NHS
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Ref: FOI/GS/ID 6808

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

02 August 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to uncooperative patient behaviour.

You asked:

1. Year on year and for the past three calendar years, please could you provide figures for the number of times a DATIX/ULYSES or (please state other) your records keeping system holds, that relate to a report of "uncooperative patient behaviour" (or similar description which may include "violence and aggression") was raised.
2. Year on year and for the past three calendar years, how many of the above reports of "uncooperative patient behaviour" (or similar description which may include "violence and aggression") resulted in an action by hospital security and how is this action described: eg: chemical, environmental, mechanical, physical or psychological
3. What is your Trust policy on the restraint and detention of "uncooperative" patients?
4. Which nationally recognised training framework and to which standards are your security staff trained? Eg: MAYBO, SAFESKILLS etc …
5. What level of DBS checks are used when hiring your security staff?
6. How often are your security staff DBS checked?
7. What are the minimum training standards and qualifications required of security staff carrying out patient "bed watch" duties?
8. Year on year and for the last three calendar years, how many patient "bed watch" shifts did your hospitals need?

Trust response:
1.
2018/19 July to July 438
2019/20 472
2020/21 518
2. This will require reading through all the reports. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in

regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.
3. Please see the policy at the end of these responses.
4. The company doing the training for the security staff is Risc Associates Ltd.
5. The level of DBS checks carried out on the guards is the regular baseline checks, carried out at time of employment and then every three years when the guards renew their SIA licence.
6. Contractor re-checks DBS as and when the guard renews their SIA licence.
7. There are currently no enhanced training requirements although this is shortly to be reviewed.
8. The Trust does not have the records to answer this question.

Restraint policy and procedure

Requested/ Required by:	Chief Nurse
Author:	Matron Safeguarding Adults
Other contributors:	
Owner:	Chief Nurse
Division:	Corporate Services
Directorate:	Corporate Nursing
Specialty:	Safeguarding Adults and Safeguarding Children
Supersedes:	Quality & Safety Committee, 12th January 2011 (*subject to final consultation, for closure and final ratification 26th January 2011)
Approved by:	Safeguarding Adults Committee, 19th August 2014
Ratified by:	Quality & Safety Committee, 11th September 2014
Review date:	September 2017 [**Extension to May 2021** approved by the Chair of the Nursing, Midwifery & Allied Health Professional Committee on 25th November 2020, following the arrangements for extension as set out in the 'Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures ('Policy for policies') - RWF-OPPPCS-NC-CG25]

This policy has been written for implementation during periods of standard functioning within the Trust. Outside of those periods (such as major incidents or national emergencies) other 'emergency' policies may be written to supersede or run alongside this policy.

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse: Organisational Wide Documentation database
This copy – REV 2.1

Document history

Requirement for document:	• Care Quality Commission Outcome 7 • external recommendations • audit
Cross references:	• Mental Capacity Act 2005 • Deprivation of Liberty Safeguards Code of Practice April 2009
Associated documents:	• Maidstone and Tunbridge Wells NHS Trust. *Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure* [RWF-OPPPCS-C-NUR1] • Maidstone and Tunbridge Wells NHS Trust. *Integrated Care Pathway for Adult Patients with Additional Needs* • Maidstone and Tunbridge Wells NHS Trust. *Risk Assessment Policy and Procedure* [RWF-OPPPCS-NC-CG6]

Version control:		
Issue:	**Description of changes:**	**Date:**
1.0	First iteration of policy	January 2011
2.0	Reviewed	September 2014
2.1	Extension to May 2021 approved by the Chair of the Nursing, Midwifery & Allied Health Professional Committee on 25th November 2020	November 2020

With Thanks to	
Feedback from	**Description of Suggested Changes – Second Iteration 2014**
Safeguarding Committee	Identify the training strategy – agreed to be included in the revised Safeguarding Training Needs Analysis that is currently under review.
CCG Safeguarding Adults Lead	To include page 6 second to last box, add a number 10 to the effect that once the immediate danger is mitigated to consider using the flow chart for planned restraint just in case another episode of restraint is needed

Maidstone and Tunbridge Wells NHS Trust

Policy statement for

Restraint Policy

This policy and procedure has been developed to identify good practice in relation to managing, confused, agitated and aggressive patients in their cared for environments, in line with legislation and care standards. It is designed to ensure that all patients, regardless of age and care environment, are cared for in the most appropriate manner, safely and effectively for their condition. The policy will enable the Trust to meet its obligations to staff and patients, ensuring that any form of restraint, and/or emergency medication can be justified on legal, ethical and professional grounds and that the care plan is appropriate to the patients needs.

It will also enable practitioners to develop a consistent and comprehensive approach when restraint is being considered applying the 'Best Interests' principles and in the 'Least Restrictive' manner.

The Mental Capacity Act 2005 asserts that adults have a right to make their own decisions where they are able and to be supported and enabled to make their own decisions where required. (Please refer to the Trusts Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure). A patient making an unwise or eccentric decision, or beginning to act out of character, is not in itself proof that the patient lacks capacity. Such actions may give rise to the need for a capacity assessment to be undertaken, where, for example, these actions follow a period of illness or accident, but they are in no way determinative that someone lacks capacity.

The Mental Capacity Act also requires that actions taken on behalf of a patient who lacks mental capacity to make a particular decision needs to be in the patients 'Best Interests' and in the 'Least Restrictive' manner available. This will be assessed on an individual basis.

All services within the Trust should promote independence, choice and provide opportunities for individual growth and individual well-being, which include the right to take risks. However, responsibility comes with individual rights. Patients unable to control their actions, to appreciate danger or to seek help have a right to be protected and safeguarded and staff will have a 'Duty of Care' to exercise in order to keep them and others safe.

All interventions which may amount to restraint (either chemically or physically) should be documented and kept under constant review. Restraint is unlawful unless it can be demonstrated that for that specific patient, in those particular circumstances, NOT being restrained would conflict with the duty of care owed to the patient and that the outcome for the patient would be to cause harm to themselves or to others.

In all cases restraint should very much be seen as the 'last resort', with other techniques and strategies to de-escalate or diffuse the situation, always being employed before restraint is considered as an option.

This Restraint Procedure will not detail for staff ***how*** to restrain a patient. However, it will enable staff to consider what ***may*** be lawful. Appropriate de-escalation and breakaway training will need to be sourced by the Trust for staff, commensurate with their duties.

Restraint Procedure

Content **Page**

Flow chart - planned restraints

Complete a Mental Capacity Assessment for the patient to make their own decision to keep safe and formally document the outcome

Does the patient have the mental capacity to make decisions which will ensure his/her safety?

NO

Is the person behaving in a way that threatens to, or causes harm to him or herself or to others?

YES

Have environmental, physiological, pharmacological factors which may be causing this behaviour been considered? If no please consider and effect change to

YES

Discuss within the multi-disciplinary team whether physical, pharmacological or mechanical restraint ***may*** be in the patient's best interests and what the least restrictive method of restraint could be

Is it appropriate to be considered?

No

Do NOT Use

YES

Hold a Best Interest Meeting include all interested parties with whom it is relevant to consult with, **document** methods of restraint and agreement to use/any concerns raised. Complete e-reporting IR1 and document restraint agreed. **Consider whether**

No

No further action – but you may need to continue to supervise

YES

Is the person behaving in a way that threatens to, or causes harm to themselves or to others?

YES

Consider de-escalation Techniques in line with Conflict Resolution Training

If aggression continues call security and/or police for assistance. Complete an e-reporting IR1 Form. Use Common Law Doctrine to keep self and others safe from

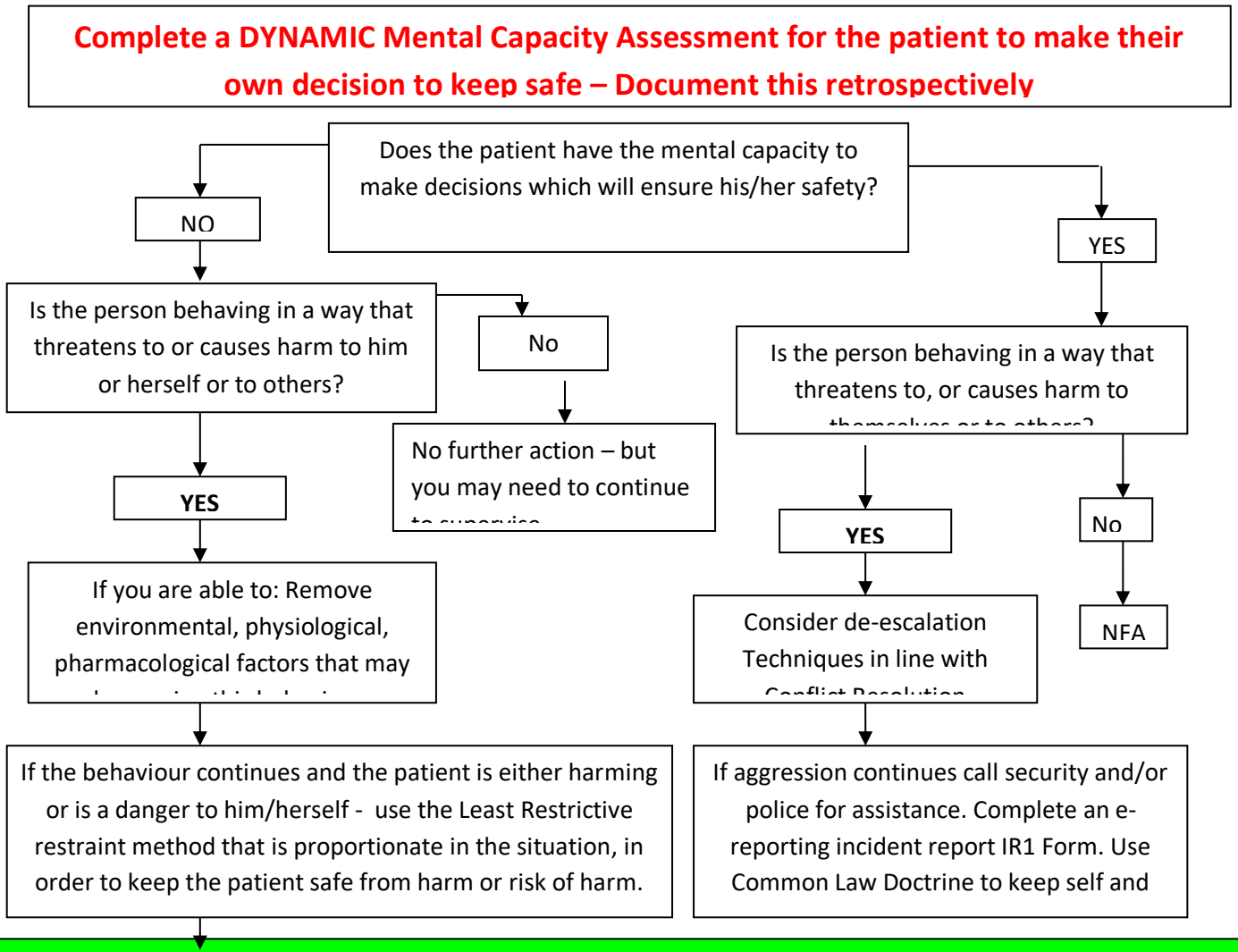
No

NFA

Consider developing an alternative Care Plan to ensure the persons safety. Consider again the environmental factors and make adjustments. Consider if the person needs to stay in this environment or could they be safely discharged elsewhere

Apply the physical, pharmacological and/or mechanical restraint agreed within the Best Interest Meeting and document every time that it has been required in the contemporaneous medical notes. Agree a review

Flow chart - emergency or urgent restraint



1. Document all methods that were tried to alleviate the situation prior to the restraint being used
2. Document the reason why the restraint was used
   a. be factual about patient 's behaviours
   b. include your assessment of the seriousness of risk of harm to the patient and/or others
3. Document who was involved in the actual restraint
4. Document what restraint method was used
5. Document the outcome of the restraint
6. Ensure patient is supported throughout the restraint
7. Ensure that the patient is medically checked after a restraint for any injuries (including bruising) and that these are documented thoroughly
8. If a patient has been sedated consider using a 'special' to monitor them whilst sedated and initial period when sedation wears off.
9. Consider if patient requires one – one nursing
10. Once the immediate danger is mitigated to consider using the flow chart for planned restraint just in case another episode of restraint is needed

If the patient has fluctuating capacity consider if agreement can be sought from the patient in a lucid moment about how to keep the patient safe and their preferred method of managing his/her behaviour or condition should his/her mental capacity deteriorate.

1.0 Introduction and scope

- This document applies to all staff who are likely to be involved in restraining patients and assessing and devising Care Plans that may involve the use of restraint.

[Comment: It is important that the policy reader does not presume that restraint will be used but must seek out least restrictive methods to keep the person safe, prior to considering the use of restraint.]

- This policy aims to ensure that the staff who may be using restraint techniques or planning and authorising the use of different types of restraint understand the lawful and appropriate types of restraint to use that can be justified and proportionate responses to ensure the individuals continued safety.
- For the Trust to provide a safe environment for all patients, visitors and staff who enter the service and recognise when restraint is appropriate to use or inappropriate to use. Also to ensure that staff are able to report and discuss any concerns when restraint has been required.
- For staff to understand that proportionate restraint methods are required and lawful to keep a mentally incapacitated patient safe from harm.
- For staff to understand that it is the intention behind an intervention which will also define whether or not the action is a restraint or an action to treat illness or meet a medical need.

2.0 Definitions

Mental capacity: The ability to make a specific decision at the time it needs to be made.

Restraint: The use force, or threat to use force, to make someone do something that they are resisting or

Restrict a person's of movement, whether they are resisting or not. (MCA Code of Practice 2007).

Restricting someone's liberty or preventing him or her from doing something they want to do. In general restraint is described as an intervention that prevents a person from behaving in ways that threaten or cause harm to themselves, others or property. (Duff et al 1996)

Primary restraint:

- Physical restraint – stopping an individual's movement by guiding them, or holding them.
- Physical intervention to stop a person from doing what they intend to do.

- Environmental restraint – designing the environment to limit the patient's ability to move as they wish.
- Administration of medication, chemical restraint.
- Preventing a person from leaving (but consider whether this might amount to a deprivation of liberty.)
- Electronic tagging systems
- Bandaging of hands or use of soft mitts to prevent an agitated or incapacitated patient from pulling out tubes
- One to one close supervision

Secondary restraint:

- Bed rails
- Lap belts
- Closed doors (but consider whether this amounts to a deprivation of liberty.)
- Verbal restraint – continual reinforcement by asking someone to remain where they are, verbal reminders that they will be safe staying in hospital and then having to benignly bring the patient back to the ward should they have wandered off.

Harm: The Mental Capacity Act does not define 'harm' because it will vary depending upon the situation. For example:

- A person with learning disabilities might run into a busy road if they do not understand the dangers of cars
- A person with dementia may wander away from home or the Ward and get lost, if they can not remember where they live
- A person with manic depression might engage in excessive spending during a manic phase, causing them to get into debt
- A person with dementia may be wandering and at risk of falls and/or of wandering off and becoming lost and disorientated
- A person may also be at risk of harm if they behave in a way that encourages others to assault or exploit them (for example, by behaving in a dangerously provocative way).

Deprivation of Liberty:

The Deprivation of Liberty Safeguards Code of Practice states that 'to determine whether there has been a deprivation of liberty, the starting point must be the specific situation of the individual concerned and

account must be taken of a whole range of factors arising in a particular case such as the type, duration, effects and manner of implementation of the measure in question. The distinction between a deprivation of, and restriction upon, liberty is merely one of degree or intensity and not one of nature or substance.'

There is no definition of what might constitute a Deprivation of Liberty. If you consider that there is a possibility of a deprivation of liberty, you should refer to the Trust Mental Capacity Act and Deprivation of Liberty policies and/or contact one of the following for advice:

Consultant in Charge of Clinical Care
Directorate Matron
Matron Safeguarding Adults
Site Practitioner
Patient Safety Manager
Patient Experience Matrons

Observation: This is a periodic review of the patient and could include

- Having sight of the person on an agreed observation ratio
- Observation whilst checking the patient's vital signs, where the patient's condition warrants vital signs being checked at an agreed ratio.

Review: This is a review of the requirement to continue with the restraint method. It might be that the review will show the need to either cease the restraint being used or increase the level of restraint in line with individual needs. Alternatively the review may conclude that the restraint should continue. During the review, consideration should be had for the Trust Mental Capacity and Deprivation of Liberty policies.

3.0 Duties

- Trust compliance with the application of the Mental Capacity Act 2005 and ensure that CQC Outcome 7 is met.
- For all staff both qualified and unqualified to understand what constitutes a restraint and to know when a restraint is lawful to use.
- To ensure staff are aware of their own duties with regard to the use of a restraint.

- To ensure that decisions with regard to use of restraint are taken by the Multi-disciplinary Team in consultation with relevant others and that these decisions are in the patients 'Best Interests'.
- In the event of an emergency restraint being used, for staff to ensure as soon as possible, the inclusion of the Multi-disciplinary team, the patient and relevant others, after the event in order to plan for future reoccurrences of the restraint being required.
- To ensure that documentation is developed so that staff are able to document what was occurring prior to restraint being used, what happened during restraint and what the outcome of using the restraint was. **(Appendix 4: Documenting Physical Restraint in the Adult Patient).**
- For Senior Managers to assess the training requirements for each area dependent upon the incidence of restraint being required in those areas.

4.0 Training / competency requirements

The Trust Learning and Development Department will assist Senior Managers and Matrons to source appropriate levels of training in restraint for their area commensurate with the levels of incidence experienced or expected in relation to use of restraint. (Training needs analysis under development).

5.0 Procedure

All services should promote independence, autonomy to make decisions and freedom of movement where possible for patients. It is acknowledged however that there are some patients who need to be safeguarded from harm or causing harm to others. However, professionals are still required to adhere to the law and professional codes of conduct when using any form of restraint.

This procedure will not train practitioners how to restrain patients but it will give definitions of types of restraint and will give practitioners the knowledge about how to work within the law when considering restraining a patient.

Patients Who Lack Mental Capacity to Make Decisions to Keep Themselves Safe (Refer to the Trust Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure).

The Mental Capacity Act 2005 sets out limits to which the extent of restricting a person's movement can be lawfully used when a patient lacks mental capacity to keep themselves safe:

- A person can only be restrained where there is a reasonable belief that it is necessary to prevent harm to that person and/or to someone else.
- Any restraint used must be proportionate to the risk of harm and must be the minimum level necessary, to prevent that harm.

(The acronym “J.A.P.A.N” can be used to prompt practitioners about the use of the restraint being considered – see **Appendix 5**).

Although reasonable use of restraint may be lawful, the onus is on the health professional to be able to justify their belief that:

1. the person being cared for is likely to be harmed unless some sort of physical intervention or other restraining action is taken;
2. that to restrain the person is in their best interests;
3. that the restraint is the least restrictive alternative; and
4. that to restrain the person will not, in all the circumstances, amount to a deprivation of liberty.

When making decisions about a patient’s management, the health care professional must always consider whether the treatment or management proposed is ***necessary*** and ***proportionate*** to the patient’s presenting condition and the likely ***risk of harm*** to the patient, themselves, others and property.

Patients, relatives/carers and those who it is appropriate to consult with, should be informed of the decision to restrain, and why it is considered that the intervention is required. This should be done before the proposed restraint where possible.

The use of restrictive intervention can increase risks to the safety of patients and others, and always affects personal freedom and choice. Prevention strategies should be carefully selected and reviewed to ensure they do not unnecessarily constrain opportunities or have a negative effect on the welfare or quality of life of patients.

Restrictive physical intervention should not:

- become a routine method of management,
- should not increase the risk of abuse,
- undermine the dignity of patients/service users or staff,
- punish or otherwise humiliate or degrade those involved.

Interventions that could create distrust and undermine personal relationships or professional ethics are to be avoided.

Devices, such as bed rails and wheelchair lap belts (secondary restraint), can also restrict movement. They should not be provided for the purpose of preventing problem behaviour, but may be used by the team in consultation with the patient, families, or legal representatives and advocates to manage risks and keep patients safe. These devices should be used following appropriate risk assessments and should have regard to policies and procedures e.g. falls prevention, use of bedrails.

5.1 Objectives

Patients at risk of harming themselves or others should be risk assessed and thoughtful consideration for their self-respect, dignity, privacy, cultural values and any special needs should be taken into account prior to the use of any interventions. This will ensure that patients are cared for in an environment that balances safe observation and privacy.

To ensure the patient is safeguarded and any potential for abuse is minimised the assessment **must** include the following:

- Assessment of the patient's mental capacity
- The benefit/s for the patient
- The rationale for the intervention
- The respect of the patient's rights
- The risk the patient is exposed to prior to intervention
- The expected outcomes and safeguards following intervention
- The best interest process/discussions/meeting followed/had
- The length of time or frequency of review

Use of the Trust format for risk assessing and/or the Additional Needs Dependency Scale should be used as necessary.

Explanation, communication and co-operation with the patient and relatives/carers are essential during care or treatment, particularly when any restraint method is being used or considered.

If the patient has challenging behaviour, consideration must be given to potential causes and reasons for their challenges, and non restraint solutions sought in the first instance.

Seclusion, restraint and emergency medication will only be used in patient care and management as a **last resort** and must **never** be used as a means of intimidation or punishment. All assessments and care interventions must be justified and documented in full on both medical and nursing notes.

The assessment of risk is a key process in the identification of hazards and
factors that may lead to, or contribute to challenging behaviours. The risk assessment will assist in the identification of preventative measures (controls) to reduce the risk and impact of potential challenging behaviours. Those risk assessment outcomes must be the basis for both clinical and management decisions in the prevention of escalation of challenging behaviours. The Additional Needs Dependency Scale attached at **Appendix 6** should be used to document the risk assessment or use the Trust's generic risk assessment tool.

If a patient is considered to have a mental illness which may (subject to assessment) require compulsory detention under sections 2 or 3 of the Mental Health Act 1983 as amended, the patient may need to be detained for up to 72 hours under section 5(2) of the Mental Health Act.

5.2 Prevention

The use of restraint should be kept to a minimum and this can be achieved by using some or all of the following:

- Ensuring that the number of staff deployed and the level of competency correspond to the needs of the patient. There should be a locally agreed safe staffing level and provision should be in

place for one to one nursing intervention where necessary. (Consider using the Additional Needs Dependency Scale

- Avoiding (where possible) situations, which are known to provoke violent or aggressive behaviour. This will include listening to relatives and carers that provide information on preferred management of disruptive, aggressive, or harming behaviour.
- Care plans, which are responsive to individual needs, which include current information on mental capacity and relevant risk assessments and management strategies.
- Developing staff expertise through training such as Conflict Resolution, Customer Care.

5.3 Restraint

Healthcare professionals must be aware of the infringement of the patient's freedom and rights when opting to use any restrictions. Any patient that is restrained is being denied a fundamental human right, though there may be situations where there are other compelling considerations.

Restraint can only be applied to:

1. Take immediate care of a dangerous or potentially harmful situation, i.e. causing injury to themselves or others.
2. Contain or limit the patient's freedom for no longer than is necessary, to enable safe clinical care.
3. End or reduce danger to themselves or others.

The use of restraint at any level can only be undertaken following a careful assessment that documents the risk to the patient.

5.4 Deprivation of Liberty Safeguards – Please refer to the Trust Mental Capacity Act and Deprivation of Liberty Safeguards policy and procedure for further information.

If you are restraining a patient you must be aware of when that restraint could amount to a Deprivation of Liberty for them. This will need to be assessed on an individual basis and applied for and authorised accordingly, so that the Safeguards for that patient can be put into place.

Patients are entitled to be cared for in the least restrictive way possible and care planning should always consider whether there are other, less restrictive options available to avoid unnecessary deprivation of liberty. However, if all alternatives have been explored and the hospital believes that it is necessary to deprive someone of their liberty to deliver the care or treatment the incapacitated person needs, then there is a standard process that must be followed to ensure that the deprivation of liberty is lawful and that the person is protected by these safeguards.

Deprivation of Liberty is different from **restraint and/or a restriction of liberty**, although the difference is often one of degree and/or intensity. Certain restraints/restrictions for one patient could amount to a deprivation of liberty for another. The courts recognise that restraint may be appropriate when it is used to prevent harm to the person who lacks

capacity and it is a proportionate response to the likelihood and seriousness of harm.

It will be helpful for staff to assess the case in question by using the Deprivation of Liberty Checklist for Managing Authorities. This will give the assessor an indication as to whether or not what is happening, is a deprivation of liberty as opposed to a restriction/restraint. **(Refer to the Trusts MCA/DoLS Policy and Procedure and/or the Matron for Safeguarding Adults for advice)**

5.5 Secondary restraint: e.g. wheelchair lap belts, bed rails

Any use of restraint must not hamper or interfere with the delivery of care to a patient. All local policies pertaining to the use of *secondary* restraint e.g. use of bed rails, lap belts etc must be adhered to.

5.6 Seclusion

Seclusion is defined as isolation from others, which could include barrier nursing and the preservation of a patient's dignity by nursing them in a side ward/room (refer to local policies).

A patient may need to be nursed in a side-room to ensure that an additional barrier/obstacle is placed in the way of a means of wandering out of the ward – in this instance this could be perceived as a primary restraint.

If the patient is placed in a side room for privacy and to lessen stimulation this might be considered a secondary restraint.

The intention and reason behind placing the patient in the side-room needs to be clearly documented.

A disruptive patient is a-patient who presents a risk to themselves or others.
The care and welfare of all the patients is paramount, when a patient constantly disrupts the treatment of others it may be necessary to nurse them in a secluded area e.g. side ward/room.

If patients are admitted from a local psychiatric resource then it will be for the Ward Manager and/or medical clinician to negotiate the level of supervision to be supplied by the mental health service.

Clinicians should remember that the mental capacity of a person may change therefore all patients nursed and cared for in secluded areas as a means of restraining them as opposed to clinical need e.g. infection control measures, must be observed and spoken to at a minimum of 20-minute intervals (or more frequently if it is assessed as being necessary to do so) this will also allow re-assessment of the individual's capacity and the need for seclusion. Allocated nurses for the patient must ensure that communication and observation are maintained, and documented. They must also ensure that the reason for seclusion is reviewed daily and documented according to the outcome of that review.

5.7 Emergency medication

- The use of sedatives to calm a patient and induce co-operative behaviour is referred to as rapid tranquillisation.
- Those giving rapid tranquillisation in an emergency must understand why they are doing so and document their intentions accordingly.
- In a situation of imminent violence, medication is often given as a sedative rather than as a treatment for a patient with an underlying psychiatric condition. Medication, skilfully given in the context of good clinical care can safely and effectively support the management of violent behaviour.
- The aim of rapid tranquillisation is to achieve sedation sufficient to minimise the risk posed to the patient themselves and/or to others.
- The patient should be able to respond to spoken questions throughout the period of sedation.
- The use of rapid tranquillisation within the emergency situation must be prescribed and administered by a doctor or with a doctor in attendance**.**

5.8 Responsibility

- All staff implementing any form of restraint (primary or secondary), seclusion and emergency medication are responsible for the patient's safety and well being.
- Nursing staff and medical staff are jointly responsible for the recording of the assessment and decision making process, planning the observations and patient care.
- Nursing staff caring for the patient must record all observations, communications and care delivered.
- A patient restrained by a primary method, the method of restraint must be reviewed at twenty minute intervals and observation of the patient made at least every ten minutes. These reviews and observations should be documented in the patient record.
- Managerial staff are responsible for ensuring that the appropriate training is provided for staff.

5.9 Records

In situations where it is foreseeable that the patient will require some form of restrictive physical intervention (primary or secondary restraint) there must be a written protocol/care plan for the patient that includes:

- A reference to the MCA Code of Practice (MCA 2005)
- A description of activities, behaviour sequences and settings which may require a physical intervention.
- Results of assessment to determine any contra indications for use of physical interventions.
- A risk assessment which balances the risk of using physical intervention against the risk of not using physical intervention.
- A record of family and carers views.
- A system of recording behaviours and the use of physical intervention.

- A description of the specific physical intervention techniques which are sanctioned, with review dates.
- The frequency of review and members of review team.

The use of restraint, seclusion and medication in an emergency should be recorded as soon as possible and include:

- Assessment of capacity
- Names of staff involved
- The reason for using intervention
- The type of intervention used
- The date, time and duration of the intervention
- Whether the patient or anyone else experienced injury or distress, and what action was taken

5.10 Post incident

- Following an incident where restraint, seclusion and emergency medication are used staff and carers should be given the opportunity to talk about what has occurred in a safe and calm environment.
- There should not be any apportion of blame, but a discovery of what happened and the effects on the patient.
- If for any reason a member of staff has received injury or severe distress following the use of restraint, seclusion and emergency medication they should receive prompt medical attention.

All employees who have been involved in an incident of violence or aggression will be offered timely support based upon their individual need or preference.
Support methods may include:

a) Practical help accessing support
b) Access to Occupational Health Services
c) Professional and line management supervision/ debrief which must be documented

6.0 Monitoring and audit

This policy and procedure will be monitored via the Trust incident reporting and monitoring system.

APPENDIX ONE

Process requirements

1.0 Implementation and awareness

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under ‘Trust polices, procedures and leaflets’.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under “Policies”;

notification of the posting is included on the intranet “News Feed” and in the Chief Executive’s newsletter.

- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.
- Policy and procedure to be added to the Safeguarding Web Page.
- Directorate Matrons and Consultants in charge of patient care will need to be responsible for implementing learning and awareness of the document.
- All staff who may be involved in patient care.
- Any contracted staff such as Security staff will need to adhere to this policy and procedure and show that they have a level of training commensurate with adherence to this policy and procedure.
- Conflict resolution training – available.
- Breakaway training may need to be resourced.
- Mental Capacity Act Basic Awareness Training – available.

2.0 Review

Procedure to be reviewed every 3 years or sooner if national updates require change to be effected.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

APPENDIX TWO

CONSULTATION ON: Restraint Policy and Procedure

Consultation process

Please return comments to: Matron for Safeguarding Adults

By date: 28.04.2014

Name: Name: *List key staff appropriate for the document under consultation. Select from the following:*	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Local Security Management Consultant	10.04.14			
Medical Director	10.04.14			
Chief Nurse	10.04.14			
Deputy Chief Nurse	10.04.14			
Chief Operations Officer	10.04.14			
All Site Practitioners	10.04.14			
Director of Estates & Facilities	10.04.14			
Head of Clinical Governance	Vacancy			
All Clinical Directors	10.04.14			
All ADO's	10.04.14			
All General Managers	10.04.14			
Medical Leads for Safeguarding Adults and MCA	10.04.14			
Patient Experience Matrons	10.04.14			
Trust Risk Manager	10.04.14			
Patient Safety Manager	10.04.14			
Trust Ethicist	10.04.14			
All Matrons	10.04.14			
All ADNS'	10.04.14			
Clinical governance assistant	19.09.14	22.09.14	Y	Y
Staff Side chair	10.04.14			
All Ward Managers	10.04.14			
All Safeguarding Champions	10.04.14			
Members of key committees:-	10.04.14			
Safeguarding Adults Committee	10.04.14			
Trust Lawyers Brachers	10.04.14			
Comments invited from Paediatric services	10.04.14			
Lead Nurse for Safeguarding Children	10.04.14			
Health & Safety Advisor	10.04.14			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

APPENDIX THREE

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.

Title of Policy or Practice	Restraint Policy and Procedure
What are the aims of the policy or practice?	To enable staff to work safely and within the law when considering using a restraint upon patients
Identify the data and research used to assist the analysis and assessment	
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	**Is there an adverse impact or potential discrimination (yes/no). If yes give details.**
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	N/A
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	Prisoners are already restrained by the prison officers accompanying them.
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	Yes
When will you monitor and review your EqIA?	Alongside the policy/procedure every three years
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix Three of this policy on the Trust Intranet (Policies and Guidelines).

FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Documenting physical restraint of the adult patient	RWF-OPF-CS-NC-NUR9
5	J.A.P.A.N	RWF-OWP-APP759
6	Additional needs dependency assessment scale	RWF-OPPM-CORP114