Improving patient safety by reducing prone restraint, through better use of data, targeted training and other improvement initiatives

June 2017

<table>
<thead>
<tr>
<th>Trust name</th>
<th>Together NHS Foundation Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider type</td>
<td>Mental health</td>
</tr>
<tr>
<td>Site (if applicable)</td>
<td>Trust wide</td>
</tr>
<tr>
<td>Core service</td>
<td>Inpatient wards for adults of working age and Psychiatric Intensive Care Units (both rated outstanding for safety)</td>
</tr>
<tr>
<td>Trust-level CQC rating (safe)</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Trust-level CQC rating (overall)</td>
<td>Good</td>
</tr>
</tbody>
</table>

The challenge

Together NHS Foundation Trust provides specialist mental health and learning disability services in Gloucestershire and Herefordshire.

The trust has been at the forefront of work to de-escalate violent and aggressive behaviour without the use of seclusion. All wards, except for the low secure areas and psychiatric intensive care unit (PICU), are therefore open wards with no seclusion facilities in any of the units. For extreme situations, there is an extra care area next to the PICU, where extra support can be provided. The trust was the first in the country to be awarded a CQC rating of outstanding for its PICU and adult acute inpatient wards.

Over the years, staff have consistently questioned the need for physical restraint in the prone, or face down, position. It has been proven to be dangerous, even life-threatening, and can feel like you’re being suffocated and can cause even more distress. This type of restraint has already been effectively phased out in learning disability services and the trust used and shared this good practice to influence change in adult acute settings.

When reviewing NHS Benchmarking information on prone and supine restraint, the trust also noticed it was ranked ‘average’ in this area in comparison with other mental health trusts. As
the national debate in this area intensified and NHS England launched the Positive and Safe strategy, it decided to address this issue as a priority.

The solution

In the summer of 2015, the director of quality set up a ‘positive and safe’ subcommittee, which reports to non-executive directors through the governance committee. The group is chaired by the assistant director of governance and compliance and consists of a selection of subject matter experts, including matrons and trainers in de-escalation techniques.

One of the challenges the trust faced at the time was that incident data wasn’t always accurate and detailed enough to allow meaningful analysis. It therefore decided to improve the data collection on prone restraint incidents, to better understand where and when they occur, which patients are most commonly affected the level of harm and how could this be prevented. As it was already investing in a revised incident reporting system, it decided to align these two priorities and used a new version of the Datix incident reporting system to improve the accuracy of data.

Effective use of data also helped persuade staff of the benefits of supine over prone restraint for rapid tranquilisation. For example, trust data has since shown that about two-thirds of cases of rapid tranquilisation in prone restraint involve use of sedation but only one-third of supine restraint. Moreover, 1% of supine restraint incidents involve low harm to staff or patients, but 6% for prone restraint incidents. This type of evidence is helping to improve confidence and persuade staff who are still concerned about a perceived risk to themselves.

Next, the trust did a detailed review of the rapid tranquilisation policy, which had included restraint in the prone position while giving sedation via the gluteal route. It then promptly updated the policy to incorporate supine restraint with Intramuscular sedation in the quadriceps area instead (Supine restraint is defined as holding a person ‘face up’ rather than prone (face down).

In line with the revised policy, they introduced a programme of supine sedation training to the induction of new recruits, as well as re-training existing staff. The work launched around February 2017 and has already achieved 100% compliance in several wards.

To ensure that quality improvement methodology was embedded and to support further improvements in this area, the chair of the positive and safe subcommittee worked closely with the quality improvement lead. They created separate bespoke driver diagrams for each ward and clinical area with the overall aim of reducing use of prone restraint. They also identified secondary drivers, looking at the impact of environmental design, use of space in the wards and proactive engagement with service users. They then shared these with relevant staff to raise awareness and encourage changes in practice.
**Enablers and challenges**

A dedicated team, both appropriately qualified and highly motivated, to drive this project, was a key factor in its success.

Improved data collection through a more robust incident reporting system was an important enabler. It helped identify outliers, create a more accurate picture of the overall situation in the trust and persuade staff of the benefits of supine over prone restraint.

The comparison with learning disability services where prone restraint was phased out over 10 years ago has also helped.

There are still some challenges with uptake from medical staff, which the trust is looking to address, although in most situations it is nursing staff who are involved in the actual restraint and giving of medication.

The trust expects it might take another year to 18 months for a critical mass of staff to be fully confident with supine restraint, for culture across the organisation to change and prone restraint to become a rarity. It is a distinct change in mindset for many staff members but early indicators show this work is having an effect.

**Impact**

The trust has already noticed some positive changes.

Following introduction of the new data collection system, the overall number of incidents reported increased, suggesting an improvement in reporting culture.

The number and share of reported incidents of supine restraint has been growing steadily, while the number of prone restraint incidents remains stable or in decline. In April 2016, of 18 incidences of restraint for rapid tranquillisations reported, only 1 was supine but in November 2016, the number of reported incidences of supine restraint in the trust overtook that of prone restraints and in February 2017, more than 2/3rds of all 61 incidences reported consisted of supine restraint. Although there has been a subsequent reduction in numbers of supine vs. prone restraint incidents reports, this is information can be used positively to continue to change organisational practice and culture.

**Next steps and sustainability**

The positive and safe subcommittee continues to meet every two months to review incident data and drive further improvement in this area.

For example, the trust is now developing real-time dashboards for each ward. They are due to launch soon and will provide real-time, accurate information about the safety levels on the wards, so that appropriate support and intervention can be timely and targeted to priority areas.
Want to know more?

For more information contact:

- Gordon Benson, Assistant Director of Governance and Compliance: gordonbenson@nhs.net
- Marie Crofts, Director of Quality: m.crofts@nhs.net

To see the other case studies in this series: visit the NHS Improvement website at: Improving quality and safety in healthcare.