

30 August 2017

## Freedom of Information Request – Ref: FOI 116-1718

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

### Use of physical restraint

1. For 2015/16 and 2016/17, please provide the following information: See below
  - a) The total number of incidents of physical restraint
  - b) The total number of incidents of face down physical restraint
  - c) The total number of incidents where police were involved in physically restraining a patient

### Impact of physical restraint

- For 2015/16 and 2016/17, please provide the following information: See below
- a) The total number of incidents of physical restraint which resulted in injury
  - b) The total number of incidents of physical restraint which resulted in death

	2015/16	2016/17
<b>Total incidents of physical restraint</b>	1696	1893
<b>Face Down (Prone)</b>	124	223*
<b>Police involved in restraint</b>	6	4
<b>Restraints resulting in injury</b>	625	313**
<b>Restraints resulting in death</b>	0	0

As a Trust we are committed to reducing restrictive interventions and as such we have established a Positive and Safe subcommittee which reports directly to our Trust Governance Committee through to Trust Board. This subcommittee closely monitors the progress of our strategy and interventions at a ward level.

\*You will note that the recorded incidents of prone restraint have increased within 2016/17 from the previous year. We have invested in a much improved incident reporting system which was implemented during 2016/17 and as a result the Trust has seen an increase - through greater accuracy of incident reporting. On analysis of the data this relates to the more advanced electronic system we are now using. \*\*You will note that the restraints resulting in harm halved during 2016/17.

Our approach to reduce restrictive interventions has been highlighted as good practice from NHSI and continues to be one of our top quality priorities during 2017/18.

3. Procedures and training

a) Do you have a strategy for reducing the use of restraint? Please see attached.

The quality improvement approach attached has been shared with NHSI and subsequently with other Trusts as good practice.

Should you have any queries in relation to our response in this letter, please do not hesitate to contact me. If you are unhappy with the response you have received in relation to your request and wish to ask us to review our response, you should write to:-

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Rikenel  
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GLOUCESTER GL1 1LY  
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If you are not content with the outcome of any review, you may apply directly to the Information Commissioner's Office (ICO) for further advice/guidance. Generally, the ICO will not consider your case unless you have exhausted your enquiries with the Trust which should include considering the use of the Trust's formal complaints procedure. The ICO can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Yours sincerely,

*Lisa Evans*

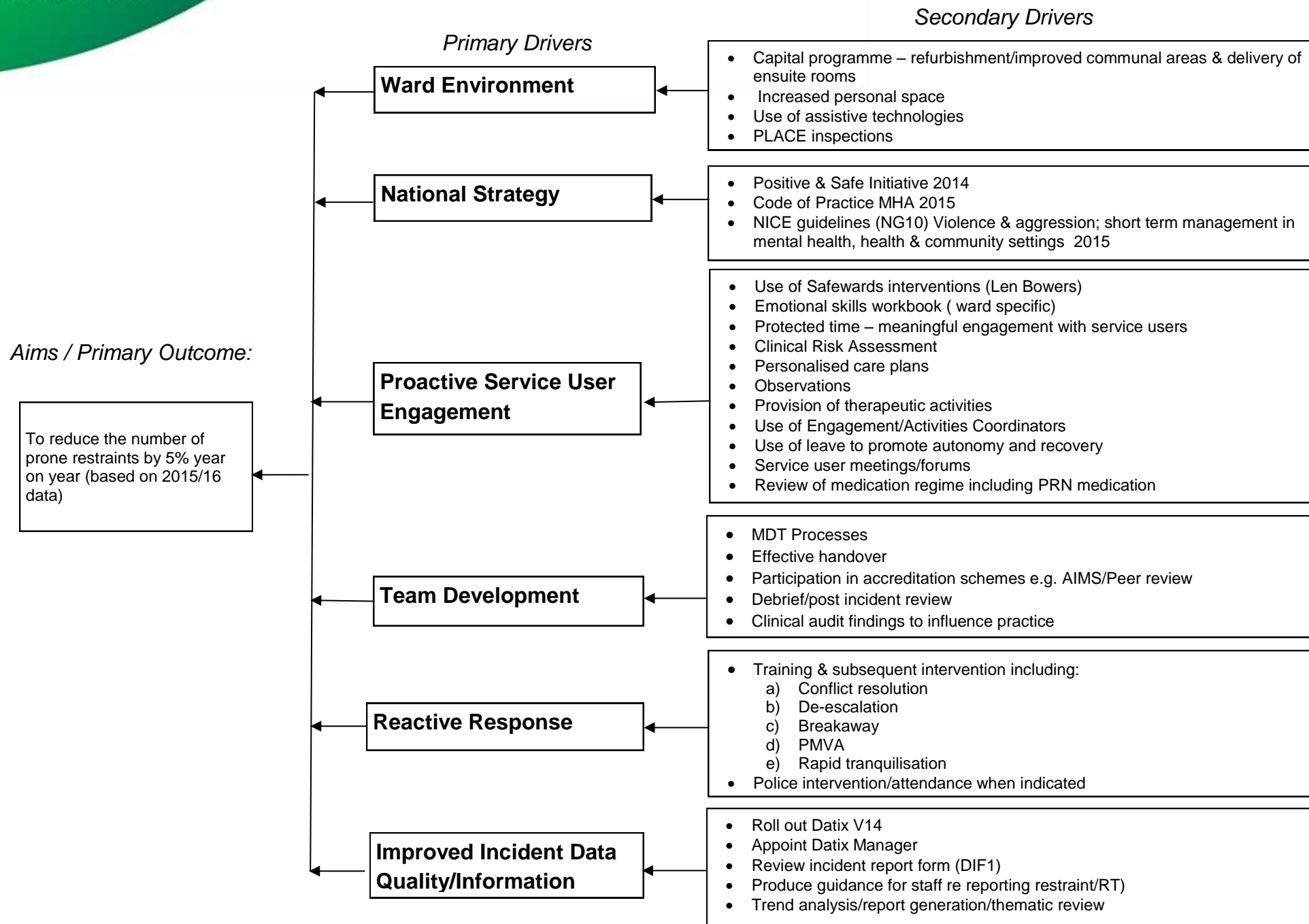
**LISA EVANS**  
**Information Governance Officer**  
**2gether NHS Foundation Trust**

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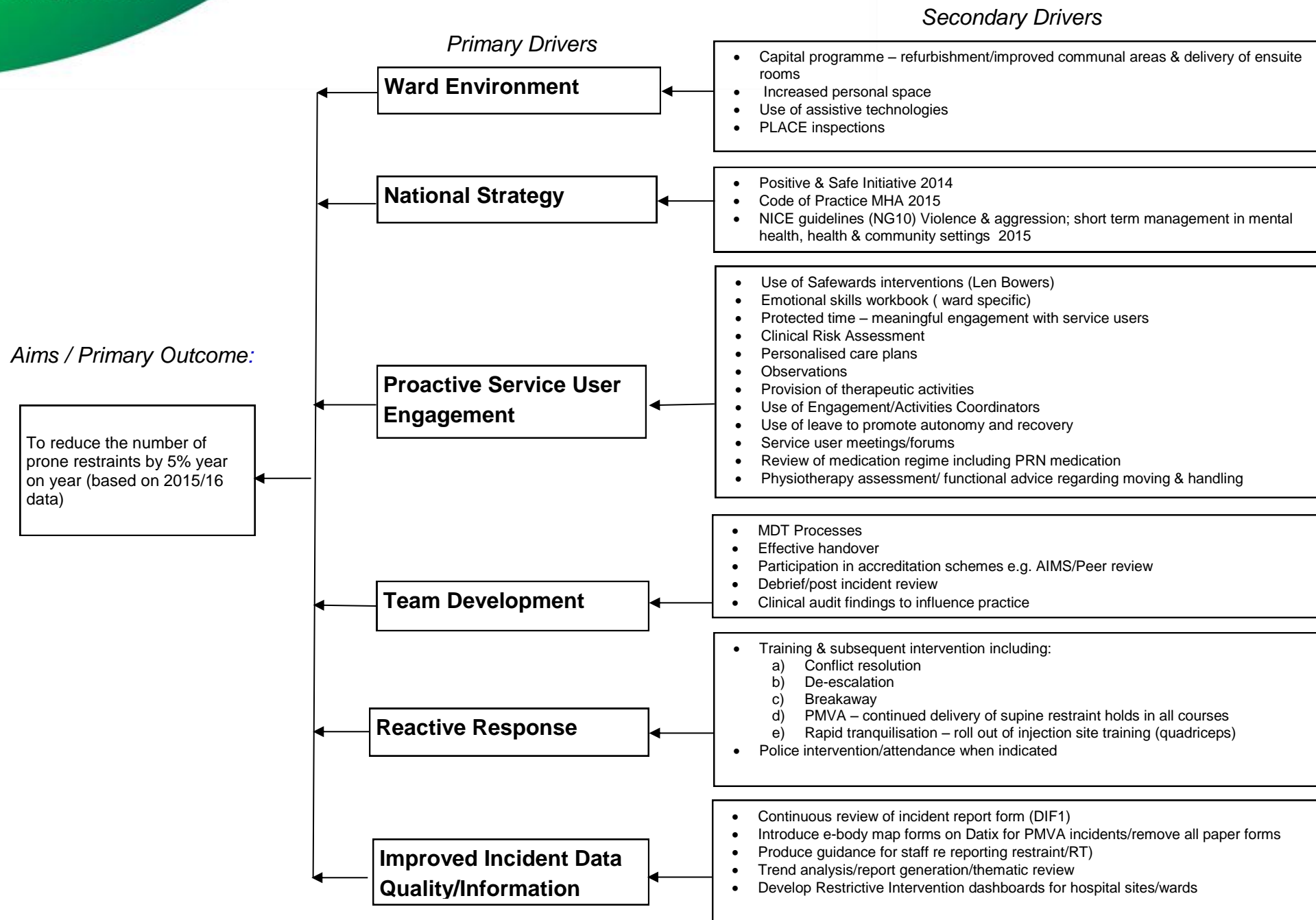
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or write to: OPSI, 102 Petty France, London SW1H 9AJ.

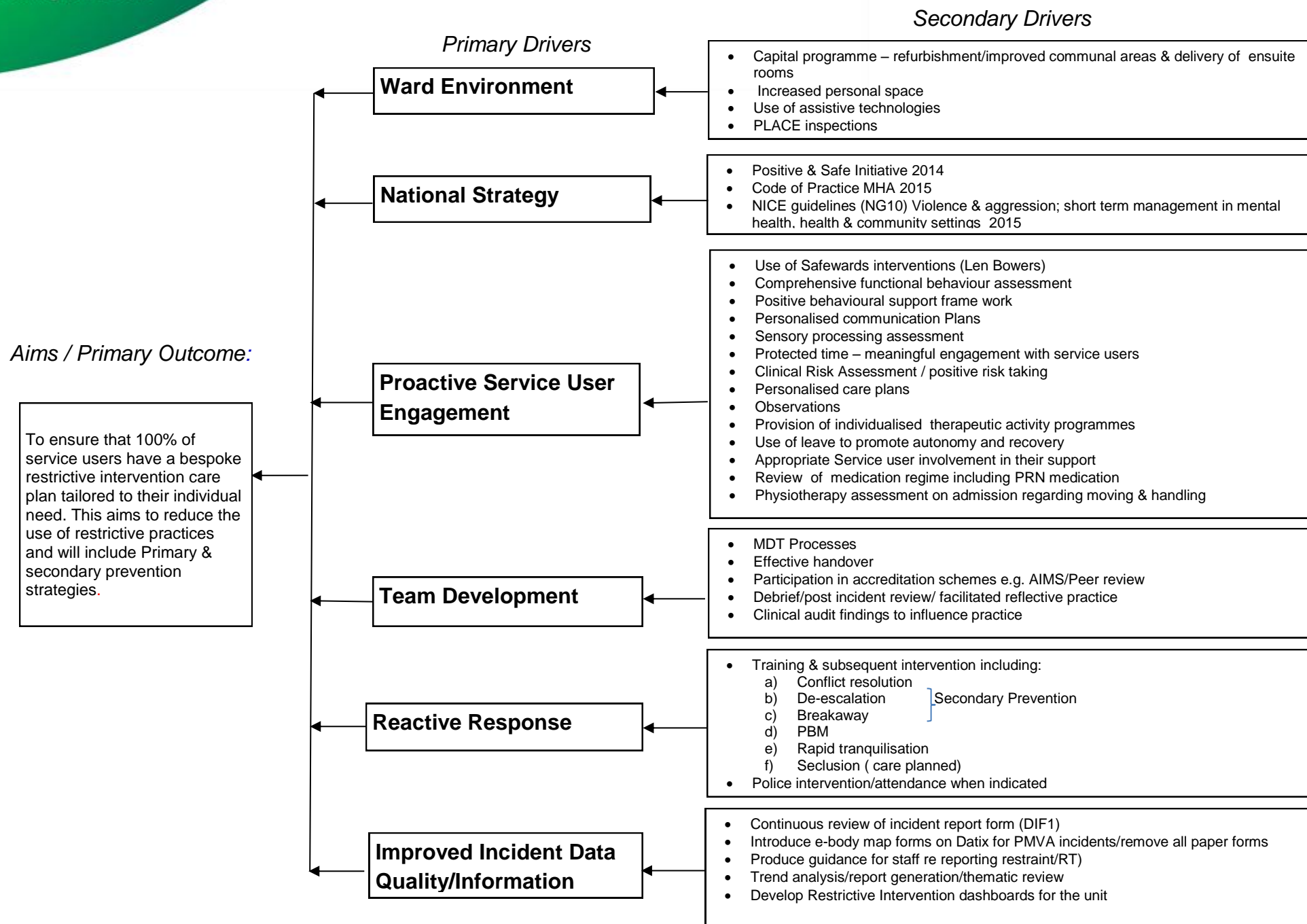
## Reducing Restrictive Interventions Action Plan 2015/16- Adult Acute Inpatient



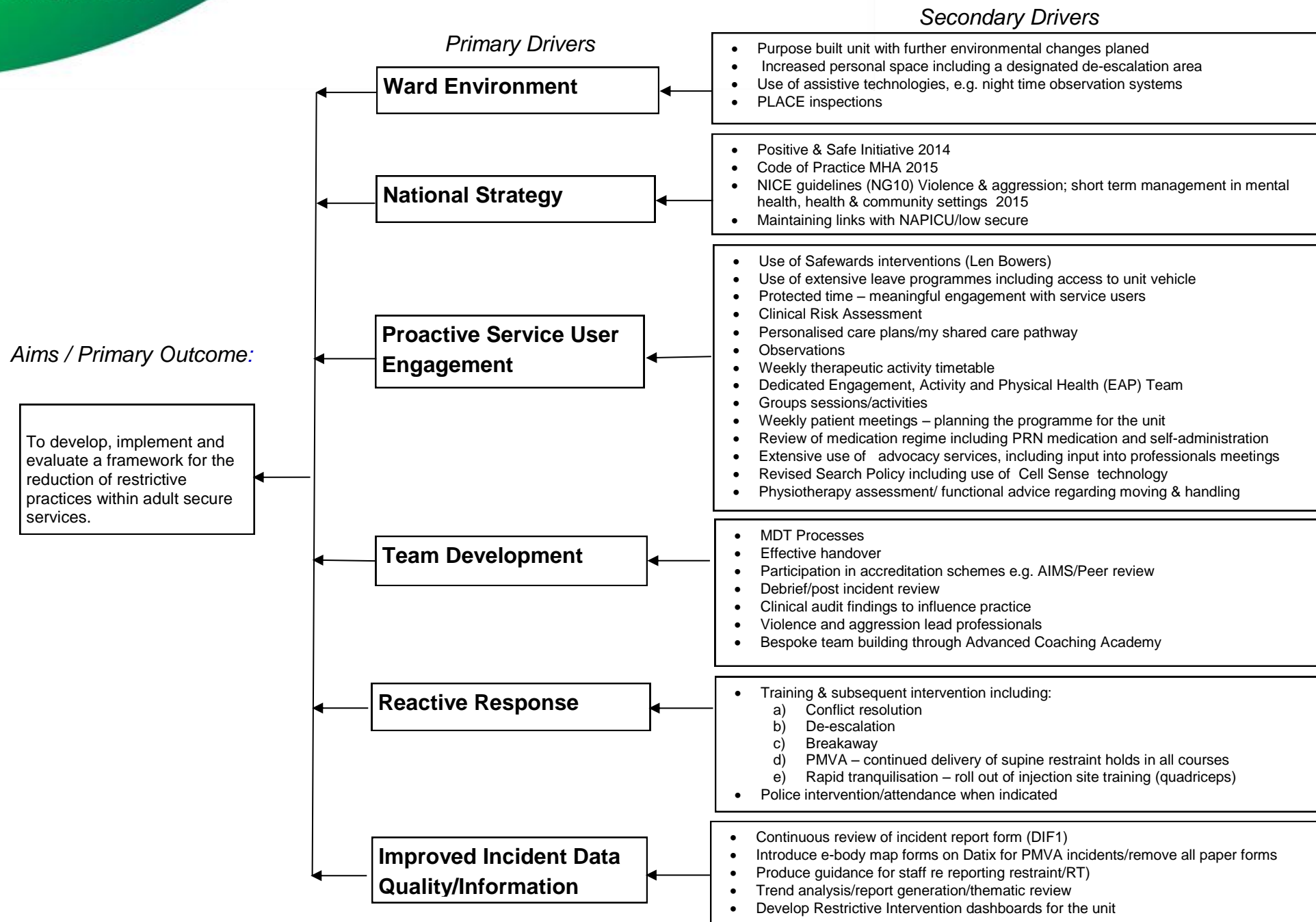
## Reducing Restrictive Interventions Action Plan 2017/18- Adult Acute Inpatient



## Reducing Restrictive Interventions Action Plan 2017/18- Berkeley House LD



## Reducing Restrictive Interventions Action Plan 2017/18- Montpellier LSU





## Reducing Restrictive Interventions Action Plan 2017/18- Older People Inpatient - Functional

*Primary Drivers* *Secondary Drivers*

### Aims / Primary Outcome:

To reduce the number of physical interventions by 5% year on year (based on 2015/16 data)

#### Ward Environment

- Capital programme – refurbishment/improved communal areas & delivery of ensuite rooms
- Increased personal space
- Use of assistive technologies
- PLACE inspections

#### National Strategy

- Positive & Safe Initiative 2014
- Code of Practice MHA 2015
- NICE guidelines (NG10) Violence & aggression; short term management in mental health, health & community settings 2015

#### Proactive Service User Engagement

- Use of Safewards interventions (Len Bowers)
- Protected time – 1:1 meaningful engagement with service users
- Clinical Risk Assessment
- Increased focus on physical health monitoring
- Personalised care plans
- Observations sheets to identify possible trigger points
- Provision of therapeutic activities (both ward based and Therapy Department/Acute Day Unit)
- Access to secure outdoor space
- Use of Engagement/Activities Coordinators
- Use of leave to promote autonomy and recovery
- Service user meetings/forums
- Review of medication regime including PRN medication
- Active involvement of relatives/carers
- Physiotherapy assessment on admission regarding moving & handling

#### Team Development

- MDT Processes
- Effective handover
- Participation in accreditation schemes e.g. AIMS/Peer review
- Debrief/post incident review
- Clinical audit findings to influence practice

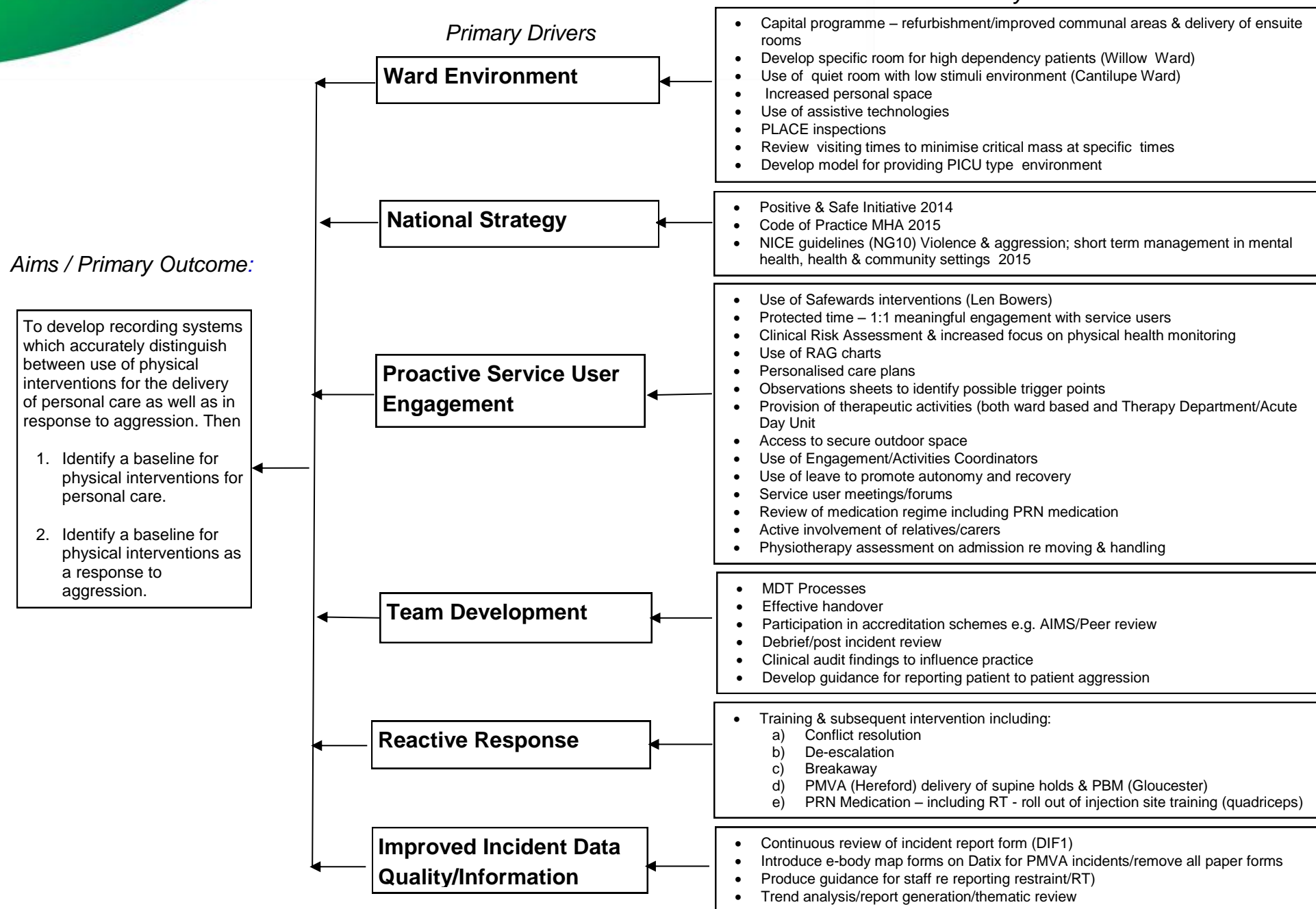
#### Reactive Response

- Training & subsequent intervention including:
  - a) Conflict resolution
  - b) De-escalation
  - c) Breakaway
  - d) PMVA (Hereford) delivery of supine holds & PBM (Gloucester)
  - e) PRN Medication – including RT - roll out of injection site training (quadriceps)

#### Improved Incident Data Quality/Information

- Continuous review of incident report form (DIF1)
- Introduce e-body map forms on Datix for PMVA incidents/remove all paper forms
- Produce guidance for staff re reporting restraint/RT)
- Trend analysis/report generation/thematic review

## Reducing Restrictive Interventions Action Plan 2017/18- Older People Inpatient - Organic Secondary Drivers





## Reducing Restrictive Interventions Action Plan 2017/18- Greyfriars PICU

