

TERMS OF REFERENCE

TITLE OF GROUP/COMMITTEE	Reducing Restrictive Practice Steering Group (RRPSG)
DATE of COMMENCEMENT	May 2025
DATE TERMS OF REFERENCE RATIFIED	20 th May 2025
DATE OF NEXT REVIEW OF TERMS OF REFERENCE	May 2026

1.	Purpose and Aims of the Group/Committee
	<ol style="list-style-type: none"> 1.1 This group is set up to oversee the Trust's Reducing Restrictive Practice (RRP) agenda and any associated RRP/ RPI QI projects. 1.2 The group will utilise current policies, clinical guidelines and national publications related to reducing restrictive practice as well as current clinical issues from a national and BSMHFT perspective. 1.3 The group will set out, using QI methodology where appropriate, priority workstreams, these will be reported on quarterly and reviewed annually and will form part of the Trusts QMS 1.4 The RRPSG will monitor data regarding the reduction of Restrictive Practices using established QI terminology and process and examine any changes to data surrounding the use of restrictive practice. 1.5 The panel will link in directly with clinical areas to provide a platform for support and shared learning around RRP. 1.6 The RRPSG will be embedded within the Trust's Quality Management System having a number of identified Quality goals and will link in, where appropriate, with the Patient Safety Incident Response Framework (PSIRF) workstreams. 1.7 The Steering Group will review recommendations and offer advice, when required, to the organisation regarding key topics related to reducing restrictive practice (e.g., development of seclusion suites, extra care areas, audits around RRP and RPI and introduction of new forms of Mechanical restraint) 1.8 The RRPSG will be the Trust's governance home for all matters that relate to the Reduction of Restrictive practice including the therapeutic use of restrictive physical Interventions. 1.9 The steering group will ensure that service user feedback is incorporated into all workstreams. EBE's are already involved in on-going workstreams and have an open invite to attend. The participation and experience lead will also ensure that service user views are embedded into all aspects of the RRPSG work. 1.10 The group will regularly review the demographic data on the RRP reporting suite, this will then inform discussion on any disparities in data and be included in local RRP plans
2.	Duties/Core Delegated Responsibilities and Accountabilities
	<ol style="list-style-type: none"> 1. Monthly oversight of all data in relation to restrictive practice, to observe changes in data and understand emerging themes and trends by reviewing the narrative accounts. 2. To ensure that the Panel has adequate infrastructure to support clinical services in the delivery of identified RRP workstreams. 3. To have oversight of reports to the Quality, Patient Experience and Safety Committee (QPESc), the Strategy and Transformation Management Board and the Trust Clinical Governance Committee for reporting on identified Quality Goals. 4. To provide expertise to specific projects relating to RRP (e.g., service redesign, re-development etc.) 5. Enabling the scale-up and spread of successful change packages to enable learning across the Trust.

	<ol style="list-style-type: none"> 6. To ensure that learning from the panel is shared across BSMHFT and prevent silo working. 7. Identify iterative changes to the panels driver diagrams and identified workstreams 8. To Participate and lead on AMaT registered audits relevant to the remit of the group (EG Seclusion, RPI, Deltoid RT etc.) 9. Oversight of local development and implementation of national strategies and guidance in relation to the management of violence and aggression (Restraint Reduction Network, RRN Pledge, Reduction of Restrictive Physical Interventions, Use of Force Act, CQC Quality Statements etc.) 10. To ensure that there are clearly defined roles and responsibilities of each panel member and associated accountability for actions that arise out of the meetings – RRPSG members are expected to dedicate 4 sessions per month (4 hours each session).
3.	Strategic Functions
	The Steering group will report to QPESc and Trust Clinical Governance on a quarterly basis in relation to items of escalation and progress regarding identified workstreams.
4.	Membership & Expectations of core members
	<p>Chair – Deputy Medical Director for Quality and Safety AVERTS ANP (to act as Deputy Chair when required) Subject Matter Experts from range of disciplines (nursing, OT, psychology, pharmacy, medicine) Rolling membership from clinical areas ensuring all areas send clinical representation Patient Safety Lead Clinical effectiveness lead Health and safety Lead and lead for Regulatory Compliance Equality, Diversity and Inclusion Lead Safeguarding Lead Averts Consultant Improvement Advisors with responsibility for RRP Participation and Experience leads from clinical areas Experts by Experience including wider QI trained EBE Other colleagues will be invited according to topic and need</p> <ol style="list-style-type: none"> 1. Core panel members are expected to attend all face-to-face monthly meetings and send a deputy if unable to attend. 2. All core panel members need to send a monthly update regarding work plans/ progress made with a deputy if unable to attend in person. 3. Heads of Nursing need to send a nominated deputy if unable to attend themselves. 4. All core panel members need to have RRPSG identified in their respective job plan/ portfolio and have attendance agreed with their line manager. Allocated time to attend RRPSG and any associated work must be agreed and reviewed at least annually.
5.	Quoracy
	<p>For the Group to be quorate, we will require:</p> <ul style="list-style-type: none"> - Chair or Deputy Chair - Two SME from any discipline (but not the same) - At least two other group members
5.	Meeting Arrangements
	<ol style="list-style-type: none"> 1. The Steering group will meet for one session monthly, in person. In exceptional circumstances or when clinical acuity prevails members may join via MS Teams. 2. All Steering group members will be expected to attend or to provide a deputy to attend if they are unable, along with feedback from their workstream/ clinical area to the meeting. 3. The meetings will have minutes taken and an action log will be kept with individuals allocated for completion of tasks.
6.	Reporting Arrangements
	The Group will report quarterly to Trust CGC and QPESc