

# Use of force

Information for you and the people who support you



## Welcome

Coming into hospital can be a difficult and distressing time. People tell us it can be scary and cause all sorts of emotions and reactions.

Our wards should be a safe and calming space to support your recovery.

Our teams are trained and skilled in helping you with your mental health and physical wellbeing, always supporting your human rights and legal protections.

We want your stay to be safe and helpful, and part of this is being open and honest with you about how care might be provided, especially if there is a worry or concern that you might hurt yourself or others.

This leaflet is about why and when we might use force.

If you want further information about this, please speak to a member of the team.

The use of force does sometimes happen, but there is lots we can do together to avoid it.

The best tip we can give you is to talk to any member of our team about your thoughts, feelings and what is important to you. Team members can talk you through all use of force options that might be used as a last resort so that you understand them.

Please tell them:

- what helps you remain calm and well
- how you react to stressful things
- what would reduce your distress
- how you want staff to help you during those times
- how you would prefer to be cared for if the use of force is needed.

The team should, with your permission, ask the same questions to the people that support you. If you cannot give permission the team should find out who they could speak to.

A calm and safe ward is something we should all expect.

We can all contribute to a positive and safe ward by treating others around us with kindness and respect. Just like outside the wards, people behaving aggressively towards others is not tolerated and we want to work together to prevent this. If this does occur, we may need to think about involving others like the police.

## ► What does 'use of force' mean?

The 'use of force' is when trained staff use certain techniques or actions to prevent or restrict you. This might be physical restraint, restraint using medicines such as an injection, or the use of seclusion.

We describe these interventions in a bit more detail on the following pages, but they are only ever used as a last resort to protect you or those in contact with you from major harm. An example might be that you are harming yourself or someone else and the risk means we need to intervene to stop it fast to prevent further harm.

When force is used it must be fair to you and proportionate to the situation, and support your human right to be safe while you are on our ward.

If you feel force was used unfairly, you can speak to:

- a member of the clinical team
- an advocate (staff can provide you with contact information)
- one of the Patient Engagement and Experience Liaison Officers
- our Complaints Department

When there has been an incident where any force has been used, staff will always talk to you about it when you are ready. This allows everyone to make sure future incidents are less likely to occur.

## ► Types of use of force

### Physical restraint

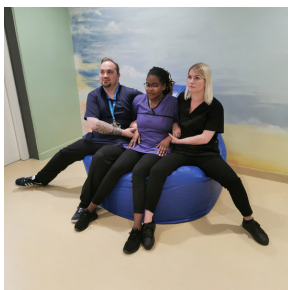
This is any time a staff member puts their hands on you to take control of your movement. Staff will always work with you to avoid this happening, but sometimes it might be necessary to keep you or those around you safe from harm.

There are three different kinds of physical restraint we use.



#### Standing

A person either side of you will hold your arms.



#### Seated

When two people support you to sit in a safe place - one person either side of you, also sitting.



#### Supine (laid down on your back)

Usually three people will hold you on the ground, you will be facing up.

Throughout any of these kinds of restraint staff should be talking to you and supporting you through this difficult time.

## Seclusion

This is a dedicated room, away from the main part of the ward, which is for people who are experiencing extreme emotions that means they are a risk of hurting others.

It doesn't have many things in it except a bed mattress, a pillow and a blanket.

However, extra things will be provided following a conversation with you about safety.

If you are in seclusion, you will be by yourself in the room with the door locked but a member of staff will always be present outside to support you.

It will always be used for the shortest amount of time and should only ever be used when other things to support you have been tried.



## **Rapid tranquilisation - restraint using medicines**

This is medication that can be offered to support you when you are struggling with difficult emotions. If you are able to, we will offer you medicine in tablet form.

If you are unable to accept this in tablet form, we might feel an injection of the same medication is the best option.

Sometimes medication is given when you do not want it and physical restraint might also be used when doing this.

## **Mechanical restraint**

Mechanical restraint is a form of restrictive intervention that involves the use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control. Examples might be soft cuffs or lapstraps in chairs.

We do not use mechanical restraint as part of our everyday work but there may be occasions when it is necessary to move a person using a piece of equipment such as a wheelchair or slide sheet, without consent or agreement.

If this happens we will look at why and seek to find other ways of helping in these situations.

It may be that you have experienced mechanical restraint when coming into hospital by transport or by the police. If this is the case we will talk to you about this, make sure you are not hurt in anyway and support you.

## Safety pod

This is a large specialist bean bag that can be used when you are in distress that is harming you or people around you.

The pod allows staff to support you without the need to be on the floor. It helps you to be in a position that is safer and more comfortable.

We welcome service users using the pod on their own to help feel calm when getting very sad or angry. This can be written into your care plan if you find it helpful.

## Other restrictive practices

These can include blanket rules which means they affect everyone and can include locked doors, removing access to specific items or limiting access to specific items. They are recorded in a register on the ward and are regularly reviewed.

They can also be specific to you only and will always be based on risk. This might include personal items like your phone or CDs. These will be in your care plan with reasons listed.

All of these restrictions are to keep you safe and well. They will be regularly checked to make sure limiting access is in your best interests. You can speak to a member of staff, an advocate, carer, family member or someone who supports you if you think these decisions are wrong.



## ► Top tips to support wellness and recovery

### Chillout or relaxation rooms and sensory support

Your ward will have either a chillout or relaxation room with calm boxes and self soothe items.

We all have different things that support us in difficult times. If you have wellness tools that help you, let us know and we will support you to continue with these.

If you are not sure what helps you in difficult times, we can work with you to develop a plan that works.



Developing relaxation techniques, mindfulness or grounding techniques might be something for you to think about and the staff team can help you with this.

### Wellness Recovery Action Plan (WRAP) development

Many people develop these plans to record their own understanding of their wellness and illness, what that might look like for them and what helps them to get well or stay well. If you don't have a WRAP plan you can ask a staff member to support you to develop your own. This can then be added to your collaborative care plan.

## Post incident support, review and debrief

If you are involved in any incident or see an incident, you can expect that a staff member speaks to you at a good time for you. If this doesn't happen, you can ask someone who you trust or get on with well to talk about what happened.

If you feel you need some extra support following an incident, you can ask for this from any staff member on your ward.



## ► Being part of your team

The team working to support you are called the Multi-Disciplinary Team (MDT). They include everyone from doctors, nursing staff and yourself.

Sharing who you are and what you feel you need is very important, it will help us to understand you and make feelings of frustration and isolation less likely, which can sometimes be feelings that lead to incidents happening. Staff should speak to you in a calm and professional manner at all times.

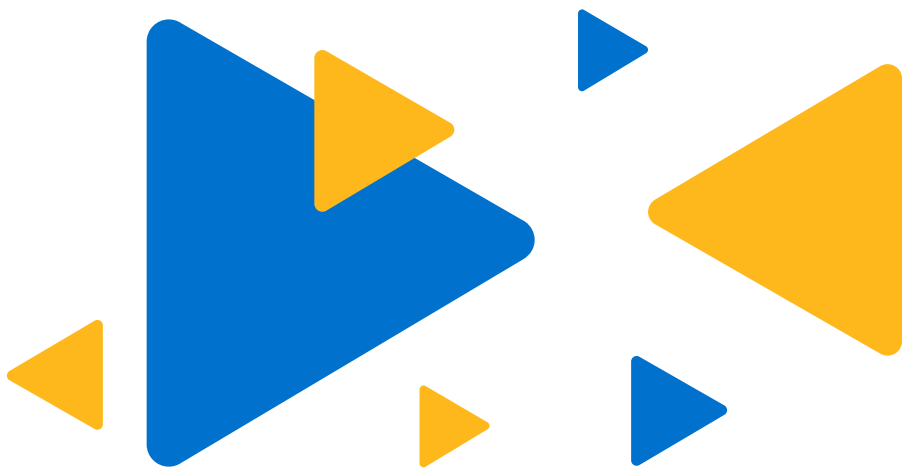
You can expect a person-centred approach while on the ward. This will include:

- Identified named nurse(s)
- Playing an active role in creating a care and treatment plan
- Regular access to the doctor supporting your care
- Involving family, carers and others that support you when you want us to
- Talking to you about how to avoid using force in your care.

You can expect us to have an understanding of how difficult things are for you when supporting you. We understand that everyone is unique, and many experiences have created who we are today. Not all experiences are good and we need to take that into consideration as we support you.

## ► Summary

1. We are here to support you. Any use of force is a last resort and must be necessary, proportionate and justifiable. We will do everything we can to avoid any restrictive practice as we know it is traumatic for you, the staff members involved and anyone witnessing this.
2. In the event force is used, we will do everything we can to learn from the incident, to make any repeat situations less likely. You can expect to be part of this process.
3. Use of force should always be fair and proportionate and only used to protect you or others from harm. It will never be used as a punishment.



## ► Engagement and Experience Liaison Service

We have a dedicated team of Engagement and Experience Liaison Officers who are here to listen to you and provide confidential advice and support.

They can help you to sort out any concerns that you may have about any aspect of your care.

If you would like to speak to them just ask a member of staff to put you in touch.

## ► Sharing comments, suggestions, compliments and complaints

We encourage everyone to share feedback about their experience with us - whether that's good or bad.

If you would like to make a comment, suggestion, compliment or complaint you can:

- talk to the staff directly involved in your care
- ask to speak to the Ward Manager
- speak to the Complaints Department by calling **0114 271 8956** or email [complaints@shsc.nhs.uk](mailto:complaints@shsc.nhs.uk)
- write to: Complaints Department, Fulwood House, Old Fulwood Road, Sheffield, S10 3TH
- visit the Care Quality Commission website and share feedback with them at [cqc.org.uk](http://cqc.org.uk)

## ► Safewards

We are always looking at new ways to improve safety for people on our wards, and one of the initiatives we are part of is Safewards.

Safewards is a project where we introduce 10 different interventions to improve how safe everyone feels.

It is part of the way we work together and helps us to understand what might bring frustration and conflict, and look at how we might reduce or work with this. It is about talking, listening and getting to know to each other.

A Safewards leaflet is available if you want to know more. Below you can see the basic principles of Safewards.

### **1. Clear mutual expectations**

These are expectations of everyone (staff and patients). Examples can include "we agree to respect our individual opinions" and "everyone will be treated fairly and equally, according to their plan of care".

### **2. Soft words**

Short advisory statements that use empathy, listening and acknowledge feelings.

### **3. Talk-down methods**

Defusing conflict using calm words and non-threatening body language.

#### **4. Reassurance**

Speaking to people individually after difficult incidents or times and explaining what happened (adhering to confidentiality). Giving hope and setting goals for the future.

#### **5. Mutual-help meetings**

Regular meetings for all staff and patients to share information and check how people are. This can involve a round of thanks, round of news, round of suggestions and a round of requests and offers.

#### **6. Bad news mitigation**

This involves proactively responding to bad news. Sharing bad news in a sensitive and timely manner and being mindful of its impact on others. This also includes offering practical support.

#### **7. Positive words**

A strengths-based approach in which something positive is shared about each patient at all nursing handovers, recognising progress and constructive behaviour.

#### **8. Calm-down methods**

Giving people alternative choices for example a walk, music or a relaxation session. A 'calm down box' with items to borrow.

#### **9. Discharge messages**

A display board with positive messages from former patients.

#### **10. Know each other methods**

Sharing information about patients and staff members. For example, their favourite food, music or sport, to help people know others beyond the label of 'staff' or 'patient'.

This information can be made available in a range of formats, please ask a member of staff if you need any support.

This leaflet was developed and published by the Trust's 'Use of Force Leaflet Task and Finish Group', a subgroup of the 'Reducing Restrictive Practice' operational group. The group included people with lived experience of the use of force.

If you have any questions about the information in this leaflet please call **0114 2716310** and ask to speak to the Patient Engagement and Experience Team or the Nurse Consultant for Restrictive Practice.

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