Essex Partnership University
NHS Foundation Trust

GLOBAL RESTRICTIVE PRACTICES
Guideline on the use of Global Restrictive Practices in In-Patient Units

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

GLOBAL RESTRICTIVE PRACTICES CLINICAL GUIDELINE

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Global Restrictive Practices Clinical Guideline

1.0 INTRODUCTION

This guideline describes the arrangements for authorising, monitoring and reviewing the use of Global restrictive practices on wards within Essex Partnership University NHS Foundation Trust (EPUT). This guideline forms part of the wider Restrictive Practice agenda for EPUT.

2.0 WHY WE NEED THIS GUIDELINE

2.1 Purpose

The Trust is committed to ensuring that the least restrictive practice principle is observed at all times. This is in line with Department of Health guidance - Positive and Proactive Care: reducing the need for physical interventions (2014) and the Mental Health Act Code of Practice (2015). This is also to ensure that the Trust is compliant with its regulated activities as monitored by the Care Quality Commission (CQC).

To support positive cultural improvement in relation to achieving the least restrictive practices, we will now be using the term Global restrictive practice instead the term of *blanket rules*, currently used in the Mental Health Act Code of Practice (2015).

2.2 Objectives

- There will be a clear definition of Global restrictive practices and application.
- Each ward area will ensure a therapeutic and safe environment that reflects the needs of the patient group whilst minimising risks.
- Each ward will consider the five guiding principles in relation to care, support and treatment of patients which are:

  - **Least restrictive option and maximising independence**
  - **Empowerment and Involvement**
  - **Respect and Dignity**
  - **Purpose and effectiveness**
  - **Efficiency and Equity**

- Where a ward needs to operate a local global restriction, this should be for the shortest reasonable time and be monitored and reviewed through local risk assessment and governance arrangements. If the global restriction needs to be in operation for an indefinite period, this should be registered as a risk at Quality and Safety Group meetings.
- Where there is a need for a restriction on an individual patient, this will be risk assessed, discussed with the patient, clearly documented and reviewed alongside the Safeguarding and Mental Capacity Act Policies/Guidance.

3.0 SCOPE

3.1 Who this Guideline applies to

This guideline applies to all clinical staff working within Trust in-patient areas.

4.0 DEFINITIONS

There are different terms used to guide staff in accordance with the Mental Health Act (MHA) Code of Practice. This policy provides guidance regarding these terms and their definitions.

Terms	Definition
Restrictive interventions	Defined as deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to: • Take immediate control of a dangerous situation where there is a real possibility of harm to other persons or others if no action is undertaken;and • End or reduce significantly the danger to the person or others; and • Contain or limit the person's freedom for no longer that is necessary. Any restrictive interventions must be undertaken in a manner that is compliant with patients' human rights. Examples of restrictive interventions include: • Physical interventions (TASI – Therapeutic and Safe Interventions) • Rapid tranquillisation • Seclusion & Long-Term Segregation These are covered by the relevant Trust policies and procedures.
Restrictive practices	Widely considered to be "Making someone do something they don't want to do or stopping someone doing something they want to do". Examples of restrictive practice include: • Room searches and rubdown searches • Access to courtyards, kitchens and calm room • Monitoring of communications and visits

Global Restrictive Practices	A Global restrictive practice refers to rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application or use.

5.0 WHAT ARE GLOBAL RESTRICTIVE PRACTICES

5.1 The Need for Global Restrictive Practices

Global restrictive practices are rules or policies that restrict a patient's liberty and other rights, which are routinely applied without individual risk assessments to justify their application. The 2015 Mental Health Act Code of Practice allows for the use of Global restrictive practices only in certain and very specific circumstances and the Trust aims to balance human rights with the safety of its patients.

Global restrictive practices should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals. The impact of a global restriction on each patient should be considered and documented in the patient's records.

Any Global restriction should never be introduced or applied in order to punish or humiliate, but only ever as a proportionate and measured response to an identified risk; they should be applied for no longer than can be shown to be necessary.

Within secure services, restrictive practices can form part of the broader package of physical, procedural and relational security measures associated with an individual's identified need for enhanced security in order to manage high levels of risk to other patients, staff and members of the public (paragraph 8.8 Mental Health Act Code of Practice). This is governed through the appropriate policies and guidelines with within the Secure Service (i.e. SSOP40, SSOP41)

There are several levels of restrictions that may apply in inpatient settings.
These are:

- **Individual** - Individualised approaches to risk-based care planning
- **Ward/Unit** - Implementing Global restrictive practices on a specific ward/unit
- **Trust wide** - Trust-wide authorised Global restrictive practices

No form of Global restriction should be implemented unless expressly authorised on the basis of this guidance and subject to local accountability and governance arrangements (see paragraph 8.9 Mental Health Act Code of Practice). Local Global restrictive practices must be accounted for through a Work Place Risk Assessment and the impact of a global restrictive practice will be regularly reviewed through the local Quality and Safety Group meetings.

5.2 Individualised Approaches to Risk-Based Care Planning (An individual patient)

A patient would normally have access to all the activities and opportunities associated with that unit. However, for clinical and/or risk-based reasons, it may be appropriate for an individual patient not to have access to one or more of those activities. This decision must be based upon a multi-disciplinary risk assessment, with a clear rationale as to why it is not appropriate at that current time, and when restrictions will be reviewed.

The patient must be made fully aware of why the decision was made, as well as how and when it is to be reviewed. This discussion will be documented on the Electronic Patient Record, as well as the impact the restriction may have on the patient.

Examples:

- Patient not having access to their bedroom because they are actively using items to harm themselves
- Community leave due to risks to self and others
- Not having access to certain items because of risks of swallowing items
- Enhanced observation levels because of risks to self and or others

5.3 Global Restrictive Practices on Specific Wards (Ward/Unit)

There may be occasions when it is necessary for the safe running of a ward/unit that a Global restriction be implemented. Examples of times where there may be such a restriction in place can include the following:

- Limited access to certain patient areas, due to environmental risks that cannot be individually risk managed
- Limited access to certain snacks and foods due to a patient having a severe food allergy
- Limited access to takeaways to ensure a balanced diet or where financial concerns emerge

Where Global restrictive practices/rules are implemented, staff must ensure that authorisation is sought and the process for implementation is followed. **(Please refer to section 6.3.**).

5.4 Trust-wide Authorised Global Restrictive Practices

The Hospital Managers, through agreement of the Executive Team and the Trust Board, have authorised the following Global restrictive practices as being appropriate and proportionate to the safe provision of care within all in-patient services:

Global Restriction	Rationale
All doors into clinical areas will be locked	It is imperative that the Trust ensures the safety of its services users, many of who are vulnerable, when they are admitted to hospital. A safe and protective environment for patients, staff and visitors within in-patient areas is of the utmost importance to the Trust. As such, the Trust operates a Lock Door Principle. To support this, access to and exit from in-patient areas needs to be managed. All main access points to bed based clinical areas will have a system so that access and exit is managed by clinical staff and on a request basis. A patient's article 8 rights should be protected by ensuring any restriction on their contact with family and friends can be justified as being proportionate and in the interests of the health and safety of the patient or others.
No smoking on Trust premises	The rationale regarding smoking not being permitted on Trust property can be found in the Trust wide Smoke free Policy. The policy supports the NICE "Smoking Cessation in Secondary Care" recommendation that all secondary care buildings and grounds are smoke free.
No smoking when on escorted leave	On escorted leave, patients are not allowed to smoke as there no evidence as to the safe distance to protect our staff from second hand smoke exposure (see the Trust wide Smoke free Policy).
No alcohol on Trust premises	Alcohol is not allowed as: • It can undermine the person'streatment programme. • It can be a significant destabiliser for a person's mental health, negatively impacting on recovery • It can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the patient and others at potential harm. • It can interact negatively and potentially dangerously with prescribed medication and other drugs. • It can be used to trade with or to coerce other people. • Once on a unit its onward distribution cannot be controlled.

No illicit drugs on Trust premises	Illicit substances are not allowed as: • Possession and distribution can constitute a criminal offence • It can undermine the person's treatment programme. • It can be a significant destabiliser for a person's mental health, negatively impacting on recovery • It can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the patient and others at potential harm. • It can interact negatively and potentially dangerously with prescribed medication. • It can be used to trade with or to coerce other people. • Once on a unit its onward distribution cannot be controlled.
Psychoactive Substances (NPS or "legal highs") on Trust premises	NPSs are not allowed as: They have unpredictable effects on physical and mental health. • They can be a significant destabiliser for a person's mental health, negatively impacting on recovery • They can be a disinhibitor for aggressive and violent behaviour and/or self-harm placing the patient and others at potential harm. • They can interact negatively and potentially dangerously with prescribed medication. • They can be used to trade with or coerce other people. • Once on a unit its onward distribution cannot be controlled.
No illegal pornographic material on Trust premises	Pornographic material can be highly offensive to other patients. However, the Trust respects the right for individuals to access mainstream pornography – this should be within a private area. When mentally unwell, behaviour can be disinhibited, and the use of sexually stimulating material may lead to sexualised acts that are offensive and may constitute an offence. Pornographic material may undermine specific treatment programmes
No weapons, including knives and firearms, onto Trust premises	The Trust has a duty to ensure the safety of staff and users of its services. No firearm, even if legally held, will be allowed on Trust premises. Regarding knives, it is recognised that some individuals may wish to hold a knife for religious reasons. This will be discussed with the patient and an individualised risk assessment agreed and updated on a regular basis.

Access to courtyards and outdoor spaces at night	In order to maintain a safe ward environment at night access to outside courtyard areas will be restricted. A ward will have the ability to open up outdoor courtyards at night on an individual or group basis depending upon the specific circumstances at the time, as long as they can be assured that staffing arrangements allow this to be done safely.

A list of current global restricted, and prohibited, items can be seen in Appendix 1

6.0 AUTHORISATION AND MONITORING OF RESTRICTIONS

6.1 What should not form part of a Global Restriction?

The following will not be subject to a global restriction and possible exceptions may apply in Secure Services:

- Access to (or banning) mobile phones (and chargers)
- Access to the internet
- Incoming and outgoing mail
- Visiting hours
- Access to money or the ability to make purchases
- Taking part in preferred activities

6.2 Individualised Approaches to Risk-Based Care Planning

Authorisation of these restrictions lies with the multi-disciplinary teams (MDT) and must justify reason for implementation. This decision MUST be based upon a multi-disciplinary risk assessment, with a clear rationale why it is appropriate at the current time, and when restrictions will be reviewed. (Please refer to section 5.2)

6.3 Implementing a Global Restriction on a Particular Ward/Unit

When there is a need to implement a Global restrictive practice on a ward or unit, it is necessary to fully explore why this is needed before implementation. The views of all involved must be sought including senior staff such as matrons and/or service managers. If the team concludes that an alternative cannot be identified and the Global restriction is still deemed necessary, the following steps must be taken:

- The Work Place Risk Assessment document must be used to account for the local restriction
- All affected patients must be made aware why the decision was made. Any impact the restriction/rule may have on the patient should be documented in the electronic patient record.
- The decision should be escalated through normal line management arrangements at least to the level of the service manager. If in the judgement of the service manager this should be escalated further, this will be escalated to the Director of Service and reported at the local Quality and Safety Group meeting.
- The decision should be reviewed in all cases at the next Quality and Safety Group meeting. Monitoring and review mechanisms should be agreed and documented. The Quality and Safety Group will report the use of Global restrictive practices to the Restrictive Practice Steering Group and Clinical

Governance Group.

- Quality and Safety Groups may wish to consider keeping a register of Global restrictive practices in place in order that the extent of any Global restrictive practices are transparent and can be regularly reviewed as appropriate

6.4 Secure Services

The Mental Health Code of Practice 2015 recognises that, within Secure Services, restrictions may form part of the broader package of physical, procedural and relational security measures associated with an individual identified need for enhanced security. Under such circumstances, Global restrictive practices are permissible in order to manage high levels of risk to other patients, staff and members of the public.

The Secure Services operates associated policies and guidelines, which specifically cover the range of potential Global restrictive practices, which may at any time, operate in some or all of its inpatient units, as well as the governance arrangements around its use. Appendix 1 identifies the additional restricted, and prohibited, items that are appropriate for secure services.

6.5 Other Specialist Service

Within our other specialist services inpatient wards, such as CAMHS, Learning Disability and Perinatal, other restricted and prohibited items may be identified as appropriate to meet the needs of these patient groups. These are listed in Appendix 1.

7.0 GOVERNANCE ARRANGEMENTS

7.1 Management of this Guideline

Oversight and approval of the guideline will be by the Quality Committee, in accordance with the remit of that group and on behalf of the hospital managers.

Matters can be brought to the attention of the Executive Team on an exceptional basis should urgent consideration be required of a potential Global restriction.

7.2 Local Accountability

Ward managers are responsible for ensuring that Global restrictive practices are only applied when required, are used for the minimal period of time they are needed for and are not in place to either punish patients or in response to inadequate staffing. In coming to such a determination, the Responsible Clinicians and Modern Matron for that ward area should be consulted. Wards should escalate the imposition of a Global restriction through established routes e.g. safety huddles and Quality and Safety Groups.

Directors of Services will ensure that the Trust's Clinical Governance and Quality Group meetings and Restrictive Practice Steering Group will have sight of the use and impact of any exceptional Global restrictive practices within their locality as part of the bimonthly report provided through Locality Governance Boards to the Quality Committee.

Responsible Clinicians are accountable for ensuring that patients are in the least restrictive environment and not subject to unnecessary restrictions.

8.0 REFERENCES

Mental Health Act 1983: Code of Practice 2015

Positive and Proactive Care: reducing the need for physical interventions (2014)

END