Freedom of Information Request: Our Reference CTMUHB_298_22

You asked:

Restrictive practices

The request in relation to all patients receiving treatment within a mental health inpatient setting. If you are able to split the figures by <18, 18-64 and 65+ that would be welcome.

Please could you provide me with the following information in relation to restrictive practice within mental health inpatient settings:

Do you record each of the following pieces of information about uses of restrictive practice (please provide an answer for each item individually):

Please see response provided by Adult Mental Health (AMH) below:

a. **The type of restrictive practice used (e.g. physical, mechanical or chemical restraint, or the isolation of a patient);**

   All restraint is recorded on Datix (our incident reporting system) and clear documentation in the patients notes. Mechanical restraint is not used. If seclusion is required documentation within the patients notes and seclusion book including observations is thoroughly recorded as per seclusion policy.

b. **If physical restraint was used, was the individual restrained in a prone or supine position,**

   All restraints should be in supine position and captured on Datix. If prone was to be used (highly unlikely) the patient would be turned over into supine.

c. **The reason(s) for the use of restrictive practice;**

   Restrictive practice is only utilised if a patient becomes a risk to themselves, to fellow patients or nursing staff, again this information is then captured through documentation in patient notes and through the Datix process.

d. **Where (e.g. which ward) and when the restrictive practice was used;**

   This is recorded on Datix and the audit form.

e. **The length of the restrictive practice;**

   This is recorded on Datix and the audit form.

f. **The known impact on the individual, including any injuries, and any risks to their physical or mental wellbeing;**

Level of harm is recorded on Datix.

g. **The protected characteristics of the individual, including age, gender, sex, disability, broken down by impairment type, and ethnicity);**

   Age would be included within the datix but remaining info is not captured.

h. **The outcome of any incident review, including any measures that will be taken to avoid or minimise restrictive practices and the risk of harm in future;**

   There is no formal review process in place but incidents are discussed in ward round.

i. **The individual's involvement in the review;**

   This is not captured.

j. **A record to confirm that the relevant family members and carers have been informed and when this happened**

   This is not recorded in all areas. Where it is recorded, family members are contacted after an incident and informed of the incident this is then documented within the patient's notes.

and if so, in what systems you record each of these pieces of information (for example: paper-based patient records, electronic patient records, incident reporting systems like Datix or the Once-for-Wales Concern Management System, ward-level spreadsheets)?

Datix in the reporting system, patient notes are also hand written in some areas.

2. What reports do you routinely produce about the use of restrictive practices in mental health inpatient settings and what information do these reports include?

No formal reports are produced in respect of restrictive practices in mental health inpatient settings. A review of themes from Datix reports are discussed in our Quality, Safety, Risk and Experience monthly meetings and restraint data is included in the Quality dashboard.

Please see response provided by our Children and Adolescent Mental Health Services (CAMHS) below:

1. **Do you record each of the following pieces of information about uses of restrictive practice (please provide an answer for each item individually):**

   a. **The type of restrictive practice used (e.g. physical, mechanical or chemical restraint, or the isolation of a patient);**

      This information is recorded following each episode of restraint via the incident reporting system on Datix.

b. If physical restraint was used, was the individual restrained in a prone or supine position,

This information is recorded following each episode of restraint via the incident reporting system on Datix.

c. The reason(s) for the use of restrictive practice;

The reason for use of restrictive practice is included in the incident description recorded via the incident reporting system on Datix.

d. **Where (e.g. which ward) and when the restrictive practice was used**;

The location of the incident is recorded on the incident report via the Datix system.

e. The length of the restrictive practice;

The length of the restrictive practice is recorded via the incident reporting system on Datix.

f. The known impact on the individual, including any injuries, and any risks to their physical or mental wellbeing;

This is recorded in the incident report via Datix.

g. The protected characteristics of the individual, including age, gender, sex, disability, broken down by impairment type, and ethnicity);

Any known protected characteristics are recorded within the patient demographics via our patient administration system WPAS/Myrddin. This information would also be included in the paper case notes.

h. The outcome of any incident review, including any measures that will be taken to avoid or minimise restrictive practices and the risk of harm in future;

Each incident is investigated by a Ward Manager or Senior Staff Nurse. The investigation will include any measures to be taken to avoid or minimise restrictive practice. The investigation is part of the incident report via the Datix system. Our Multi-disciplinary team also discuss incidents and actions to minimise the use of restrictive practice during weekly Ward Round.

i. The individual's involvement in the review;

Following an incident, clinical staff will hold a de-brief with the young person.

j. A record to confirm that the relevant family members and carers have been informed and when this happened

This information is recorded in the Young Persons case notes.

2. What reports do you routinely produce about the use of restrictive practices in mental health inpatient settings and what information do these reports include?

There are monthly Clinical Service Group meetings where incidents involving seclusion and restrictive practises are discussed. There are also 2 monthly meetings with the Integrated Locality Group (ILG) governance team where hot spots and trends in Datix incidents reports and analysed and scrutinised.

The Lead Nurse prepares and presents a bi-monthly Quality, Safety, Risk and Experience (QSRE) report for the ILG which then forms part of the ILGs own QSRE report that is presents to the board where frequency themes of restrictive practices are highlighted

The Head of Nursing produces a monthly Datix report that is shared with the Health Board, stakeholders and the commissioners Welsh Health Specialised Services Committee (WHSSC), which includes an analysis of reported incidents including restraint.