Front sheet: Public Board of Directors
Item number: 14
Date: 26 March 2025

Private/ public paper:	Public
Report Title:	**Least Restrictive Practice Plan (use of Force) 2025 - 2028**
Author(s) Accountable Director:	Greg Hughes - Professional lead for Respect/restrictive practice Dr Caroline Johnson – Executive director of nursing, professions and quality
Presented by:	Dr Caroline Johnson – Executive director of nursing, professions and quality
Vision and values:	The is in line with our vision to **improve lives** and the mental, physical and social wellbeing of the people in our communities. In **working together for service users** to improve on our **commitment to 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 Least Restrictive Practice (LRP) Plan 2025-2028 outlines the refreshed actions which are deigned to build upon the significant successes achieved through the 2021-2024 LRP Strategy. The first LRP strategy workplan came to an end in December 2024 and over the course of 2024, there has been a refresh of the actions aligned to the strategy and this current document is entitled as a plan to align with the overarching Trust Strategy.
Executive summary:	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). 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. It has been agreed through MHLC in December 2024 that the workstreams will 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. These actions were also approved by MHLC in December 2024.

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*		*No*		
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.	
• Standards relates to 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 particular 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. Board received an update in January 2025 in relation to the refresh of the actions aligned to the previous strategy.
Recommendation:	The Board of Directors are asked to: • **Approve** the Least Restrictive Practice Plan 2025-2028

Sheffield Health and Social Care
NHS Foundation Trust

Least Restrictive Practice Plan 2025 - 2027

Safe and positive care

Connecting with people to make a difference/working together to support safe and positive practice and care and reduce restrictive practice.

2025 – 2027

Proud to care in Sheffield

Contents page

Foreword

Restrictive practices are human rights issues which must be continuously scrutinised and highlighted to drive change and ensure safe, trauma informed care.

Sheffield Health and Social Care NHS Foundation Trust have made significant advances in the reduction of restrictive practice since the first version of this Least Restrictive Strategy was launched in 2021. Evidence to support this can be found in our data which shows we have moved from being one of the highest users of restrictive practices in the country to a reduction by almost 50%.

Whilst this is optimistic and hopeful news, we still have work to do. Within this we will remain true to our pledge which is **to really understand the issues that still exist around restrictive practices you must hear from the people who have experienced it first-hand.**

We are ambitious and committed to continually reducing restrictive practices further, ensuring that the SHSC systems and our staff consistently provide the least restrictive, trauma informed care and approaches for people using our services.

This document outlines our Least Restrictive Practice Plan for 2025 to 2027, building on the excellent work completed in our 2021 to 2024 Strategy. Following our hosting of a Least Restrictive Practice Conference in 2024, which celebrated the progress within SHSC, the new plan has been developed. This development has ensured involvement and support from a selection of willing service users, staff, and key stakeholders connected to the Sheffield Health and Social Care NHS Foundation Trust. This collaborative effort has ensured that the plan truly reflects the issues and hopes of those closely connected to the implications of restrictive practice and a desire to ameliorate it, both from lived and working experience.

The plan holds precious stories and experiences generously shared to aid the development of its aims and objectives, alongside best evidence-based practices and national guidance

Feedback from Service Users - Claire's story

Claire provided a statement about her lived experience of restrictive practice in our first strategy. Here she reflects on her journey being involved with SHSC over the last 3 years:

> *"I would like to say from a lived experience point of view it's been a pleasure to be involved with different aspects of the least restrictive practices work within Sheffield Health and Social care.*
> *I have been part of the work that's been done for a good few years now and it amazes me the commitment and hard work that is put in by all members of staff within the trust. I particularly enjoy the work that has been done within SafeWards. This work makes a difference to people who are under the care of SHSC.*
> *I know from a lived experience point of view the huge difference it makes to someone's stay in hospital. Over the years I have witnessed the amazing work that has gone into the work around least restrictive practices. I feel honoured and proud to be involved in the work"*
>
> ***Claire Reed – Expert by Experience***

Madison's Story:

Hi, my name is Madison, and I am a service user currently on a section 37/41 detained on the PICU ward. I have a diagnosis of ADHD, autism and complex case, which means I have 4 or more conditions/ disorders that adversely impact on each other.

I would like to explain to you the impact of restraint and seclusion had on me. And the impact of restrictions put in place.

When I was restrained at times It would make me very angry, I didn't want staff touching me. I didn't understand why they were restraining me. I felt like I had lost control of my own actions, and why was the need for this. Sometimes I would lash out at staff because I wanted to be restrained as I need human contact to help me calm.

At times they put me in the seclusion where I felt sad, angry, and confused. I really didn't like it, it felt like a punishment. and at times I was in there for too long and I would start to feel frustrated and upset. I would have to wear anti ligature clothing that were uncomfortable and just awful. I would miss my own room, clothing and my personal things as these are important to me. It would make me self-harm and again I would be restrained. I then would be fearful that if I got angry, I would be put back in again.

When I have seen others being restrained, and or taken to seclusion. I would feel sad and frustrated for them. Confused, Scared at times. Trying to understand what has happened and why?

I find restrictions very hard. Not being able to have the ability to have all my own things that I feel help me, not being able to go out when I wanted. Feeling like I'm being told what to do all the time. They can have an impact on my routines and activities which can be very difficult for someone like me. It would make me feel very unhappy, frustrated and very angry. Again, I would feel like I'm being punished for no fault of my own.

I do feel like some staff try their best to talk and meet needs of service users and at times I feel fearful for the staff getting hurt. But at times I feel some staff can be too quick to restrain and then this can cause a breakdown in relationships with staff. It's hard to trust staff when this happens.

For someone like me with ADHD and autism the wards are no good, horrible in fact. They are noisy, people talking, shouting, doors banging, TV on loud, music loud coming from bedrooms. all these noises echoing around the corridors. The smells can be awful too such as drains smell, food smells, people's smells. I have to buy my own air freshener to spray in my room as all the housekeeping ones have no scent. and I need the sensory smell of clean otherwise it's not clean to me. All these things have a big impact on my anxiety, make me frustrated and angry very quickly. I will need my own personal items to help me calm, but with some restrictions I'm sometimes unable to access these items which again is very frustrating for me.

I think the way to improve the wards would be to make care more person centred, as service users we have to live with restrictions, but we all have different needs. Good communication with service users by a member of staff, asking their wants and needs and helping them put this into practice. And if unable to, giving the service user a good reasoning why not and making sure they understand that reasoning. When this happens to me, I feel calmer and more listened to.

Maddison has chosen this picture of "Blossom" to represent her: "Dogs are important to me as used to have my own German shepherd called Sheba. Sheba was my world and had her from being a little baby until I was 15/16yrs old and she was everything to me".


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Clear Mutual Expectations
THERE ARE EXPECTATIONS FOR EVERYONE ON THE WARD
We will all be respectful of each other
We will support each other and have a laugh.
We will try not to disturb each other when we have meetings


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Introduction

Creating a culture of collaboration and dialogue among stakeholders fosters a supportive and non-hierarchical environment that promotes continuous improvement and innovation in mental health care. By applying these strategies, alternative approaches can be effectively integrated into mental health practice, contributing to patient autonomy, reduced coercion and a recovery-oriented model of care. (Torrents et al, 2024. Coercion and Violence in Mental Health Settings)

We made a commitment to ensure our care is the least restrictive, the most positive and takes account of human rights, choice and engagement, and collaboration. We inspire to reduce our restrictive practices to the least amount, and where we do use them ensure they are safe and positive, are done in collaboration with service users and their families/carers and are supported by best practice, a clinical model and sit within the framework of trauma informed care and human rights (Least Restrictive Practice Strategy June 2021).

Over the past three years, the Trust has demonstrated its ambition and commitment to the application of Least Restrictive Practice. This is reflected in the approach and attitudes of our staff teams, who have once again supported the development of a new plan. They have recognized the importance of co-production, developed a greater understanding of trauma-informed care, and worked to protect the human rights of those around us.

The workstreams and actions in the plan reflect the Six Core Strategies from the Restraint Reduction Network and the Human Rights Act Framework, which are essential to enabling the culture change necessary to reduce the use of restrictive practices.

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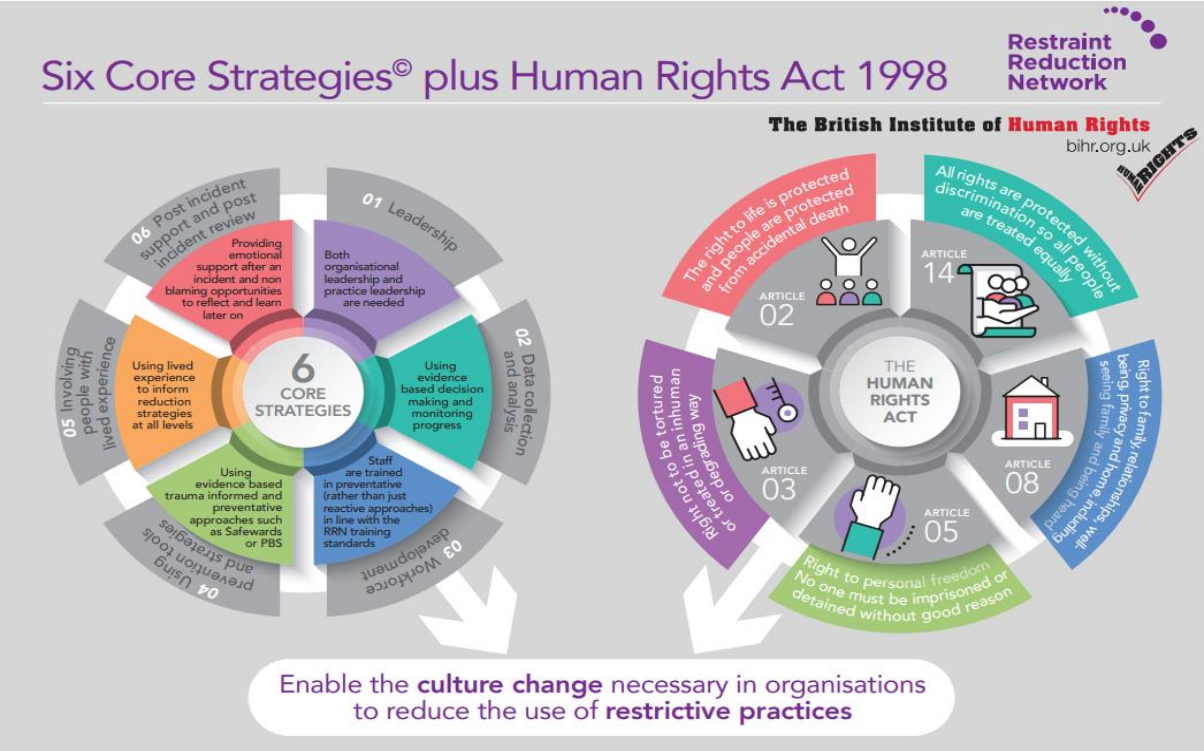


This plan outlines our vision for addressing this challenge and improving the care and experiences of the people who use our services. We acknowledge that entering an inpatient

ward brings rules and restrictions. However, we recognise that restrictive practices can become so pervasive that they significantly affect care and experiences, potentially leading to harm. The plan will be mindful of the impact of race, gender, and inequalities, which may be exacerbated by the use of restrictive practices in mental health and learning disability settings.

Where are we now?

Sheffield Health and Social Care NHS Foundation Trust launched its first Least Restrictive Practice Strategy, which began in 2021 and ended in 2024. At the start of the strategy, we had three Adult Acute Wards, an Older Adults Dementia Ward, a Psychiatric Intensive Care Unit (PICU), and a Low Secure Unit, all with Seclusion Rooms. We were averaging 40-45 episodes of seclusion per month. Currently, we only have seclusion rooms in our Low Secure and PICU Wards, with fewer than five episodes of seclusion per month on average. Additionally, the duration of prolonged seclusion episodes has significantly reduced.

In 2021, all wards were mixed gender, except for our Low Secure and Rehabilitation Wards. Now, only one of our Older Adults Wards is mixed gender. We have aligned our training and policies with the Mental Health Units (Use of Force) Act 2018, commonly known as Seni's Law.

The Trust has established internal governance structures to monitor and reduce restrictive practices. We use this information to help identify and implement our quality improvement plans, as well as to address any inequalities.

Despite these efforts, we are still above the national average in the use of restraint and seclusion. We continue to have multiple restrictive practices across our services, including locked doors, restricted items, high detention rates, and elevated levels of restraint and seclusion in some teams.

We recognise this as an area for significant improvement and commit to being as least restrictive as safely possible. Restrictive practice can be broad and deep. While its primary occurrence is within ward settings, we understand that it can vary across different services and pathways. Restriction and experience can be influenced by community care, such as how we bring people into the hospital, the information we provide to patients and families, the number of people we admit, and the number of people we detain.

We aim to move away from a culture of control and containment, where staff and patients are fearful, where there is a fight response, and where occupational violence leads to increased and harmful restrictive interventions. Instead, we aspire to create a culture of care, where patients and staff feel safe, therapeutic interventions are at the heart of everything we do, and there is Trust and Hope, Connection and Understanding. A culture of Harmony between staff and patients

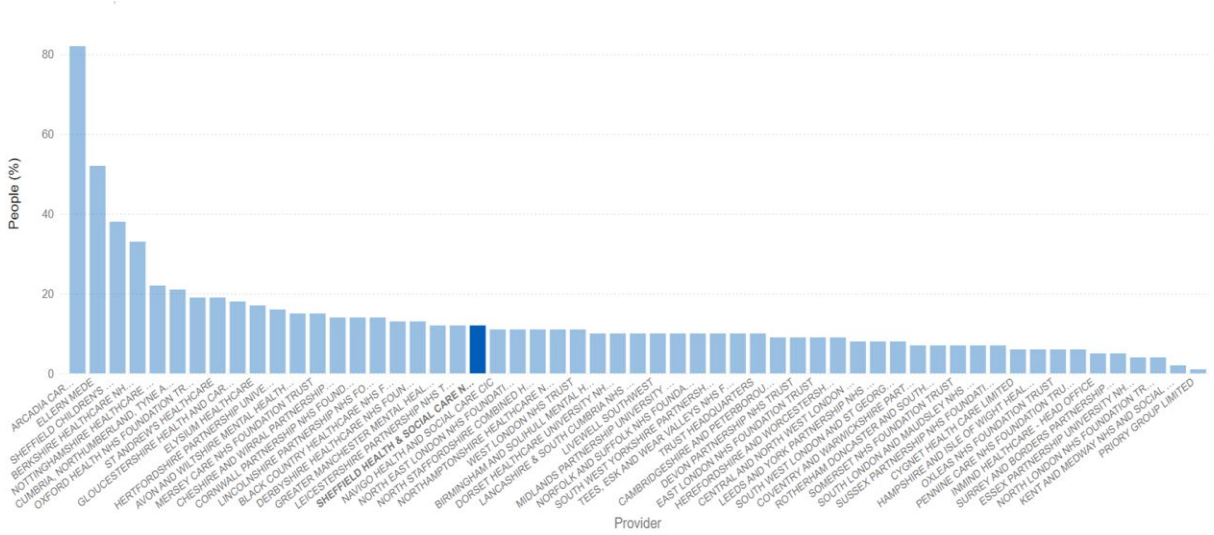
Our Least Restrictive Practice Plan for 2025 to 2027 aligns closely with the Culture of Care Standards for Mental Health Inpatient Services. We are achieving this by working closely with the Culture of Care Lead for Sheffield Health and Social Care and have aligned several of our action plans with the Culture of Care Standards.

In our previous strategy, we focused heavily on reducing restrictive practices within our inpatient areas. Our 2025 to 2027 Plan now includes action plans to address restrictive practices in the community, as evidence shows that people recover best when they are close to their communities, families, and friends.

To achieve this, we need to work together, co-produce, and constantly evaluate our systems and practices. We must truly understand what it feels like to be a patient in our wards or teams, and the only way to do this is by asking, listening, and involving them.

This diagram shows the journey we have been on to reduce restrictive practices, moving to having less people experiencing restrictions in their care. However, this does not mean we can sit back and relax. There are still individuals within our service experiencing high levels of restrictions, which can be a traumatic experience and hinder their progression in care.

National benchmarking



In July 2024, SHSC were 21st highest out of 58 providers in the percentage of people residing in inpatient services receiving restrictive practice (12% of people).

Our Workstreams

1. Clinical Knowledge and Skills

Our staff need the right skills and knowledge to work with no or minimal restrictions throughout the patient pathway.

2. Use of Data

Collecting and using data to inform practice and understand themes and trends is critical from ward to board in monitoring and assuring the use of restrictions.

3. Learning and Leadership

A diverse and compassionate leadership will support the delivery of the strategy whilst enabling reflection and learning. Oversight and audit will be critical to the assurance of strategic delivery.

4. Capable Environments

Our wards will be modern, supportive, and therapeutic environments where patients feel safe, enhancing their recovery and personal growth. In addition to maintaining connections with friends and family.

5. Involvement and Information

Coproduction is central to how we drive this strategy. We must involve and engage with service users, their family and carers in progressing the delivery of this strategy.

6. Policies and Procedures

The Trust needs to ensure that policies and procedures are in line with national guidance and support staff to deliver appropriate care. Policies will seek to be permissive of least restrictive practice and promote positive risk taking.

7. Community

We know people recover best when they are close to their communities, families, and friends. We aim to build trust, encourage engagement, and ensure care is delivered in the least restrictive and most person-centred way possible.

Table 1: Clinical Knowledge and Skills

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Training to support and develop the use of the Brosett Violence Checklist tool.	Identify champions within inpatient areas who can support and provide training on the use of the Brosett Violence Check list.	The use of the Brosett Violence Checklist tool to be available and used by all staff on inpatient areas.
Demonstrate evidence of shared and involved care planning around proactive approaches to care, crises response and reducing restrictive practices.	Establish the current level of Service User involvement in care planning to reduce restrictive practice.	All Service User Care Plans will include detailed interventions how to proactively support Service Users to reduce restrictive practices, as well as plans to support them in crises.
Review of rapid tranquilisation training	Review and refresh the training with the greater emphasis on alternative methods to Rapid Tranquilisation. And the importance of physical health monitoring post Rapid Tranquilisation.	Administration of Rapid Tranquilisation within SHSC to be in line with NICE Guidance.
Introduce training for all staff on incident reporting and recording of risk, including improving feedback from incidents.	All staff to be trained and competent in the compilation of incident forms in a simple and standardised fashion.	All staff completing incident forms or involved in the incident will receive timely feedback once incident forms are closed.
Deliver separate level 3 training for Adult and Older Adult in-patient services, including move away from floor-based restraints	Work with Older Adult colleagues to identify the training requirements and develop a bespoke training package to meet their needs.	Separate level 3 training will be provided to those working in Older Adult services to support them in reducing restrictive practices in their areas, as well as reducing the risks to patient and staff.
Implement and introduce safer injection	Identify safe injection techniques for the use on safety pods, which can then be	Patients will not routinely need to be restrained on the floor to administer

techniques for people on safety pods.	demonstrated in all Respect Level 3 training courses.	intramuscular medication, when this can be given safely on a safety pod.
Toolkits for staff to support patients.	Support staff to establish and identify from each of the different inpatient areas what toolkits they require to support patients and reduce restrictive practice in each of their areas.	Staff will have available in each ward area, a range of toolkits for them to access and use to help empower them to reduce restrictive practice in each of their own areas.
Embed use of barriers to change checklist.	Staff to be identified as champions for each of the inpatient ward areas, who can become “Barriers of Change” Champions.	Each ward area will have their own “Barriers of Change” champion who can better support patients in their recovery and reduce the length of their hospital stay.
Respect Training to be reviewed and implemented with regard to Neurodiversity.	Identify how to implement and training that raises awareness of the need to promote a neurodiverse-safe place to avoid trauma and to help reduce restrictive practices.	All respect trained staff will have the skills and knowledge to promote and ensure a neurodiversity-safe place for those who in our inpatient areas.

Table 2: Use of Data

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Consolidation of work around recording of all protected characteristics	Identify barriers behind the collection and recording of protected characteristics. And, how we can address those barriers to improve capturing and recording this information.	Significant improvement of our recording of protected characteristics, with the use of Additional Demographics on Rio our new Electronic Patient Record Systems and through raising staff awareness of capturing and recording this information.
MDT prompt sheets & PIPA	Review and evaluate the use of MDT prompt sheets and PIPA meetings to help us understand and identify areas for improving communication and reduce restrictive practices within our inpatient areas.	Improve communication to enhance patient care and to help reduce restrictive practice using prompt sheets and improving the efficiency of PIPA meetings.
Using data to support all ward-based staff - cultural and race-sensitive monitoring and performance indicators to clearly illustrate the use of restrictive practices	Identify and implement means of how we can improve data recording of our patients' culture and race, as well as how we can share and make this information meaningful and purposeful for all staff.	Demonstrate improved cultural and race sensitive monitoring and performance indicators to clearly illustrate the use of restrictive practices.

Table 3: Learning and Leadership

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Continue to embed Safewards and demonstrate impact through evaluation.	Maintain momentum with Safewards as the model of choice to support the reduction of conflict and containment.	Safewards to be well embed and demonstrate impact through evaluation and measurement.
Develop and align communication across wards - sense of community	Identify and establish barriers that prohibit effective communication between inpatient areas.	Establish robust and effective channels of communication between each of our inpatient areas to help reduce restrictive practices.
Embed patient engagement in post-incident de-briefs and reviews, which links in with care planning	Establish an agreed timeframe for when post incident reviews / de-briefs should take place. Equip staff with the skills and confidence to undertake post incident reviews / de-briefs. Establish and minimise barriers for staff undertaken effective post de-briefs / reviews.	Effective use of post incident de-briefs and reviews to ensure that they are meaningful and help develop robust care plans that will reduce restrictive practice.
Teams have an opportunity to celebrate achievements, showcasing their good practice and giving pride in their work co-produced with patients - cascade/conference.	Develop a channel of communication for areas to be able to highlight and share good practices. As well as making quarterly reports available to all to highlight the improvements being made.	Good practice is shared, at our least restrictive conference.
Introduce peer support/mentoring for ward managers with time to focus on least restrictive practice and how best to support their staff	Establish a cohort of peer support workers, who are interested in supporting ward managers and teams to reduce restrictive practice in their areas; how we can best support peer support workers and teams to form working relationships with each other.	Each of our inpatient areas will have an allocated peer support worker/s to support our ward managers and teams to reduce restrictive practices, by helping them to better understand what restrictive practices feel like from an Experts by Experience.

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Review the way we allocate and support protected time for staff to undertake learning and quality improvement projects.	Establish barriers that prohibit staff from being able to undertake training and be part of quality improvement projects. And help them put plans in place to overcome those barriers.	Staff in our inpatient areas will have established protected time to be able to complete training and be part of quality improvement projects.
Post-incident reviews to ensure staff feel supported and team de-briefs	Assess the level of staff confidence have in post-incident reviews and team de-briefs. Support to develop plans to help their teams overcome those barriers.	Post incident reviews will better inform practice, to ensure staff feel well supported and led by all clinicians and leaders.
Evidence of regular practice development forums Restrictive Practice focus.	Assess and begin to plan the development of restrictive practice forums, inviting key stakeholders to be involved and facilitate.	Establish robust and regular Restrictive Practice forums to focus on reducing restrictive practices.
Developing a Personalised Approach to Risk	Supporting in the development and training of Personalised Approach to Risk Plans to be used both in inpatient and outpatient settings.	Each patient will have their own Personalised Approach to Risk Plan, so we can move away from using Detailed Risk Assessment Management (DRAM) Plans.
Review involvement with Quit Team regarding Restrictive Practice	Establish a working relationship with the Quit team and our inpatient areas, to form a Quality Improvement Project to support SHSC to achieve The NHS Smokefree Pledge.	Support SHSC to adhere and achieve The NHS Smokefree Pledge, without the use of restrictive practice.

Table 4: Capable Environments

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Evaluate/ investigate the feasibility of introducing a secure transport service' within SHSC to reduce the use of private secure transport	Establish what digital services / technology is currently available in our inpatient areas, what work is scheduled and what more can be done to improve staff and patient experiences of digital services / technology within SHSC that will help reduce restrictive practice.	SHSC will have its own Secure transport vehicle, which will be driven and staffed by SHSC Respect trained staff to transport Service Users who require secure transport.
Improve digital services in all areas for staff and patients - tablets, Wi-Fi.	Staff will all be trained on the use of simpler, safer and standardised Rio (Electronic Patient Record).	Establish what other digital services / technology are needed to improve staff and patient experiences of digital services / technology within SHSC that will help reduce restrictive practice.
Review promotion of therapeutic activity within seclusion	Establish from staff from Forest Lodge and Endcliffe, where they have Seclusion Rooms what therapeutic activities they offer Service Users in Seclusion, to identify what other resources can safely be offered.	Service Users will have greater access to therapeutic activities, whilst nursed in seclusion.
Review of ward environments against provisions of care in that environment - e.g. Trauma informed care environments / décor / Sensory Processing & Inpatient Therapeutic Environments.	Assessments carried out in all our inpatient areas to help identify changes that should be made to make our wards for them to become Capable Environments.	Work towards making sure that our wards become Capable Environments to meet the needs of all those who use our services.
Review of supportive Technology.	Establish what supportive technology is currently available in our inpatient areas, what work is scheduled and what more can be done to enhance the use of supportive technology.	Establish what other digital services / technology are needed to improve staff and patient experiences of digital services / technology within SHSC that will help reduce restrictive practice.

Table 5: Involvement and Information

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Embed peer support workers and Experts by Experience into clinical areas	Establish a cohort of peer support workers, who are interested in supporting teams in clinical areas to reduce restrictive practice in their areas; how we can best support them to form working relationships with each other.	Peer support workers and Experts by Experience to become part and play a key role in our multi-disciplinary teams for our inpatient areas.
Embed co-production on the wards to enable staff and patients to develop and improve their areas	Engage with teams and patients to understand and help them overcome any barriers to co-production and define what co-production will look like on the wards.	All ward areas will have fostered a collaboration between patients and staff to improve local decision-making, community well-being, and service effectiveness.
Develop and consolidate working with SACMHA, Flourish & Disability Sheffield - working towards full co-production	Review of advocacy provisions available to all our patients, by ensuring regular experience surveys and reports are undertaken with patients to understand accessibility and quality of those services.	All patients to have timely access to all available advocacy services, which best suits there needs and requirements to ensure full co-productions.
Embed link with RRN / BiLD / Positive and Safe network / Use of Force Community of Practice, etc.	Form working relationships and alliances with these communities to share and learn good practices.	Future policies, procedures and practices will be defined by good practices and lessons learnt from these communities, as well as a forum to showcase our good practices.
Review ward safety huddle / planning meetings	Review and evaluate the use of ward safety huddle / planning meetings to help us understand and identify areas for improving communication and reduce restrictive practices within our inpatient areas.	Improve communication to enhance patient care and to help reduce restrictive practice using safe and effective Safety Huddles.
Review annual pledges which are supported with good communication and engagement	All ward staff have contributed to and is working towards achieving the ward pledge	Success and learning will be celebrated.

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
plans	on least restrictive practice, which is personalised to each ward and is achievable.	

Table 6: Policies and Procedures

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Improve procedures when reporting incidents and working with the police - Right Person Right Place	Identify barriers to reporting incidents to the police. Establish agreed plans with the police to help staff overcome those barriers. Establish a working relationship with local community police officers.	SHSC staff will be more confident and supported in reporting incidents to the police.
Review and audit policies and procedures related to RRP.	Ensure all Policy updates are in line with human rights, person centred care, trauma informed and with the Use of Force Act 2018.	Ensure all Policy updates are in line with human rights, person centred care, trauma informed and with the Use of Force Act 2018.

Table 7: Community

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Demonstrate evidence of shared and involved Care Planning and Advanced Directives.	Establish standards for Care Plans and Advanced Directives. Develop plans for staff to receive appropriate training that will enable them to write Care Plans and Advance Directives in collaboration with Service Users.	Standards will be agreed for both Care Plans and Advanced Directives. Staff will receive the appropriate level of training that will allow them to produce in collaboration with Service User meaningful and purposeful Care Plans and Advance Directives.
Evidence that summaries of care including restrictive practice are handed over and are meaningful on discharge	We will identify and develop a simple, safe and standardized process for transferring care from inpatient to community mental health teams that includes measures how restrictive practices can be avoided or reduced.	Establish and implement simple, safe and standardized processes to ensure all our Service Users are discharged back into the community without unnecessary delays in their discharges, subject to unnecessary restrictions or come to harm.
Improve collaborative working across all internal and external services., including the police	Identify barriers that may impede and hinder effective means of communication between each of the services, to help us identify and develop plans to overcome those barriers	Formal and agreed means of communication will be established between all services, to ensure we have simple and seamless processes and protocols in place that will foster a unified, community-based approach to mental health care and crisis intervention.
Embed the use of Human Rights into Respect Training	All respect trainers to become Human Rights Defenders to be able to deliver Human Rights training for both level 1 & 3 training.	Embed the use of a human rights framework to assess the provision of care and treatment to people in both community and impatient settings.

Aim	Short term goals (< 1 Year)	Longer term goals (>1 year)
Develop and implement specific training related to the psychological harm of restrictive practice	Develop a training session for our Community Mental Health Teams that will provide insight on psychological restraint, it's impact and evidence-based practice on how to avoid the use of psychological restraint.	Provide and deliver training, around what is psychological restraint, its impact for Services Users in the community. So staff feel empowered to be able to identify, challenge and put a stop to psychological restraint.
Patient journey from before admission to discharge	We will identify and develop a simple, safe and standardized process to ensure the patient journey from before admission to discharge is smooth and seamless.	Establish and implement simple, safe and standardized processes to ensure all our Service Users have a safe and smooth transition from pre-admission, admission to discharge.
Support with Home First - if appropriate.	Establish what barriers and restrictions our Community Mental Health Teams experience when supporting Service Users in the community that sometimes result in hospital admissions. So, we can develop and implement plans to overcome those barriers and restrictions.	Our CMHT will provide care in the most supportive, least restrictive, and most familiar environment for all our Service Users that will reduce the need for unnecessary hospital admissions.

Implementation

Our Least Restrictive Practice Plan will be implemented via the Least Restrictive Practice Operational Group, which includes a multidisciplinary healthcare team and those with lived experience/experts by experience. This group is co-chaired by senior clinical representatives from both corporate and clinical operational services, as well as individuals with lived experience. Members will be expected to disseminate information to clinical teams and support the activities and objectives of the group.

This group will report to the Least Restrictive Practice Oversight Group, chaired by the Executive Director of Nursing, Professions & Quality. Monitoring and auditing outcomes will be reported through this group to the Mental Health Legislation Committee, which is a Committee of the Trust Board.

A set of Key Performance Indicators (KPIs) was developed for the first strategy, and this will continue for the current plan. The KPIs have been approved by the Mental Health Legislation Committee for quarterly reporting to the Least Restrictive Practice Oversight Group.