

Front Sheet: Public Board of Directors
Item number: 13
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Private/ public paper:	Public
Report Title:	2025 – 2028 Reducing Restrictive Interventions (Use of Force) Strategy Workstreams
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Vision and values:	The report is in line with our vision to improve the mental, physical and social wellbeing of the people in our communities. In working together to improve quality through continuous improvement we will continue to improve safety and make a positive difference to the lives of our patients, carers and communities.
Purpose and key actions:	The purpose of this report is to provide the Board of Directors with assurance of the approach taken to co-produce the Least Restrictive Practice (Use of Force) plan for 2025-2028. The report outlines the workstreams and aligned actions which were approved by the Mental Health Legislation Committee in December 2024.
Executive summary:	<p>In 2021 a 3-year plan aimed at reducing restrictive interventions across the Trust was agreed. This initial 3-year programme came to an end in December 2024. Almost all the workstream actions have been completed and have been presented on a regular basis to Mental Health Legislation Committee (MHLC), and annually to the Board of Directors (last report September 2024).</p> <p>To develop the next 3-year plan (2025-2028), a Least restrictive practice conference was held in April 2024, where staff and people with lived experience worked together to co-produce recommendations for the next 3-year plan.</p> <p>It has been agreed through MHLC in December 2024 that the workstreams will remain the same in the refreshed plan, these are:</p> <ul style="list-style-type: none"> • Knowledge and Skills • Use of Data, • Learning and Leadership • Capable Environments • Involvement and Information • Policies and Procedures <p>The previous plan had focused on bed-based services however, the new plan will broaden to also include community services.</p> <p>While the workstreams remain the same, the actions aligned to them have changed with the aim of building on the progress made through the last 3-year plan. These actions were also approved by MHLC in December 2024.</p>

Which strategic objective does the item primarily contribute to:				
Effective Use of Resources	Yes		No	X
Deliver Outstanding Care	Yes	X	No	
Great Place to Work	Yes	X	No	
Ensuring our services are inclusive	Yes	X	No	

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<ul style="list-style-type: none"> Standards relates to Care Quality Commission (CQC) regulations under Health and Social Care Act, Equalities Act, Use of Force Act, Human Rights Act and the Patient safety Incident Response Framework. 	
BAF and corporate risk/s:	BAF RISK 0024 – Risk of failing to meet fundamental standards of care with the regulatory body caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, development of closed cultures, reputation, future sustainability of services which could result in potential for regulatory action.
Any background papers/ items previously considered:	This paper links with the previous strategy that is in use in relation to reducing restrictive interventions and the Annual Use of Force update to Board of Directors in September 2024.
Recommendation:	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> Approve the maintenance of the existing workstreams and the actions proposed within this report Note the refreshed strategy document will be presented to March Board of Directors.

2025 – 2028 Reducing Restrictive Interventions (Use of Force) Strategy Workstreams

1. Background

In 2021 a 3-year plan aimed at reducing restrictive interventions across the Trust was agreed. This initial 3-year programme came to an end in December 2024. Almost all the workstreams have been completed and have been presented on a regular basis to Mental Health Legislation Committee (MHLC), as part of the programme updates. An annual report was also presented to the Board of Directors, the last one being in September 2024. This report highlighted the achievements made over the course of the previous plan which were:

- Providing effective, robust policies and procedures that reflect best practice.
- Human Rights Officer has delivered training and support to staff and inform our policies and procedures, now being embedded into services and teams.
- Undertaking regular review and audit
- Delivery of training and development that meets the needs of staff and fulfils the requirements of the national and statutory guidance.
- Providing expert advice and support to all staff.
- Providing ongoing data and assurance of compliance to the Trust Quality Assurance Committee.
- Ensuring we are compliant with the Use of Force Act requirements and the CQC Out of Sight report recommendations along with the Restraint Reduction Network standards.
- Use of reflective practice, supportive challenge and support to help our staff identify and use alternatives to Use of Force and prevent it occurring at all.
- Developing accessible information for service users and those that support them.
- Working with partners such as the Pakistani Muslim Centre and Sheffield African Caribbean Mental Health Association to deliver targeted support to our users, enhancing staff knowledge and understanding.

To develop the next 3-year plan (2025-2028), a Least Restrictive Practice conference was held in April 2024, where staff and people with lived experience worked together to co-produce recommendations for the next 3-year plan.

Feedback regarding the Conference was very positive from attendees. The the workstream suggestions from the conference were taken through the Reducing Restrictive Practice Operational Group (RRPOG) and the Least Restrictive Practice Oversight Group (LRPOG) and further refined by the Lead for RESPECT/Restrictive Practice and the Clinical Lead for Restrictive. In addition, any relevant action learning reviews and patient safety reviews have been incorporated into the plan (Action 35 from September 24 MHLC).

It has been agreed that the work plan domains remain the same in the refreshed plan, these are:

- Knowledge and Skills
- Use of Data,
- Learning and Leadership
- Capable Environments
- Involvement and Information
- Policies and Procedures

The previous plan had focused on bed-based services however, the new plan will broaden to also include Community Services.

While the workstreams remain the same, the actions aligned to them have changed with the aim of building on the progress made through the last 3-year plan. Work has already commenced on delivering the actions.

2. Proposals for the workstream actions

2.1 The proposed workstreams for the plan refresh are shown in this section. Lead are in the process of being assigned and outcome metrics agreed as part of the underpinning delivery plan. It is important to note that the workstreams will closely align with the Culture of Care Programme and this will be reflected in the action plans arising from this programme.

2.2 Workstream: Knowledge and Skills

To embed a culture of least restrictive practice, the knowledge and skills of the workforce is essential. During the delivery of the previous plan, a great deal of progress has been made in relation to this domain. However, there remains much more to do and the following actions have been proposed:

Actions

LT 1.1	Training to support and develop the use of the Brosett Violence Checklist tool
LT 1.2	Demonstrate evidence of shared and involved care planning around proactive approaches to care, crises response and reducing restrictive practices
LT 1.3	Review of rapid tranquilisation training
LT 1.4	Introduce training for all staff on incident reporting and recording of risk, including improving feedback from incidents
LT 1.5	Deliver separate level 3 training for Adult and Older Adult in-patient services, including move away from floor-based restraints
LT 1.6	Implement and introduce safer injection techniques for people on safety pods
LT 1.7	Toolkits for staff to support patients
LT 1.8	Embed use of barriers to change checklist
LT 1.9	Respect Training to be reviewed and implemented regarding Neurodiversity

2.3 Workstream: Use of Data

In order monitor our progress in relation to reducing restrictive interventions it is essential that we effectively capture and utilise data. Data is fundamental to achieving continuous improvement. The following actions are proposed:

Actions

LT 2.1	Consolidation of work around recording of all protected characteristics
LT 2.2	MDT prompt sheets & PIPA
LT 2.3	Using data to support all ward-based staff - cultural and race-sensitive monitoring and performance indicators to clearly illustrate the use of restrictive practices

2.4 Workstream: Learning and Leadership

Effective leadership is critical if a culture of least restrictive practice is to be achieved. Therefore, ensuring leaders are supported and have the mechanisms available to support learning is essential. The following actions to enable this workstream are proposed:

Actions

LT 3.1	Continue to embed Safewards and demonstrate impact through evaluation.
LT 3.2	Develop and align communication across wards - sense of community
LT 3.3	Embed patient engagement in post-incident de-briefs and reviews, which links in with care planning
LT 3.4	Teams have an opportunity to celebrate achievements, showcasing their good practice and giving pride in their work co-produced with patients - cascade/conference
LT 3.5	Introduce peer support/mentoring for ward managers with time to focus on least restrictive practice and how best to support their staff
LT 3.6	Review the way we allocate and support protected time for staff to undertake learning and quality improvement projects
LT 3.7	Post-incident reviews to ensure staff feel supported and team de-briefs
LT 3.8	Evidence of regular practice development forums RP focus.
LT 3.9	Developing a Personalised Approach to Risk
LT 3.10	Review involvement with Quit Team regarding RP

2.5 Workstream: Capable Environments

In ensuring a culture of least restrictive practice, it is important to consider the environment and infrastructure within which care is delivered. A great deal of work was undertaken within the last strategy to improve care environments, and the following actions build upon this work:

Actions:

LT 4.1	Introduce a secure transport service within SHSC to reduce the use of private secure transport
LT 4.2	Improve digital services in all areas for staff and patients - tablets, Wi-Fi
LT 4.3	Review promotion of therapeutic activity within seclusion
LT 4.4	Review of ward environments against provisions of care in that environment - e.g. Trauma informed care environments / décor / Sensory Processing & Inpatient Therapeutic Environments.
LT 4.5	Review of supportive Technology.

2.6 Workstream: Involvement and Information

Co-production is at the heart of achieving best practice and over the course of the last 3-years the trust has worked hard to embed various mechanisms for involvement and seeking patient and carer experience. The following actions continue to build upon on this progress:

Actions

LT 5.1	Embed peer support workers and Experts by Experience into clinical areas
LT 5.2	Embed co-production on the wards to enable staff and patients to develop and improve their areas
LT 5.3	Develop and consolidate working with SACMHA, Flourish & Disability Sheffield - working towards full co-production

LT 5.4	Embed link with RRN / BiLD / Positive and Safe network / Use of Force Community of Practice, etc.
LT 5.5	Review ward safety huddle/planning meetings
LT 5.6	Review annual pledges which are supported with good communication and engagement plans

2.7 Workstream: Policies and Procedures

Policies and procedures are fundamental in ensuring consistency of approach and adherence to best practice standards. Therefore, the following actions are proposed to build upon the work already embedded:

Actions

LT 6.1	Improve procedures when reporting incidents and working with the police - Right Person Right Place
LT 6.2	Review and audit policies and procedures related to RRP.

2.8 Workstream: Community

We are working to plan an engagement event alongside the community service user groups to have a conversation around what Restrictive practices look like from a community teams perspective. The following actions have been identified prior to this and may evolve following the “Big Conversation”.

Actions

LT 7.1	Demonstrate evidence of shared and involved Care Planning and Advanced Directives - needs a new name
LT 7.2	Evidence that summaries of care including restrictive practice are handed over and are meaningful on discharge
LT 7.3	Improve collaborative working across all internal and external services., including the police
LT 7.4	Embed the use of Human Rights into Respect Training
LT 7.5	Develop and implement specific training related to the psychological harm of restrictive practice
LT 7.6	Patient journey from before admission to discharge

3. Conclusion and next steps

As outlined in the Annual Report presented to Board in September 2024, progress against the 2021-2024 plan, has been extremely positive. However, there remains more to do in relation to delivery of the workstreams, therefore, it is proposed the workstreams remain the same as the 2021-24 plan, but that the aligned actions change to build upon achievements to date.

The approach was endorsed by Mental Health legislation Committee in December 2024 and the final plan is being developed for presentation to MHLC and Board in March 2025.

4. Recommendation

The Board of Directors are asked to receive assurance that the 2025-2028 plan has been coproduced with staff and people with lived experience and builds upon the excellent progress achieved through the delivery of the previous plan.