

Developing a no-force culture to improve quality and safety on mental health wards

Mersey Care NHS Foundation Trust

What was the problem?

Physical restraint is a negative, traumatic and potentially dangerous experience for both service users and staff. Conflict and physical intervention can significantly affect staff sickness due to assault or injury and/or psychological consequences. High levels of staff sickness on wards can affect care quality, safety and team members' morale. The processes associated with restrictive practice can hinder staff from providing 'time to care', and the practices themselves when carried out inappropriately have led to high profile inquiries.

What was the solution?

No Force First – a restraint-reduction strategy and quality improvement programme developed by Recovery Innovations in the US. The trust piloted it in 2013 on three wards serving people whose needs included acute adult mental health, learning disability and women's medium-secure care. The trust has since extended it to other wards, including high-secure services at Ashworth Hospital. The programme:

- promotes collaboration and reduces indices of conflict, eg assaults and restraints (both medication-led and physical)
- improves staff engagement and increases capability by developing a recovery-driven and supportive culture
- meets national guidance to reduce restrictive interventions and restraint.

What were the results?

- Early data from the pilot wards indicated a 50% reduction in physical and medication-led restraint combined, in year one, and a 45% reduction in year two.
- Staff sickness on wards taking part fell by 25% in two years. Surveys found improved staff morale and satisfaction and a positive improvement in service user experience.
- The Care Quality Commission positively acknowledged No Force First as a restraint-reduction strategy.
- Extending No Force First successfully to all wards could potentially save up to £1.2 million from reduced staff sickness and absence due to fewer assaults and injuries, according to an independent assessment.

What were the learning points?

- Linking No Force First to the trust's strategy enabled all staff to engage with it.
- Developing local champions for change enabled skills and leadership tasks to be delivered locally.
- Quality improvement methodology and data measurement provided the evidence to change clinical practice.
- Involving experts in co-production and delivery developed staff's emotional engagement, broke down cultural barriers and recognised the capabilities this group can share with staff.

Find out more

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