**Policy in a Nutshell June 2022**

The following policies have been recently reviewed by key leads, approved by the appropriate sponsor / specialist committee and ratified by the Quality Committee

**Policy on the Use of Physical Holding Skills**

This policy sets out the interventions which may be used to manage an individual whose behaviour may be injurious to self or others and with whom non-physical intervention, for example, communication, de-escalation and problem solving skills have been unsuccessful

This policy has been updated in line with the three yearly review process and the following changes made;

* Name change from MAPA to SI
* Included:
* Restraints on beds included ,
* Reference to:
* Restraint Reduction Network
* Use of Force Act 2018
* Rapid Tranquilisation monitoring
* Use of physical holding skills for taking bloods
* Clarification on NICE guideline “10 minute prolonged restraint” guideline

**Security and AV Patching Policy**

This document forms the Trust’s Security Patching Policy in support of its Information Security Policy. Compliance with this Policy will ensure that consistent controls are applied throughout the Trust to minimize potential exposure to security breaches.

This Policy is primarily aimed at systems administrators and technical support staff who are responsible for the development and maintenance of IT.

**Transition from Child and Adolescent Mental Health Services to Adult Mental Health Services Policy**

The purpose of this policy is to provide guidance and principles of good practice in relation to the transition of service users from Child and Adolescent Mental Health Services (CAMHS) to other services after their 18th birthday such as Primary Care, Secondary Care, IAPT and Voluntary Sector.

This policy is aimed at all professionals working in Child and Adolescent Mental Health Services, Primary Care Services, IAPT services and Adult Mental Health Services (AMHS).

This policy is applicable to adolescent service users who are receiving services from CAMHS for symptoms which indicate: -

* a psychosis or major mental illness
* mental health/psychological needs, which are likely to continue into adulthood
* an enduring mental health problem
* mental health / psychological needs that would benefit from an intervention from the Wellbeing team

**Data Protection and Confidentiality Policy**

This policy provides a guide to the key elements of the legal framework governing information handling, outlines the responsibilities for managers and staff in relation to data protection and confidentiality and provides guidance on all aspects of information handling. It provides guidance for everyone on processing information in accordance with the principles and legal obligations outlined in the Data Protection Act (2018), General Data Protection Regulation and common law duty of confidentiality. It explains how we can comply with best practice for information handling within the NHS as described in the NHS Code of Confidentiality, Data Security and Protection Toolkit and the Caldicott Reports.

The policy has been updated in line within with the Trusts three yearly review process and updated to include changes to SIRO, executive oversight and operational responsibilities.

**National Data Opt-Out Policy**

This is a new policy and its purpose is to provide a consistent and logical framework to ensure that the patient's opt-out choice is respected at the Trust.

This policy applies to all Staff handling information at the Trust including contractors, locums, students and volunteers. All technologies, hardware, software and peripheral equipment owned and provided by the Trust. All Information and data the Trust holds in any format. All new and developing technologies, which may not be explicitly referred to

**Registration Authority Policy**

This policy defines roles, responsibilities and processes of the Registration Authority (RA) which is a department within the Trust that ensures all aspects of registration services and operations are performed in accordance with National Policies and Procedures. The RA is responsible for providing arrangements that will ensure tight control over the issue and maintenance of electronic Smartcards, whilst providing an efficient and responsive service that meets the needs of the Users.

The policy has been reviewed in line within with the Trusts three yearly review process and has been revised in line with New Processes and National RA Policy (Page 13 Remote smartcard working emergency guidance)

**Admission, Transfer and Discharge Policy for Mental Health Services**

The purpose of this Policy is to provide Service Users, Carers and Trust Staff with a framework for enabling timely, safe and appropriate admission to, and discharge from, in-patient or residential settings.

* To establish standards of practice in admission, care planning and discharge.
* To make clear individual and service roles and responsibilities, and timescales for action.
* To minimise variation in Service User experience.
* To minimise the occurrence of ‘Delayed Discharge’.

This also includes: appropriate arrangements are in place when those receiving care and treatment from the Trust are transferred between services that the Trust provides or are discharged from the Trust, which may involve the transfer of care elsewhere. It aims to draw attention to the potential risks involved in transfer and discharge and to emphasize the need for adequate planning in order that those risks are minimised and that continuity of care is provided.

The policy has been updated in line within with the Trusts three yearly review process and changes include;

* New processes and timelines for procedures.
* Outline of actions to be taken for out of area discharge planning and safety
* RIO documentation NODF update discharge plans.

**Use of Force Act Policy**

This is new policy setting out the Trust’s responsibilities in connection with the Mental Health Units (Use of Force) Act 2018.

The policy details how roles should be allocated, where and how information should be recorded and how reporting requirements are managed in line with the Act.

The policy should be read in accordance with the Mental Health Units (Use of Force) Act 2018, the Mental Health Units (Use of Force) Act 2018 Statutory guidance for NHS organisations in England, the Mental Health Act Code of Practice 2015 and Trust policies that cover restrictive practices such as isolation/seclusion and physical, mechanical and chemical restraint.

Consultation has taken place with key leads including the Use of Force Implementation Working Group.

**Incident Policy**

The Quality Committee approved an extension to the existing Incident Policy to January 2023 to accommodate forthcoming changes set out in the in the Patent Safety Incident Response Framework guidance due July 2022 and the Transition from the NRLS to the Learning From Patient Safety Learning Events System in 2023.

Joanne Sims

Risk and Datix Manager

29 June 2022