

Wrightington, Wigan and Leigh Teaching Hospitals

NHS Foundation Trust

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CONTENTS PAGE

CONTENTS	TITLE	PAGE NUMBER
1	INTRODUCTION	2
2	POLICY STATEMENT	2
3	TRAUMA INFORMED PRACTICE	3
4	KEY PRINCIPLES	3
5	RESPONSIBILITIES	4
6	COURT OF PROTECTION	5
7	HUMAN RIGHTS ACT	5
8	INCLUSION AND DIVERSITY STATEMENT	5
9	MONITORING AND REVIEW	5
10	ACCESSIBILITY STATEMENT	5

APPENDICES		PAGE NUMBER
App 1	Debrief COPING model	
App 2	Equality Assessment Form	
App 3	Monitoring and Review Form	

**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1. INTRODUCTION

- 1.1 Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (The Trust) is committed to delivering the highest standards of healthcare and ensuring the safety and welfare of its patients, visitors and employees.
- 1.2 This policy will provide direction for delivering the least restrictive care to children and young people (CYP) up to the age of 18 and adults. The policy will also provide guidance to staff who care for patients who lack mental capacity to make decisions. All care provided to patients will be delivered in the person's best interest.
- 1.3 Restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person, with the primary purpose of protecting the person from harm or harming others.
- 1.4 Least restrictive practice means applying a model of care that enhances the persons autonomy and respects their rights to individual worth, dignity and privacy. Restrictive interventions can be described as any physical, chemical, environmental or mechanical interventions.
- 1.5 Least restrictive practice promotes a strength based, trauma informed and person-centred approach to care while minimising the use of restraint. This approach can be used with individuals who may present with behaviours that challenge.
- 1.6 Restrictive intervention must only be considered after non-restrictive interventions, which may include the use of effective verbal interventions, making the environment safe or moving the person in distress to a place of safety, have been attempted and deemed unsuccessful.
- 1.7 When determining which interventions to employ to an individual both the clinical need and safety of the patient and others must be taken into account. The intervention selected must be the least restrictive, reasonable and proportionate to the risk posed by the distressed person.

2. POLICY STATEMENT

- 2.1 The aim of this policy is to provide staff with the direction needed to practice in accordance with the law, professional standards and the Trust governance framework.
- 2.2 The policy outlines the general principles that must be adhered to across the Trust, including the legal position where appropriate.
- 2.3 Unlawful restraint may give rise to criminal or civil liability. The Trust will always support employees who act in a way that is deemed reasonable and proportionate, at the time

of the incident and in accordance with professional standards and training.

- 2.4 The Trust promotes a holistic approach to preparing, planning and delivering patient care. This should be done in collaboration with the individual, their family/carers and professionals to ensure communication needs, triggers and management of known behaviours that challenge are included within the patients care plan. Appropriate assistance / reasonable adjustments will be reviewed and provided where needed. For example, providing interpreters for patients who require them; independent advocacy support for people who face other communication barriers or difficulties.

3. Trauma Informed Practice

- 3.1 Trauma, personal and/or caused by the system, whether historical or current is real issue for us to tackle as part of improving safe and positive care and reducing restrictive practices.
- 3.2 Employees will work to deliver care that is trauma aware. Employees are encouraged to be sensitive to the impact of actual, potential, and vicarious trauma on the lives of everyone who encounters services, including those who work within it.
- 3.3 The Trust will work to ensure that our processes and pathways do not re-enact people's experiences of trauma but promote safety and recovery. We will build and maintain cultures and atmospheres where both service users and staff feel supported, validated, and included.
- 3.4 The Trust will prioritise creating safe spaces where teams are able to reflect on their own emotional responses to the work and process the experiences that can leave people feeling overwhelmed, stressed, or distressed. In this way we can build and maintain teams that are compassionate, can work together consistently and take therapeutic risks and are able to put service users at the centre of their care planning.
- 3.5 People with lived experience clearly tell us that the use of restraint and other restrictive practices can trigger traumatic memories for them, and care should be taken to find out what support they need after an incident that has involved a restrictive practice.

4. KEY PRINCIPLES

4.1 Definitions

- **Physical restraint:** any direct physical contact where the intention is to prevent, restrict or subdue movement of the body or body part of another person.
- **Chemical restraint:** the use of medication which is prescribed and administered for the purpose of controlling behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.
- **Environmental restraint:** the use of obstacles, barriers or locks to prevent a person from moving around freely. Additionally, the use of enhanced observation to supervise a person and not allow them to freely leave.
- **Mechanical restraint:** the use of a device (e.g., mitts) to prevent, restrict or subdue the movement of a person's body.
- **Proportionate response:** using the least intrusive and minimum amount of restraint to achieve a specific outcome.

4.2 Legal and Professional Considerations

- Human Rights Act (1998)
- Childrens Act (2004)
- Mental Capacity Amendment Act (2019)
- Deprivation of Liberties Safeguards (2005).
- NMC The Code (2018)
- GMC Good Medical Practice (2013)
- CQC briefing guide on mechanical and physical restraint (2022)
- Reducing the need for restraint and restrictive interventions (2019)
- Criminal Justice Act (2003)
- Benefits outweighing risk
- Reasonable and proportionate
- Last resort and least restrictive
- The risk of doing something versus the risk of doing nothing
- Duty of Care
- Acts of Necessity

- 4.3 Performing physical restraint must only be carried out by professionals who have completed the relevant trust approved course and have valid registration.

4.4 Immediate Post incident Debrief

- 4.4.1 After a restrictive intervention has been applied, a safety and debrief review will be undertaken. The review will include whether the actions were necessary, proportionate and the least restrictive option. A post incident review aims to prevent the development of further adverse reactions and minimise the occurrence of unnecessary psychological and emotional suffering. A restrictive intervention will be proportionate and applied for the least time necessary. Restraint will be *Safe, Effective, and Acceptable*, three of the key principles outlines in the Crisis Prevention Training Programme provided to employees within the Trust.
- 4.4.2 A de-brief will be offered to other people who may have witnessed the incident. All involved should feel supported and be given an opportunity to talk about and work through their experience, including the patient. Managers should utilise the COPING framework to conduct a post incident de-brief (see appendix 1).
- 4.4.3 After an incident requiring restrictive practice being applied, staff will re-establish the relationship with the affected individual to help create a sense of calm and safety.
- 4.4.4 When a member of staff has been involved in an incident, the Line Manager will ensure the member of staff has the contact details of the appropriate staff support services.
- 4.4.5 Managers are responsible for identifying when RIDDOR is applicable and notifying the Health and Safety Team who will make the submission to the Health and Safety Executive. Further information regarding RIDDOR is available from Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Procedure TW10-020 SOP 2.
- 4.4.6 Staff should also be encouraged in the first instance to “speak up” if they are concerned about the restraint during an incident via their team, matron/supervisor or higher. Staff can also take the opportunity to use the “Freedom to Speak Up Guardian” if they do not feel comfortable going through their management structures.

5 RESPONSIBILITIES

- 5.1 **The Chief Executive** has ultimate responsibility for this policy ensuring the provision of adequate resources to implement.
- 5.2 **The Medical Director and Chief Nurse** have joint responsibility in ensuring that this policy is implemented and utilised across the organisation, ensuring adequate provision of training resources and monitoring of decisions made under the delivery of restrictive practices.
- 5.3 **The Chief Executive and Chief Nurse** are committed to the safeguarding of CYP and adults and are responsible for communicating this commitment throughout the organisation.
- 5.4 **The Chief Executive, Medical Director and Chief Nurse** shall take the lead for ensuring that the Trust Board receives regular briefings with respect to safeguarding all patients within the organisation and ensure the policy is available to Security, Safeguarding, Directors of Services and Professional Leads for dissemination.
- 5.5 **Deputy Chief Nurses, Divisional Directors and Deputy Divisions Directors of Nursing & AHPs, Head of Professional Education, Associate Director of Governance and Patient Safety and Assistant Director of Safeguarding** will monitor and review trust wide and divisional compliance and performance in connection with this policy reporting issues relating to implementation via appropriate governance routes. There is a requirement to ensure that staff are compliant with the agreed training (Crisis Prevention Institute, formally MAPA) acting only within their scope of proficiency and practice when applying restrictive interventions.
- 5.6 **Medical Staff** will liaise with **Nursing Staff** to identify and review restrictive practices, prescribe and administer chemical restraint medications, inclusive of those necessary under the Rapid Tranquilisation process, and be actively involved in debrief.
- 5.5 **Matrons, Ward/Unit Leaders and Acute and Community Team Leaders** are responsible for ensuring staff are compliant in their training and application of least restrictive practice working together with the multi-disciplinary team to identify, instigate and review any level of patient restraint. Consideration of requests for additional resource to assist in alleviating constraints and pressures resulting from incidents of behaviours that challenge will be paramount alongside of appropriate allocation of trained staff to ensure safe provision of care to patients that may be subject to restrictive interventions.

6. COURT OF PROTECTION

- 6.1 An application to the court may also be required where the proposed procedure or treatment is to be carried out using a degree of force to restrain the person and the restraint may go beyond the parameters of the mental capacity amendment act (2019). In such cases, the restraint will amount to a deprivation of the person's liberty and the authority of the court will be required to make this deprivation is lawful. Support and guidance can be obtained from the Think Family Safeguarding service and the Trust's Legal Services Department

7. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been considered in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

8. INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

9. MONITORING AND REVIEW

This document will be reviewed every 3 years or as and when changes or legislation which affects the document are introduced.

10. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g., large print, Braille and audio cd. For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

Appendix 1

Post incident guidance using the COPING Model (Crisis Prevent Institute 2023)

Individual/Patient		Employee
Control <p>Ensure that emotional and physical control is regained.</p>	C	Control <p>Ensure that emotional and physical control is regained by the staff.</p> <p>It is important to acknowledge the emotions of the employee before discussing further.</p>
Orient <p>Orient the individual to the facts.</p> <p>What happened? When did it happen? Who has been affected? Why did it happen? Where did it happen?</p>	O	Orient <p>Orient yourself to the facts.</p> <p>What happened? When did it happen? Who has been affected? Why did it happen? Where did it happen?</p>
Patterns <p>Look for patterns in the individuals behaviour</p> <p>Is this the first time this has happened, or has it become a recurring event?</p>	P	Patterns <p>Look for patterns in staff responses to the behaviour.</p> <p>Review the response history. Are there any patterns in how staff responded?</p>
Investigate <p>Investigate alternatives to the behaviour.</p> <p>What could you do differently next time? What should we do to put things right?</p>	I	Investigate <p>Investigate ways to strengthen staff responses. Propose and discuss potential solutions.</p> <p>What changes should be considered to help prevent a restrictive intervention to be needed?</p>
Negotiate <p>Negotiate future approaches and expectations of behaviour.</p> <p>Discuss with the patient what can staff do to help when the patients becomes distressed.</p>	N	Negotiate <p>Negotiate changes that will improve future interventions but also reinforce what went well.</p>
Give <p>Give back responsibility to the individual, providing support and encouragement.</p>	G	Give <p>Give support and encouragement to employees.</p>

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Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No	Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/Bisexual)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?	n	n	n	n	n	n	n	n	n	n	n	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	y	y	y	y	y	y	y	y	y	y	y	<ul style="list-style-type: none"> • Access to interpreter & translation services • Reasonable adjustments considered on an individual basis • Access to Learning Disability Liaison Team • Access to Mental Health Team • Access to Chaplaincy & Spiritual Care Team
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	n	n	n	n	n	n	n	n	n	n	If Yes: Please state how you are going to gather this information.

Job Title	PLEASE COMPLETE			Date	PLEASE COMPLETE
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IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via

http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held