

By email only

[REDACTED]@gov.scot

Clare Haughey, Minister for Mental Health

Date 12 June 2019

Your Ref AMcM/KAL

Our Ref

Enquiries to

Extension

Direct Line

Email [REDACTED]@nhsllothian.scot.nhs.uk

Dear Mrs Haughey

RE: RESTRAINT WITHIN NHS FACILITIES

Thank you for your letter dated 1st May 2019 regarding your request for assurance that NHS Lothian have the appropriate policies, training and alternative initiatives in place to ensure that the need for physical restraint and rapid tranquillisation is reduced to the lowest possible reasonably practicable level.

I can assure you that patient centred, safe and effective care is at the very heart of all NHS Lothian clinical care systems and indeed our specific NHS Lothian values cover Care & Compassion, Dignity and Respect, Openness, Honesty & Responsibility, Team working and Quality Improvement all of which underpin patient and staff safety and are embraced by all NHS Lothian staff.

There has been significant NHS Lothian investment in Mental Health care to try to ensure staff are supported to deliver care to its highest standard. The following are some examples of actions we have taken and processes we have in place to help us in improving, monitoring and assuring practice in respect of care of patients who demonstrate distress or behaviours that may put themselves or others at risk of violence or aggression:

Improvements / Approaches to care

Hospital and Ward Environments

There is a strong evidence that design features of psychiatric care environments can have a significant impact on the reduction of violence and aggression (Ulrich et al, 2018). NHS Lothian have committed to significant investment in the reprovision of our inpatient environments with the recent new build and refurbishment programme at the Royal Edinburgh Hospital which is our main Mental Health facility in Lothian. When you visited the Royal Edinburgh building you would have seen for yourself that the building which is the first phase of our hospital reprovision programme, now provides bright, spacious and modern facilities for our most acutely unwell patients to receive care and treatment and to be supported in their recovery. We now have excellent facilities for therapies, arts, music

and physical activity. We have found that among other things, patients having their own bedrooms and having more social, therapies and outdoor space has reduced the number of incidents of violence and aggression in our adult acute admission wards in the 2 years since opening and a reduction in the use of physical restraint as a result.

Within the new hospital building a high dependency area (HDA) was built into the Intensive Psychiatric Care Unit where patients who are extremely distressed and unwell can be looked after in a safer and less stimulating environment thus reducing the need for episodes of what may previously have become prolonged physical restraint for the safety of the patient themselves or the safety of other patients and staff. This area is only used when absolutely necessary and with standard operating procedures in place for periods of seclusion, in accordance with Mental Welfare Commission Guidance. In recent years patients who present having used New Psychoactive Substances can be extremely violently disturbed in their presentation and it is these patients who are most likely to be cared for in the HDA for the shortest period necessary.

A refurbishment of the Learning Disability inpatient services in 2015 to introduce a more person centred environment and provision of personalised 'pods' with ensuite living and sleeping areas and access to outdoor space coupled with communal areas seen a significant reduction in restraints from 80 the preceding year, to only 2 and during the same period the number of RIDDOR reportable staff incidents from 7 to 1 (which was non patient related).

The new Child and Adolescent mental health service will open in July 2019 at the Little France site and this will provide significant improvement to the inpatient care environment for young people who require hospital admission. The design features incorporated into the new facility have been fully informed by young people themselves, supported by design and arts experts

The environmental aspect is only one aspect of our overall approach however; the following are examples of improvement programmes or approaches to care that we are finding to be effective in delivering more person centred care which impacts positively on the incidence of violence and aggression.

Safewards Programme in Acute Mental Health and Rehabilitation wards

Safewards is a model of nursing that encourages staff and patients to work together to promote a safer ward. Safewards consists of 10 interventions that staff and patients can work on together. Information leaflets are available from each ward and these give a brief description of each intervention.

Improving Dementia Care: Stress and Distress.

Within our Dementia Care environments we have evidenced a significant reduction in incidence of violence and aggression and the use of physical restraint. This has been achieved through the delivery of person centred and relationship centred approaches to care, of which staff being trained in Stress and Distress intervention is a key component. Canaan ward in particular has had national awards recognition in this respect.

Positive Behavioural Support

This approach to management of distressed behaviours and violence and aggression is adopted routinely within our Learning Disability services with very good effect. There is still a high incidence of violence and aggression in the presentations of patients who have a learning disability but consistency of approach through formulation and individualised PBS plans and provision of a wide range of diversional, recreational and social activities reduces occurrences significantly. Modifications to the inpatient learning disability environments have also enabled the staff to use de-escalation and withdrawal techniques from patients during escalating behaviours and distress instead of engaging in physical restraint and rapid tranquilisation.

This approach to care has also been tested out during the last year in our mental health intensive rehabilitation ward where patients with very complex and severe mental illness receive care and treatment. This is proving extremely promising in reducing incidence of violence and aggression and restraint.



Positive+Behavioural
+Support+in+Adult+

Music and Arts Therapy

The Royal Edinburgh Hospital site has a growing and very proactive Arts and Music Therapy team which is now provided in all our adult acute admission wards and CAMHS inpatient unit. Recent investment will expand this service into our older peoples mental health wards too in the coming months. This intervention enables those patients who find it difficult to express themselves verbally through other types of psychological intervention, to have their emotional needs expressed and considered whilst also engaging in one to one or group activities with the therapists.

Scottish Patient Safety Programme: Mental Health

NHS Lothian have also embraced the Scottish Patient Safety Programme for a significant number of years and was a pilot site for the Healthcare Improvement Scotland national review of Observation Practice. Reduction of incidents of violence and aggression and reduction in overly restrictive practice has been a focus of this programme of work. Regular reports on progress are submitted to the national team at Healthcare Improvement Scotland.

A working group is in the process of considering the revised guidance on observation practice. The clinical teams have been making progress in building a supportive infrastructure for patients that is providing more therapeutic activities, psychological interventions and education for patients and support for carers. Examples include the recruitment of recreation assistants to all adult and older peoples mental health admission wards; emotional touch point coordinators; ward based staff being trained in delivering Relaxation Therapy so patients can have routine access to this at any time of day; the provision of a fully equipped gym on site to support patients in channelling their energies and frustrations into physical activity.

Staff/ Patient contracts

These are used on occasion when it is known that individual patients are likely to engage in behaviours that could be disruptive to other patients on the ward or put other patients or staff at risk; examples are the use of alcohol or illicit substances. Patients under the influence of psychoactive substances are more likely to become aggressive or violent so these are used as a way of setting boundaries on behaviours with mutual understanding of consequences (such as discharge from inpatient stay)

Staff Governance

NHS Lothian Policy is that alternatives to physical restraint should always be the first consideration and we have a specific and clear "Restraint" Policy (**please see attachment 1**) which reflects this critical requirement. Should restraint become unavoidable then we adopt an ethos of "minimum force using minimum staff for minimum time".

In terms of staff training, we recognise that patients receiving treatment and staff delivering care need to feel safe and secure and therefore it is paramount that staff receive the highest quality training available within the most challenging environments.

All staff must complete core skills for management of aggression and the restraint e-learning module every two years. Initial training consists of a theoretical session prevention, reduction and de-escalation. Practical training includes breakaway, low level

restraint and high level restraint - NHS Lothian provide the programmes of techniques and include the presentation and details of the short workshop delivered during high level restraint training to encourage staff to consider alternatives. Refresher training for practical skills is required after every period of two years.

Training compliance within mental health services is high in NHS Lothian. We also have a number of work based advisors providing service specific training within Mental Health facilities. Staff cannot book shifts for supplementary staff from the staff bank within Royal Edinburgh and Associated Services unless they are trained to the appropriate level (there is an automatic block on the system that prevents the booking of staff without the relevant level of training and this can only be overridden by the duty manager after they have completed a risk assessment).

Monitoring and Assurance

Attendance at training is recorded electronically on our central “PWA” training system. NHS Lothian can provide assurance that Training records for all staff involved in restraint or rapid tranquillisation interventions are maintained and training kept up to date. This is part of the mandatory training performance reporting within service level and at senior management level, through to Board level healthcare governance committees.

NHS Lothian collect and analyse data for all events that require the use of physical restraint or rapid tranquillisation and such episodes are recorded in clinical case records. NHS Lothian have an Adverse Event Policy, agreed in partnership, which requires a level of critical incident review following any level of harm caused and any serious patient injury is reported to the Mental Welfare Commission. The NHS Lothian Adverse Event recording system is DATIX and all events are also recorded on that system in addition to individual patient records. Data captured requires mandatory fields which now includes questions on rapid tranquillisation. Other fields required for data input includes:

- Contributory factors to incident
- Risk assessment
- Staff up to date with appropriate level of training?
- Was restraint used?
- Name of person restrained
- Length of time restrained
- Type of restraint used
- Staff involved and role of staff member in restraint
- Police/security involvement

NHS Lothian currently has robust Corporate Assurance systems. The NHS Lothian Staff Governance Committee and Healthcare Governance Committee both meet six times per year. The NHS Lothian Board H&S Committee reports to the Staff Governance Committee and receives quarterly assurance reports from thirteen local Health & Safety Committees that collectively capture all staff groups employed with NHS Lothian and Health & Social Care Partnerships. The periodic violence & aggression assurance level return includes an element on compliance with the NHS Lothian Restraint Policy. This requests an annual declaration from all managers that; “has the Restraint Policy been communicated and shared with staff, with sign off achieved to evidence this process has occurred and that they understand their roles and responsibilities within the Policy”?

(Please find **Attachment 2**: May 2019 Staff Governance Committee V&A update paper).

In addition, there is now a Violence and Aggression Governance group within the Royal Edinburgh and Associated Services (REAS). This group was set up in response to the BBC documentary broadcast in July 2018 which reported on allegations of inappropriate practice in the Carseveiw Centre in Dundee. The group aim is to ensure we have robust monitoring and assurance process in place that will identify if there are any concerns about practice locally. It will also aim to identify any areas for improvement in practice, reporting or analysis.

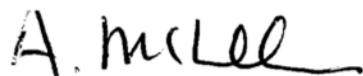
An area the group has indentified for improvement to date is the documented assessment at admission of whether physical restraint may be an intervention that is indicated during admission due to current presentation or known risk factors, and if as a last resort this is the case, having clearly stated in the care plan which type of restraint may be appropriate for the patient (e.g seated restraint as opposed to prone restraint). One of our Management of Aggression Advisors is now undertaking a Quality Improvement Project on this aspect of care planning with the aim of clinical teams ensuring a person centred and trauma informed approach should the intervention of physical restraint be required.

The REAS local Health & Safety Committee monitors reporting of Violence & Aggression risk assurance every quarter. There is a revised question set to extrapolate a greater depth of information / evidence and this has made a difference to the level of information being recorded on the Datix system. The Management of Aggression Team are currently in the process of comparing month on month data. In addition, all incidents of moderate harm in REAS are now being regularly reviewed and an area of current focus is compliance with the staff debrief requirement.

The Royal Edinburgh Hospital also works closely with the Patients' Council and independent advocacy. A staff Patient Dialogue Group is held quarterly where members of the Patients' Council and hospital managers meet to discuss any matters raised by patients through the advocacy mechanism. REAS also recently commissioned a Patient Experience report that was conducted by independent advocacy through the Patients' Council which has provided valuable feedback that will be progressed into actions. This piece of commissioned work was felt by the Senior Management Team to be of such great value in respect of the independence of the information and approach taken, that we are seeking to have a substantive arrangement in place for a continued patient feedback mechanism of this nature.

I do hope that the information provide within this letter provides you with your requested level of assurance that that NHS Lothian have the appropriate policies, training and alternative initiatives in place to ensure that the need for physical restraint and rapid tranquillisation is reduced to the lowest possible reasonably practicable level and that suitable and sufficient staff training is delivered and recorded. However, if you require any additional information or further detail regarding the content within this letter then please do not hesitate to request this and we will provide this to you accordingly.

Yours Sincerely

A handwritten signature in black ink that reads 'A. McMahon'.

PROFESSOR ALEX McMAHON

Executive Director Nursing, Midwifery & Allied Healthcare Professionals
Executive Lead for REAS & Prison Healthcare

Enc: Attachment 1: NHS Lothian Restraint Policy
Attachment 2: May 2019 Staff Governance Committee V&A update paper