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Freedom of Information Request – Ref: FOI 206-1819

Thank you for your recent Freedom of Information request about physical intervention. Please find the Trust's response below.

1. **What system of physical intervention training / physical restraint system is taught to staff in your Trust e.g. in-house own system, MAPA/Maybo/GSA/WLMHT/SCIP/Respect/Peace etc.**
The 2gether Trust currently delivers two discrete models of training that are delivered by dedicated in-house training team:
   - Positive Behaviour Management (**PBM**) training is delivered to staff supporting Adults with Learning Disabilities, Older Adults and Children & Young People (diagnosed with either Learning Disabilities and / or Autism and Mental health conditions).
   - Preventing and Managing Violence and Aggression (**PMVA**) to staff who support Adults of Working Age with a range of Mental Health conditions

   Does the system include or teach staff the use of prone restraint?
   - **PBM** does not include the use of, or training in the use of Prone restraint
   - **PMVA** does include tuition in the use of Prone restraint

2. **How is this training system accredited/validated (internal/external agency)?**
Both PBM and PMVA are accredited/validated externally by the developing body. In both cases in-house instructors attend an annual reaccreditation event

3. **What system do you use to collect data on the use of restraint, prone restraint, supine restraint and seclusion e.g. Datix / Rio or other?**
Details of all behavioural episodes that include the use of RPI are captured on patient electronic records (Rio). The primary Data collection / analyse system used by the Trust is Datix. The Trust has invested in a purpose designed Datix module that enables details of any Physical intervention to be captured electronically. This has replaced all paper based records relating to reporting RPI.

   How do you check the accuracy of these data?
The Training team also serve a clinical function. As part of this we receive all Datix reports produce dashboard reports relating to PI, use of seclusion and administration of Rapid Tranquilisation (whether oral or I.M. route). This analysis enables a deeper dive into the data in a way that is near live. We work closely with the MDT and ward staff to gain an understanding of patterns of activity, and follow up each prone event to ensure that an understanding is gained regarding the rationale for the use of this intervention.

4. **When recording and reporting the use of the prone position do you include all occasions when the person is in prone or do you apply any exclusion criteria – if exclusions are applied please provide information e.g. person held prone for less than a specific time, person had head turned to the side, person put themselves in that position, prone used in transition to another position / side / supine, prone used to give IMI, prone used to exit seclusion or any other?**

We have taken the stance that we report any period of time that a patient is held in a Prone position as "Prone" regardless of duration, or if it was part of an episode that included them being moved into another position

5. **Do you record the length of time an individual is held prone/supine/on side and the reasons for this?**
Yes. These data are captured on the Datix reporting system; It is a mandatory field. We report both the duration of the "episode" and more specifically the duration of the "restraint".

6. For the following questions, please provide data for the financial years:
April 2014 - March 2015
April 2015 – March 2016
April 2016 – March 2017
April 2017 – March 2018 (**plus; for 2gft internal reporting all of the below variables April – Sept 2018)

i) Number of injuries caused by or occurring during a restraint to patients and to staff. **See below**

ii) Severity and nature of injuries sustained to patients and was whether prone or supine position was used during the restraint. **See below**

iii) Number of prone restraints broken down into the reasons given for the use of this position. **See below. Please note that positional information is not available prior to April 2016. Physical interventions which resulted in a PRONE position are detailed below for 2016-2018**

iv) Number of times the Police have been called to restore order, transfer patient from ward to ward or to assist in relocating to seclusion. 1

v) Number of injuries to patients following Police use of force (restraint) on Wards. 1

vi) Number of times Tasers called for, aimed and or fired on In-patient Mental Health Wards. 1

Table 1

Patients and Staff Injured during physical restraint	**Minor - Injury / harm that takes up to 1 month to rectify**	**Moderate - Injury / Harm that takes up to 1 year to rectify**	TOTAL
14/15 Q1	41	0	41
14/15 Q2	53	1	54
14/15 Q3	30	3	33
14/15 Q4	42	2	44
15/16 Q1	36	1	37
15/16 Q2	68	4	72
15/16 Q3	60	1	61
15/16 Q4	44	0	44
	374	12	**386**

Table 2

Patients and Staff Injured during physical restraint	**Minor (minimal harm, e.g. takes up to 1 month to rectify)**	**Moderate (significant but not permanent harm e.g. takes up to 1 year to rectify)**	TOTAL
16/17 Q1	23	5	28
16/17 Q2	13	0	13
16/17 Q3	11	0	11
16/17 Q4	13	3	16
17/18 Q1	17	2	19
17/18 Q2	31	1	32
17/18 Q3	43	0	43
17/18 Q4	38	0	38
	189	11	**200**

Table 3

2016-2017	**Assisted support**	**Clinical hold (seated)**	**Escort**	**Non-standard hold**	**Precautionary hold**	**Prone**	**Seated**	**Supine**	**TOTAL**
16/17 Q1	0	0	11	0	0	4	9	4	28
16/17 Q2	0	0	2	0	0	1	3	7	13
16/17 Q3	0	0	0	3	0	1	2	5	11
16/17 Q4	0	0	3	1	0	2	3	7	16
17/18 Q1	1	1	1	0	1	4	3	8	19
17/18 Q2	6	0	5	0	1	2	2	16	32
17/18 Q3	21	0	2	1	1	2	6	10	43
17/18 Q4	11	2	1	1	0	2	5	16	38
TOTAL	39	3	25	6	3	18	33	73	**200**

Table 4

	Category	Description
1.	Physical intervention and rapid tranquilisation (RT)	Patient tasered by police, PMVA and administration of IM medication
2.	Physical intervention and rapid tranquilisation (RT)	Verbally hostile and assaulted of fellow patient.
3.	Physical intervention and rapid tranquilisation (RT)	Patient detained under sec 2, volatile, hostile aggressive and threatening.
4.	Physical intervention and rapid tranquilisation (RT)	Violence to staff
5.	Physical intervention and rapid tranquilisation (RT)	self-harm, refusing oral medication and not accepting of staff de-escalation.
6.	Physical intervention and rapid tranquilisation (RT)	Patient very agitated in communal areas. Behavioural management care plan implemented and precautionary PMVA holds implemented
7.	Physical intervention and rapid tranquilisation (RT)	Aggressive to staff and property.
8.	Physical intervention and rapid tranquilisation (RT)	Aggressive to staff member.
9.	Physical intervention and rapid tranquilisation (RT)	Client being moved from 136 suite to ward. When Psychiatric emergency called staff arrived client had been restrained to floor by police then hospital staff took over. Client then attempted to abscond.
10.	Physical intervention and rapid tranquilisation (RT)	Patient forced entry to office, aggression, violence toward staff.
11.	Physical intervention and rapid tranquilisation (RT)	Patient attempted to abscond from the ward and was intercepted by staff.
12.	Physical intervention and rapid tranquilisation (RT)	Patient agitated and threatening to assault.
13.	Physical intervention and rapid tranquilisation (RT)	Patient presenting as increasingly distressed and aggressive.

14.	Physical intervention and rapid tranquilisation (RT)	Patient aggressive and violent to staff.
15.	Physical intervention and rapid tranquilisation (RT)	Self harm.
16.	Physical intervention and rapid tranquilisation (RT)	Patient was verbally and physically abusive towards staff. Slapped a member of staff whilst on another ward, was not accepting boundaries
17.	Physical intervention and rapid tranquilisation (RT)	Patient tried to abscond, remained very resistive, attempted to self-harm.
18.	Physical intervention and rapid tranquilisation (RT)	Patient agitated in communal area, verbally hostile and violent towards staff.

Yours sincerely,

Lisa Evans

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