

## **'No Force First' in Mersey Care NHS Trust**

### **Overview**

'No Force First' was originally an initiative within mental health in-patient units in the United States to dramatically reduce, and ultimately eliminate the amount of dangerous restraint and seclusion events. It has a proven record of success in transforming healthcare environments and enhancing safety for both service users and staff. It developed from a determination to address institutionally high levels of restraint and seclusion that were causing high numbers of tragic in-patient deaths and subsequent financially damaging legal action against healthcare providers. At the core of the process is the belief that any act of coercion is detrimental to the ultimate recovery of the service user and that a fundamental change in practice and culture can transform an organisations performance in this area. The concerns around the quality of care provided by the Mid-Staffordshire NHS Foundation Trust within The Francis Report and The Winterbourne View Report made the compassionate underpinning of the 'No Force First' initiative particularly timely. Just as momentum was building for the whole initiative the 'Positive and Safe' agenda made the need for change even more compelling.

### **Key Components**

- Commitment to the concept of 'No Force First' at the executive level of the organisation and it's prioritisation as one of its 'Perfect Care' aims.
- Introduction of 'peer support' at ward level – people with their own experiences of mental health problems working as fully integrated members of the healthcare team.
- Re-defining the relationship between staff and services users as one of 'risk-sharing partnership' rather than 'risk management control' through a review of institutional rules that unnecessarily hinder and frustrate service users.
- Promotion and development of the use of 'recovery focused' positive and continually optimistic language about service users that seeks to avoid negative stereotyping and the development of negative perspectives around certain behaviours.
- Promotion of the concept of trauma informed care – seeing challenging behaviour in the context of previous traumatic events experienced by the service user, and understanding that the use of restraint and seclusion will only serve to intensify this trauma.
- Defining the use of restraint and seclusion as a 'treatment failure' and critically reviewing incidents on that basis. Particular emphasis is placed on the use of prone restraint with incidents reviewed with both service users and staff established separately, in order to explore alternatives and prevention plans.

### **Mersey Care and 'No Force First'**

We are committed to implementing the principles of 'No Force First' across Mersey Care as part of an ambitious strategy to dramatically reduce the use of coercive interventions. The 'No Force First' Project Group, has representation from all of the clinical areas of the Trust and has developed initiatives in the following areas:

- Identifying pilot wards and subsequent 'roll-out' in each CBU for the implementation of 'No Force First' principles.

- Delivery of co-produced engagement sessions for participating wards to introduce and promote the process.
- Setting ambitious targets for reduction within the pilot areas.
- Promoting the process within Mersey Care and sharing our developments nationally.
- A restructuring of education, training and clinical input from the 'Personal Safety Service' of Mersey Care to promote and develop the concepts of 'No Force First' and 'Positive and Safe' through engagement of hearts and minds rather than top-down directives. The key educational requirements of 'Positive and Proactive Care' and a 'Positive and Proactive Workforce' have been integrated into training utilising time previously allocated to teaching the most restrictive physical interventions. Service user and staff experiences of restrictive interventions, and the concept of trauma informed care, are now the cornerstone of the training programme.

### **How are we doing?**

- Our three pilot wards reached ambitious year one reductions of 50% in the amount of physical and medication-led restraint used.
- The process is being rolled out to other wards and we now have ten in-patient units involved in the process and implementing Plan, Do, Study, Act (PDSA) cycles as a mean to provide measurable initiatives to improve practice and reduce restrictive interventions.
- We have seen incredibly encouraging reductions for work related injuries in one of our pilot sites. The potential benefits in terms of staff well-being and avoidance of replacement staffing costs provides for even more organisational momentum for the process.
- We have been nationally recognised at governmental level as a good practice example in this area.
- Our new mental health unit 'Clock View' is about to become a complete 'No Force First' site, with all of the new wards there engaged in the process.

It is a challenging process, requiring resilience and commitment from all of the key stakeholders from the Trust Board to clinicians. There is a sense that some of the 'roll-out' wards are finding the reductions harder to achieve, but we are incredibly committed to maintaining and developing the idea of 'cultural shift'. We recognise clinical staff, particularly ward leaders, as being critical drivers of the process and to this end we have carefully developed nurtured own 'No Force First Champions' in order to celebrate good practice and generate friendly competition to drive down restrictive practice. 'No Force First' is firmly at the centre of our determination to put make 'Positive and Safe a reality.

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