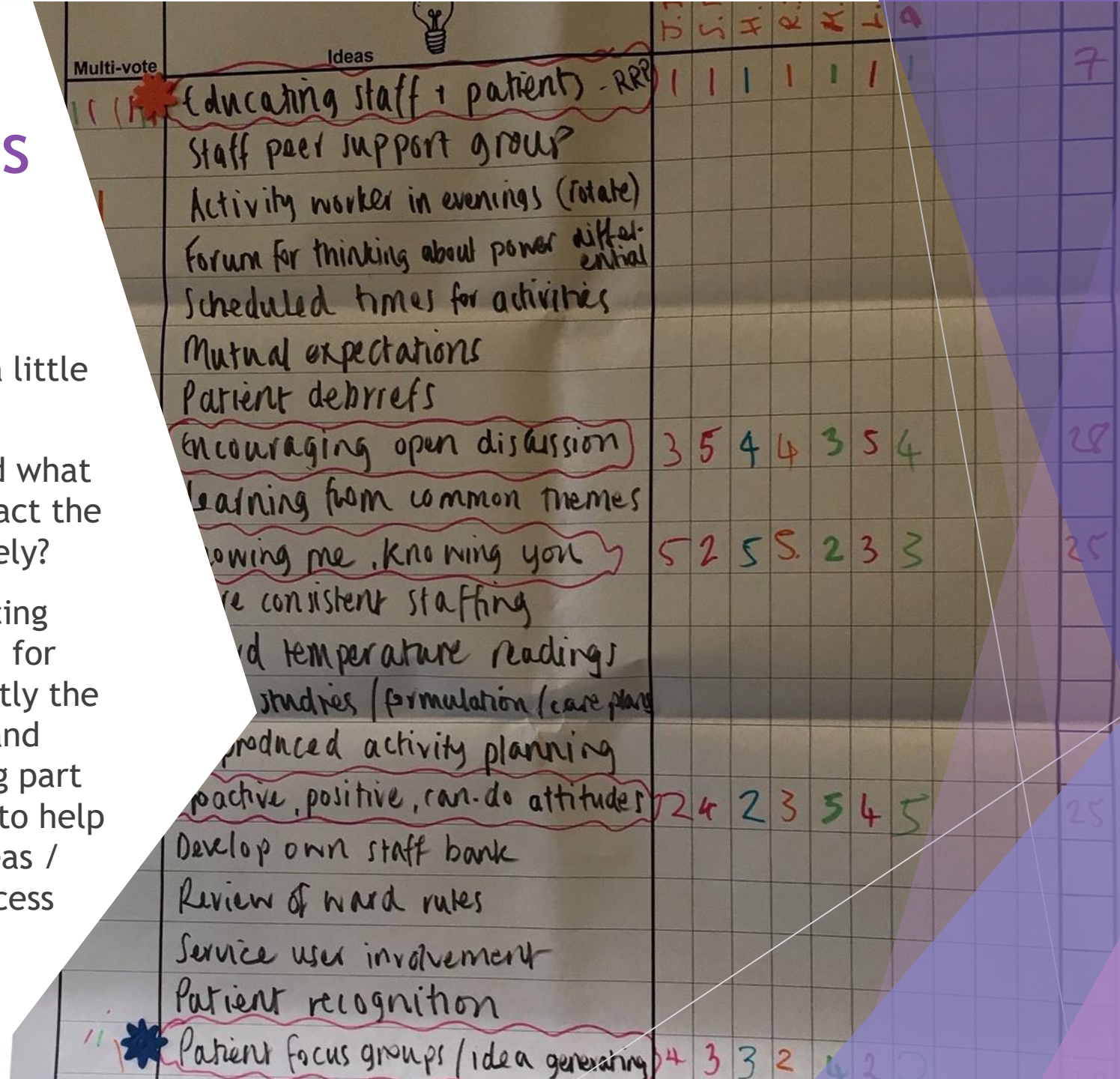
Introduction:

10 bedded High Dependency Ward for Adults of Working Age.

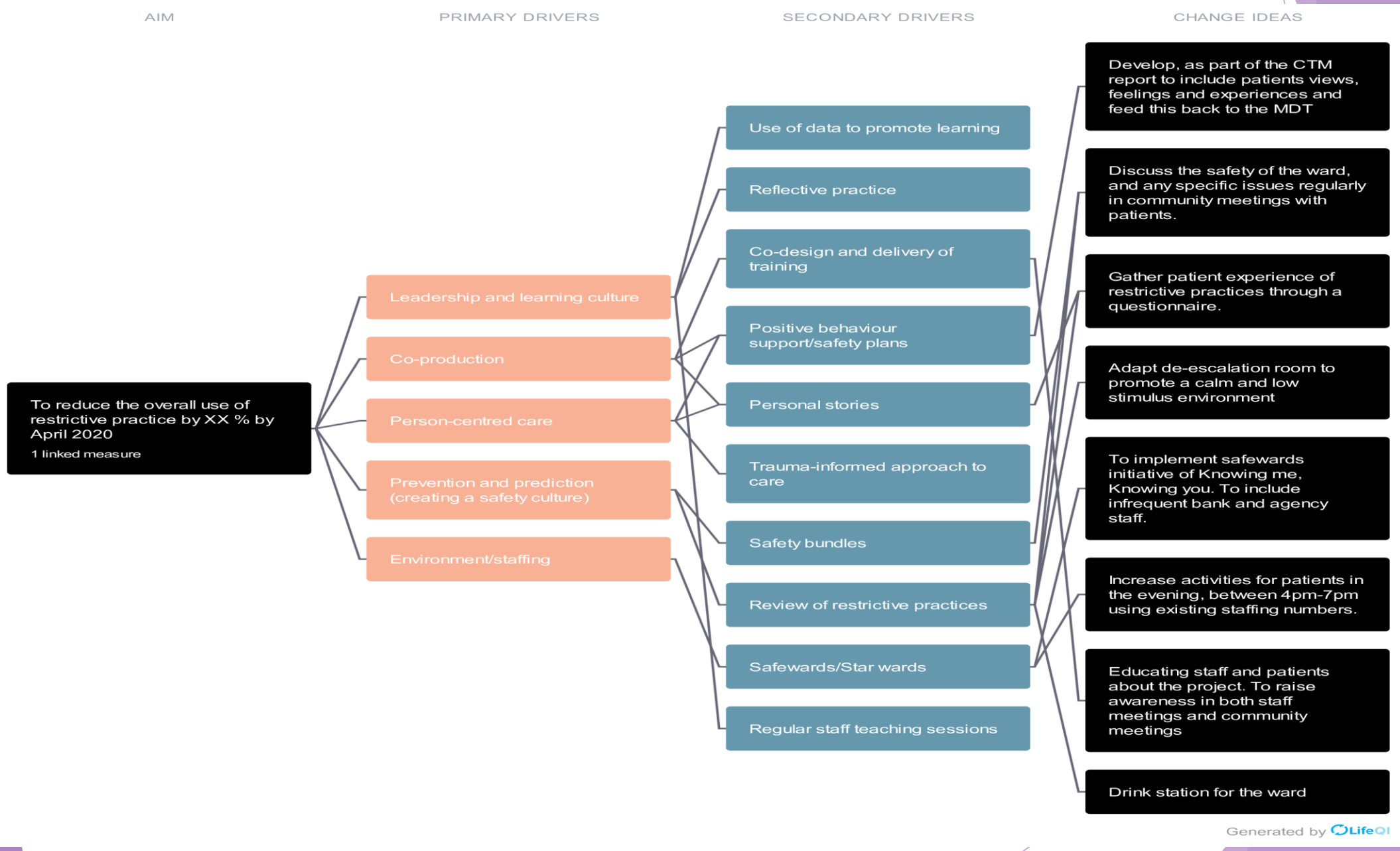
Variety of diagnoses- Including Personality Disorder, Mental illness, Autism / Learning disability (These diagnoses can occur in combination).

Change Ideas Rating →

- We started the QI project a little after the launch
- Steering Group- Established what it is, and how it would impact the ward, positively or negatively?
- In theory, the idea of reducing any restrictive intervention for our patient group was exactly the route we wanted to take, and welcomed the idea of being part of a national collaborative to help us think and implement ideas / changes, depending on success work to review and embed.



Driver Diagram



Embedded good practice:

- Reflective Practice: Since Thames House opened we have had weekly reflective practice which is facilitated by an external professional. Attendance is high, with a complete MDT (OT's, HCA's, Specialty Doctor, Consultants, Psychologists, Psychology assistants, Nurses, Managers, Matron, Art Therapist, Fitness Instructor, OT assistants)
- Teaching Sessions: Since opening Thames House has carried out regular teaching sessions once a week. The topics vary depending on the need of the unit, can be informal discussions, case formulations, knowledge sharing, or more factual such as legislations around MHA, seclusions, medication etc)
- Supervision: an incredibly important part of our work, supervision is offered 4weekly, and more frequently if it is felt necessary (by either the supervisor or supervisee).
- OT programme: a well established therapeutic programme which is personalized to the patients needs. MDT meet quarterly to assess / review patient progress to ensure that the therapeutic needs of the patient are being met from their programme.

Change Ideas

Oxford Health NHS
NHS Foundation Trust

Reducing Restrictive Practice QI Collaborative

Kestrel Ward - Female Forensic Enhanced Low Secure Unit

Oxford Health NHS Foundation Trust

Kate Lorrimer, Steve Pope, John Ionnou, Rachel Baxter, Hajrah Yousef, Liane Randall and Marcus James

IMPROVING MENTAL HEALTH SAFETY
Reducing restrictive practice

Change idea: *To allocate an evening activity worker (using existing staff numbers) to increase the availability of activities between the hours of 17.00 - 20.00.*

Predictions

Increasing activities between 17.00 – 20.00 hours should:

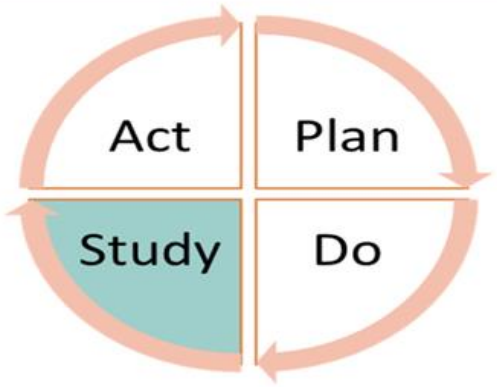
- Alleviate boredom and frustration
- Improve engagement and patient experience
- Improve staff involvement and motivation
- May observe possible staff resistance to taking on the activity worker role.

Plan

- Introduce the idea to the clinical team during staff meeting
- Speak to patients and staff group regarding ideas for activities
- Research team to gather data regarding frequency of incidents (restraint and seclusion) per hour from Ulysses (incident reporting system)
- Research team developed a subjective scale to measure the ward atmosphere, for a baseline 2 week period
- Use the Essen scale to test the climate of the ward – with both staff and patients, before and after intervention
- Evening activity worker to begin 2 weeks after ward atmosphere measure begins.

Do

- Data was collected regarding frequency of incidents per hour
- Ward atmosphere scale has been developed and tested by 5 staff to assess reliability of the scale. Currently being administered for 2 weeks to obtain baseline data.
- Next stage is to commence the allocation of an evening activity worker
- Collect and compare the data before, during and after the intervention.



Study

- We are not at this stage yet, however, we plan on comparing the data from before the change compared to after the change.
- Data regarding frequency of incidents per hour has showed that peak times for incidents were around 11am, 5pm and 10pm.

Act

- We expect that the data regarding peak times in incident frequency will inform the next round of testing, and help develop further change ideas.
- We have yet to establish further actions.

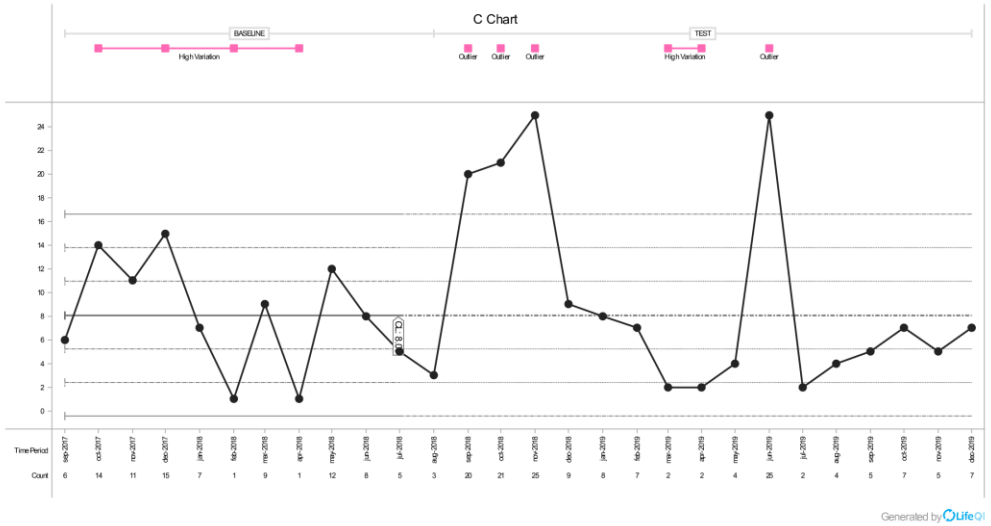
All teach, all learn

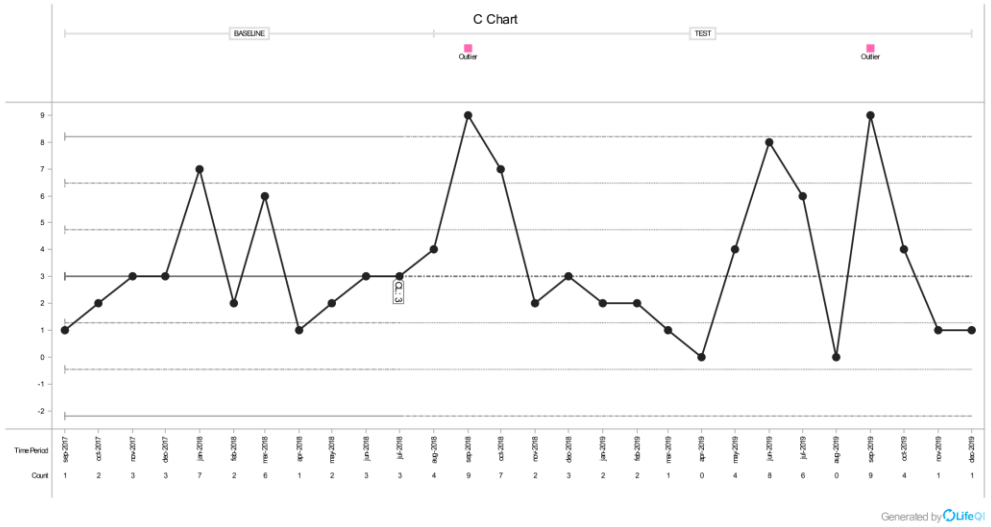
- The first stage of gathering data regarding incident frequency per hour has led to greater awareness and an ability to reflect on potential causes during peak times. This will inform further stages of this PDSA cycle, and more change ideas.
- We have partly achieved and are still working towards achieving a better understanding of the way the ward feels for patients and staff, and how ward routines affect incidents and perceived safety on the ward.
- **Question**: What changes or improvements have others who have tested similar ideas seen?

Challenges

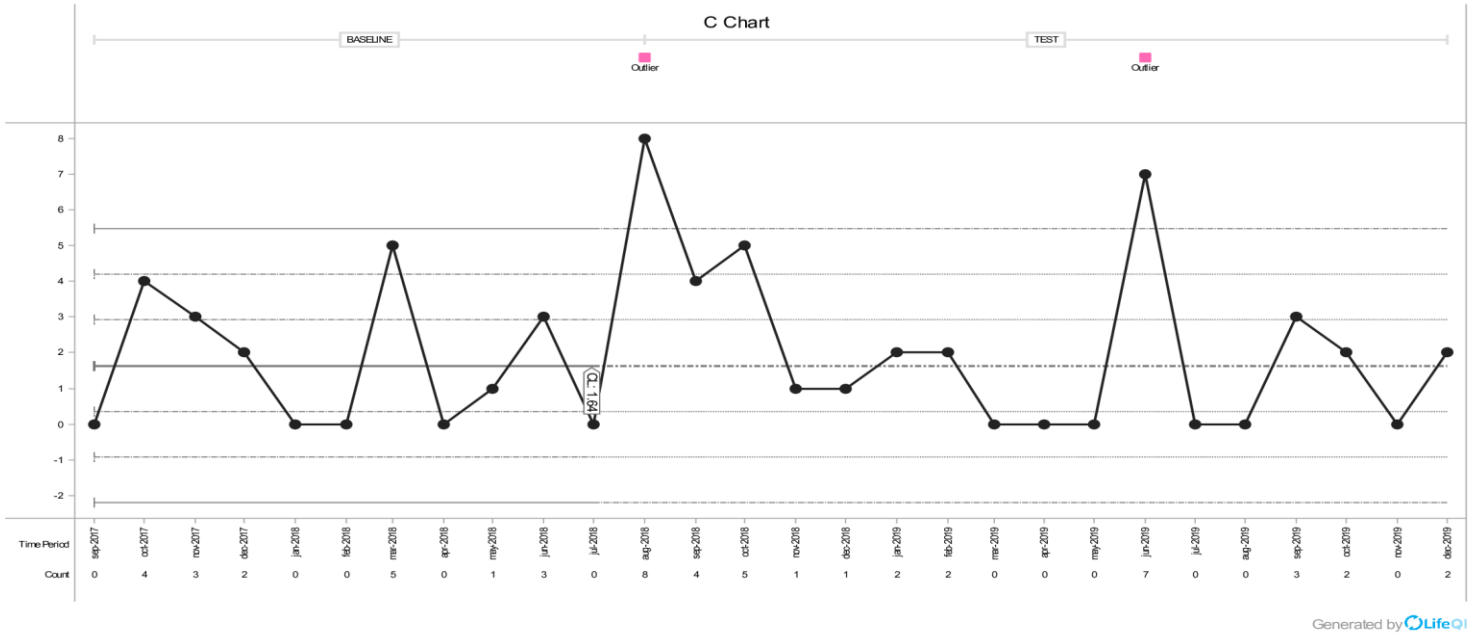
- Patient involvement / commitment to the collaborative (as a staff group, we wanted patients to lead on the QI project, although it has been difficult to get the patient group to maintain an interest).

- Patient mix and diagnosis, combination of personality disorder and autism (Assessed on the 9th of September 2019 and given secondary diagnosis following this) during the collaborative; has impacted on results due to changes in management, understanding difficulties / challenges in the management of behavioral disturbance.
- Impact of this on our data- Skewed our data with clear outliers- for number of restraints, seclusion and RT.





RT Chart


C Chart
BASELINE
TEST
Outlier
Outlier
CL 1.641
8
7
6
5
4
3
2
1
0
-1
-2
Time Period
sep-2007 oct-2007 nov-2007 dec-2007 jan-2008 feb-2008 mar-2008 apr-2008 may-2008 jun-2008 jul-2008 aug-2008 sep-2008 oct-2008 nov-2008 dec-2008 jan-2009 feb-2009 mar-2009 apr-2009 may-2009 jun-2009 jul-2009 aug-2009 sep-2009 oct-2009 nov-2009 dec-2009
Count
0 4 3 2 0 0 5 0 1 3 0 8 4 5 1 1 2 2 0 0 0 7 0 0 3 2 0 2
Generated by LifeQI

Additional Challenges

- Thematic review- 7th of August 2019-; affected the team, confidence, processes and morale which impacted on ability to perform effectively- traumatized team requiring additional support (separate away morning which focused on these concerns).

- Increased number of agency / irregular staff, leading to further incidents on the ward (model of care, attachment theory – repeatedly introducing new faces to the patient group is yes at times unavoidable although can be distressing for them).

What we have achieved:

- Meet with patients to discuss current restrictions on the ward, ask for their views and feedback the rationale for them, or discuss whether we can reduce / eliminate restrictions
- Opened up the drinks access point on the ward, so patients can make their own drinks whenever they want
- Side rooms on the ward are now left unlocked as a space for patients to access whenever they wish; can be used for 1-1's, chill out time, patients playing games etc

Next steps and Summary

- On-going process to embed this within our clinical team.
- Continue to meet with the patients to always look at ways to reduce / eliminate restrictions
- Looking at ways to maintain motivation from our patient group
- Allow patients to decide what activities they wish to do and devise the timetable
- To communicate our data to our patients, what it means, has it improved