

Council of Governors: Summary Sheet

2nd March 2016
Item No 5

Title of Paper:

Presented By:

Action Required:

<input type="checkbox"/> For Information	<input checked="" type="checkbox"/>	<input type="checkbox"/> For Ratification	<input type="checkbox"/>	<input type="checkbox"/> For a decision	<input type="checkbox"/>
<input type="checkbox"/> For Feedback	<input type="checkbox"/>	<input type="checkbox"/> Vote required	<input type="checkbox"/>	<input type="checkbox"/> For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	
Monitoring the Trust's performance against its targets and strategic aims	

How does this item support the functioning of the Council of Governors?

Author of Report:

Designation of Author:

Date:

SUMMARY REPORT

Item: 6

Report to: Quality Assurance Committee

Date: 21 December 2015

Subject: Reducing Restrictive Interventions Project Group (RRIPG) : Achievements and Future Plans

From: Rachel Warner, Deputy Medical Director and Chair, RRIPG

Prepared By: Helen Mitchell, Business Planning Partner

1 Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
x		x	x		

2 Summary

On 24 November 2014, the RRIPG project group and its terms of reference were approved by the Quality Assurance Committee. Over the year, work has progressed to understand the ways in which the Trust prevents, addresses and reports the use of restrictive practice. The purpose of this report is to update EDG on the work undertaken to date, identify lessons learned and suggest a new operating model for the project group as we enter its second year.

Discussion

Project Structure

The RRIPG's governance structure consists of the main project group and three supporting sub groups – Chemical (Chair, Peter Pratt), Mechanical (Chair, Tony Bainbridge) and Seclusion, Long Term Segregation and Physical Restraint (Chair, Rhodri Hannan). The sub groups have tried to capture information about the use of restraint across the organisation, to enable us to set priorities for operational delivery over the next 12 months.

Key Findings From The Subgroups and Other Workstreams

Seclusion, Long Term Segregation and Physical Restraint Subgroup

1. The Trust has on occasion secluded people who are not detained under the Mental Health Act. This is not acceptable and immediate action has been taken to ensure it does not happen;
2. A survey of service users and staff asking their views on the use and impact of seclusion has been undertaken. The results support the Trust aim of reducing and ending the use of seclusion;

3. A review of the quality of our seclusion rooms has taken place. These findings have been acted upon within the CQC action plan;
4. Reflective practice is not routinely taking place on any In Patient units following incidents of restraint, rapid tranquillisation or seclusion;

Mechanical Restraint Subgroup

1. An audit of restrictive practice within bed based dementia has taken place. Results are due to be shared with the group at its January meeting.

Chemical Restraint Subgroup

1. Audit of rapid tranquilisation incidents has indicated that appropriate observations of the event are not routinely available on insight, the reasons for using rapid tranquillisation are not always detailed adequately and the current monitoring form is not designed to facilitate this.

Additional Workstreams - Activities

1. Julie Edwards is leading a review of activities available on In – Patient units and will recommend improvements early 2016.

Additional Workstreams – Data

1. Availability of live information on restraint to support efforts to improve quality.

The development of a dashboard providing data to clinical teams, directorates and EDG/Trust Board was a key work stream over the last 12 months. In the last month or so, efforts have been accelerated and there is now a dashboard which can extract data from various SHSC systems (**Appendix 1**). The future use of the dashboard is key to targeting efforts towards reducing all forms of restraint across all SHSC sites. It should be noted that Trusts such as Mersey Care (nationally recognised as a leader in this field) have detailed dashboards which both support their Trust Board to maintain an oversight of performance and enable front line staff to take ownership of their own performance.

2. Sharing good practice – Meeting Other Trusts / Contributing to National Groups

SHSC has sent representatives to the national networking group in order to network and learn from the work of other Trusts. Through this, members of the group have visited other Trusts such as Bradford and Mersey Care to understand their lessons learned. Members of the group have also been asked to speak at national conferences to describe the work going on around use of restraint, seclusion reduction and the development of the RRIP.

Conclusions and Recommendations

The Mental Health Act (1984) updated code of practice states that:

“All mental health providers ..should have in place a regularly reviewed and updated restrictive intervention reduction programme.....Restrictive intervention reduction programmes are overarching, multi-component action plans which aim to reduce the use of restrictive interventions. They should demonstrate organisational commitment to restrictive intervention reduction at a senior level, how the use of data relating to restrictive interventions will inform service developments, continuing professional development for staff, how models of service which are known to be effective in reducing restrictive interventions are embedded into care pathways, how service users are engaged in service planning and evaluation and how lessons are

learned following the use of restrictive interventions. They should ensure accountability for continual improvements in service quality through the delivery of positive and proactive care. They should also include improvement goals and identify who is responsible for progressing the different parts of the plan.

As a result, the RRIPG recommends -

Recommendation 1: The group lead the development of a Reducing Restrictive Practice Strategy and delivery programme and present this to EDG in Spring, 2016 following a period of engagement and involvement with Directorate Management Teams, staff and service users. The Restrictive Intervention Reduction Programme Group will continue to meet with a renewed focus on ensuring engagement of staff and service users in making changes in practice at team level.

Recommendation 2: That links between the group and service and clinical directors are strengthened with a view to supporting clinical directorates and teams to make change happen – both for service users and our staff.

Recommendation 3: Continue to develop a detailed performance dashboard in order to enhance its functionality.

Making Real Change Happen:

The Acute Directorate management team has suggested that the opening of the new PICU provides a unique opportunity to pilot new ways of working with service users to ensure the least restrictive environment for provision of In Patient care. Focussed support will be provided to the team, through a dedicated Microsystems coach and the team will identify ways to implement good practice and reduce restraint. Learning from this will be shared with the organisation and, importantly, spread across other areas of service. To this end, maximum value from the Microsystems approach can be gained.

Recommendation 4: Endorse focussed engagement with Endcliffe Ward as a beacon of good practice.

Developing Refreshed Policies

Earlier this year, the NICE guidance on Violence and Aggression was significantly updated as was the Mental Health Act Code of Practice. These updates require wide ranging changes to a series of Trust policies (violence and aggression, seclusion, long term segregation, personal search and possibly others). Many of these policies are out of date and therefore, it is opportune to update them.

There is both overlap and duplication across the NICE guidance and the updated Code of Practice and work has been on -going, led by Guy Hollingsworth to document where we are and are not compliant. The Project Group at its September 2015 meeting requested Guy to lead a sub group which would oversee these changes and provide assurance to the Trust that we were compliant with the Code and NICE guidance. The ability of this group to deliver this work in an effective and timely way is based on using project officer time from the recruits to the planning and performance team. It is envisaged that staff will be in post by March, 2016.

Recommendation 5: Ensure the Trust is compliant with NICE guidelines and the MHA new Code of Practice.

3 Next Steps

That this paper is considered by the Quality Assurance Committee in December 2015;
That at the next meeting of the Project Group in January 2016 updates on the current work programme will be sought and a timeline for developing the Reducing Restrictive Interventions Strategy and accompanying delivery programme be agreed;
That a strategy and delivery programme be developed and a draft of these documents be presented to EDG for early consideration in Spring, 2016.

4 Required Actions

That EDG consider this report;

That EDG endorse the recommendations made;

That EDG note that the majority of business/project support to develop a strategy, accompanying programme, and Microsystems support to Endcliffe as well as to support the Policies Sub Group ward will be drawn from the staff who are to be recruited from the current recruitment campaign within Planning and Performance.

5 Monitoring Arrangements

The actions of the project group will be monitored by the Quality Assurance Committee.

6 Contact Details

Rachel Warner, Deputy Medical Director – rachel.warner@shsc.nhs.uk

Helen Mitchell, Business Planning Partner – helen.mitchell@shsc.nhs.uk.

Restrictive Practice Dashboard



