

Ref No. SG8384

Date: 23 July 2019

REQUEST: We are interested in finding out more about how incidents where patients are restrained are managed in services, particularly in relation to when the restraint has caused harm, either physical or psychological. We aim to look at the year from 1st April 2017-31st March 2018 and request that you share the following data:

The number of restrictive practices that have occurred in your trust in this time frame so as to better understand:

1. How many of those caused physical or psychological harm of a moderate or severe nature (as defined in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20)
2. How many incidents of restraint required the organisation to follow duty of candour procedures due to the nature or degree of harm caused (as defined in regulation 20)
3. How many of the above resulted in Safeguarding referrals.

If possible we request that you provide information broken down by type of restrictive practice such as:

- *Physical restraint (Physical restraint refers to: ‘any direct physical contact where the intervener’s intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person’.)*
- *Chemical restraint (Chemical restraint refers to: ‘The use of medication which is prescribed, and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness’.)*
- *Mechanical restraint (Mechanical restraint refers to: ‘the use of a device to prevent, restrict or subdue movement of a person’s body, or part of the body, for the primary purpose of behavioural control’.)*
- *Seclusion (Seclusion refers to: ‘The supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving.’.)*
- *Long-term segregation (Long-term segregation refers to: a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis.)*

Situations which were later considered to be ‘not the least restrictive option’ in a debrief, investigation or other post incident discussion or process.

OUR RESPONSE:

1. None
2. None
3. None