



Annual Review

St Patrick's University Hospital Physical Restraint Activity 2023

Annual report to the review and oversight committee regarding SPMHS implementation of the code of practice governing the use of physical restraint

The practice of physical restraint is a high-risk intervention used only in exceptional circumstances, after all available alternative options have been considered and, using the least restrictive method for the shortest duration of time possible. In St. Patrick's Mental Health Services, the rate of episodes of physical restraint was 0.65 episodes per 1,000 bed days, considerably lower than the national average for such incidents, based on the most recent MHC national data available.

As required by the Mental Health Commission Code of Practice governing the use of physical restraint, Section 7.7, all information gathered regarding the use of physical restraint should be held in the approved centre and used to compile an annual report on the use of physical restraint at the approved centre. This report, which should be signed by the Registered Proprietor Nominee, should be made publicly available on the Registered Proprietor's website within six months of the end of the calendar year and available, upon request, to the public.

The annual report should contain:

- i. aggregate data that should not identify any individuals;
- ii. a statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint;
- iii. a statement about the approved centre's compliance with the code of practice on the use of physical restraint;
- iv. a statement about the compliance with the approved centre's own reduction policy; and
- v. the data as specified in Appendix 3 of the Code of Practice:
 - a. The total number of persons that the approved centre can accommodate at any one time*
 - b. The total number of persons that were admitted during the reporting period*
 - c. The total number of persons who were physically restrained during the reporting period*
 - d. The total number of episodes of physical restraint
 - e. The shortest episode of physical restraint
 - f. The longest episode of physical restraint

**Where this number is five or less the report should state "less than or equal to five"*

The Code of Practice also states, "All approved centres should produce and publish an annual report on the use of physical restraint. Where physical restraint has not been used in the relevant 12-month period, then points i and ii above should only be reported on".

St Patrick's University Hospital

St Patrick's University Hospital can accommodate 241 inpatient residents at any one time and there were 2115 service users admitted during the reporting period of 2023. There were 75 episodes of physical restraint, related to 19 service users, in St Patricks University Hospital in 2023. This equates to less than 1% of inpatient admissions. The shortest episode of physical restraint lasted for less than 1 minute and the longest episode lasted for 30 minutes.

The following aggregate data summarises the analysis of physical restraint data in 2023 in St Patrick's University Hospital.

- 19 service users were restrained a total of 75 times in 2023
- 77% of episodes related to an immediate threat of harm to self or others and 23% related to actual harm to self or others
- The majority of episodes of restraint occurred in the Approved Centres acute unit. This finding is supportive of the quality of assessments completed by clinicians in admissions, and at ward level, to identify those service users at risk of requiring restraint
- Over two thirds of restraint episodes occurred during the day
- 47% of restraint episodes related to female service users
- Service users under the age of 18 are not admitted to St Patrick's University Hospital, 80% of service users restrained were aged 18-64 years and 20% were 65 years old or older.
- 72% of restraints lasted 5 minutes or less, 92% lasted less than 10 minutes and 95% lasted less than 15 minutes.

St Patrick's University Hospital is required to make a statement about the effectiveness of the Approved Centre's actions to eliminate, where possible, and reduce physical restraint

St Patrick's University Hospital is committed to the provision of a human rights-based approach to mental health service provision. Physical restraint is used as a last resort in situations where, due to the service user's presentation at the time, where it has been possible to implement preventative measures and these have failed, and in the presence of an immediate threat to self or others, or where there is actual harm caused to self or others, physical restraint is used in the least restrictive way possible, for the shortest duration of time possible.

St Patrick's University Hospital is required to make a statement about the Approved Centre's compliance with the code of practice on the use of physical restraint

St Patrick's University Hospital continues to implement the new Code of Practice which introduced a range of new and challenging standards. St Patrick's University Hospital is committed to achieving full compliance with all of the required standards. St Patrick's University Hospital achieves a very high degree of compliance with these standards. Areas for improvement have been identified and responsibilities have been apportioned to well established line management functions.

St Patrick's University Hospital is required to make a statement about the compliance with the Approved Centre's own reduction policy

St Patrick's University Hospital is committed to compliance with its own physical restraint reduction policy.

Areas for Improvement

1. Over 300 clinical staff have been trained in the revised code of practice for physical restraint since December 2022. Training is ongoing, will continue, and will be handed over to the Human Resources Department for ongoing monitoring, to support line managers in ensuring their staff are trained and attend refresher training every 2 years.

Person(s) Responsible: Adam Kavanagh, Programme Manager for Clinical
Brendan Power, Director of Human Resources
Status: To be completed by the end of May 2024

2. Nursing notes recorded after the episode of physical restraint provide much of the evidence required by inspectors to establish compliance. Nurses have been provided with a guide to support their post restraint note writing. Nursing staff must use this guide after each episode of physical restraint to update the clinical record and care plan.

Person(s) Responsible: John Creedon, Director of Nursing
Status: Completed

3. It is essential that the service users care plan is updated after each individual episode of physical restraint.

Person(s) Responsible: Prof Paul Fearon, Medical Director
John Creedon, Director of Nursing
Status: Ongoing

4. Physical examinations must be completed within 2 hours of an episode of physical restraint commencing and record the examination under the headings of physical impacts and psychological trauma. The Datix incident report form has been amended to include a mandatory field to capture this information, to be completed by the examining doctor, under the clinical examination section. This integrates within the clinical record.

Person(s) Responsible: Adam Kavanagh, Programme Manager for Clinical
Status: Completed

5. There must be a record of a debrief meeting being facilitated or declined within two working days of the episode(s) of restraint. It is essential that clinicians use the MDT de-brief form under the physical restraint section of the care plan section of the service users clinical record to record this.

Person(s) Responsible: Prof Paul Fearon, Medical Director
John Creedon, Director of Nursing
Status: Ongoing

6. There must be a record of an MDT review meeting being facilitated or declined within five working days of the episode(s) of restraint. It is essential that clinicians use the

MDT review form under the physical restraint section of the care plan section of the service users clinical record to record this. The Medical Director to ensure chairs of MDT's adhere to this.

Person(s) Responsible: Prof Paul Fearon, Medical Director
Status: Ongoing

7. Clinicians completing clinical practice forms and recording progress notes must ensure they report the reason for the restraint accurately, documenting that there was either an immediate risk to self or others or actual harm to self or others.

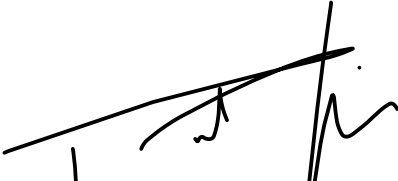
Person(s) Responsible: John Creedon, Director of Nursing
Status: Ongoing

8. The Programme Manager for Clinical Governance will continue to present quarterly and annual analyses of episodes of physical restraint to the Clinical Governance Committee and Registered Proprietor Nominee.

Person(s) Responsible: Adam Kavanagh, Programme Manager for Clinical
Status: Ongoing

Review

This report was considered by the Multidisciplinary Review and Oversight Committee, the Clinical Governance Committee, on Friday 12th April 2024.

Signed 
Mr Paul Gilligan, Chief Executive Officer
Registered Proprietor Nominee
St Patricks University Hospital