

Information Governance

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5 November 2018
Reference no. 18190259

Dear

Request for Information: Freedom of Information Act

Thank you for your email of 11 October making a request for information under the Freedom of Information Act. You requested the following information and the Trust is able to provide the information below in response:

Request and Response:

Information Request by question

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. Does the system include or teach staff the use of prone restraint?

PEACE - Positive Engagement and Caring Environments

Prone is not taught however the safe management of a patient in the Prone position is covered.

2) How is this training system accredited/validated (internal/external agency)?

PEACE is not accredited. It is validated by independent assessors for the physical interventions. The whole programme is peer reviewed annually.

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? How do you check the accuracy of this data?

Ulysses incident system.

To check accuracy of data admin staff review every incident to ensure good data quality. The second point of review is completed by the Trust's lead for reducing restrictive practice who receives a summary report of all restraint/ seclusion incidents to review and scrutinise weekly. The third check for accuracy is regular reports weekly and quarterly are presented to a wider audience of clinicians which is a second check of accuracy.

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?

Yes all use of prone positions, no exclusions.

5) Do you record the length of time an individual is held prone/supine/on side and the reasons for this?

Yes time recorded and reason put in the open text description.

6) Data by financial years

* Note we have only been able to report on data for the last 3 years and not 4 years as requested.

	*April 2015 – March 2016	April 2016 – March 2017	April 2017 – March 2018
i) Number of incidents in which injuries caused to patients during restraint (injuries to staff not included as not possible to distinguish between injuries as a result of restraint and injuries as a result of the incident that led to the restraint without reading every incident detail)	Not documented whether injury as a result of restraint prior to April 16	15	15
ii) Severity and nature of injuries sustained to patients and whether prone or supine position was used during the restraint.	Not documented whether injury as a result of restraint prior to April 16	14 minor injuries and 1 moderate injury. Prone used in 5 of the incidents (including the incident with moderate injury). Supine used in 3 of the incidents	12 minor injuries and 2 moderate injuries. Prone used in 4 of the incidents (including one of the incidents with moderate injury). Supine used in 3 of the incidents.
iii) Number of prone restraints broken down into the reasons given for the use of this position. * see table below for reason, this was only introduced in 2017/18	272	213	136
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.	We are unable to report on this as we do not capture the reason police attend so cannot provide this specific information.		
v) Number of injuries to patients following Police use of force (restraint) on wards.	We are unable to report on injuries sustained when police attended which are linked to police interventions.		

vi) Number of times Tasers called for, aimed and or fired on In-patient Mental Health Wards.	1	2	2
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Linked to iii)

Reason for prone (multiple options can be selected)	17/18 only
No reason provided	53
Immediate IM	96
Planned: Care Plan/ Patient Pr	5
Seclusion Procedure	33
Unintentional: Led By Patient	24
Unintentional: Slip, Trip, Fall	3

If you are concerned with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to me and I will ensure the decision is reviewed. The Trust will consider undertaking a review if requested to do so within 40 working days of the date the response is received by the applicant, and will apply discretion if a longer period of time has passed.

Should you wish to make a complaint as a result of the outcome of such a review, you may apply directly to the Information Commissioner's Office (ICO) for a decision.

Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Trust for Fol Act matters.

The ICO can be contacted at:

The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

Please contact me if there are any further queries.

Kind regards,

Yours sincerely,

Mark Underwood

Head of Information Governance