Mental Health Restrictive Practice - Eating Disorders (Adults) Quality Dashboard 2020/21

NHS England

Indicator Reference Number	Theme	Name of Indicator / Description	Numerator	Denominator	Period Type	Frequency	Data Source Numerator	Data Source Denominator	Target	Interpretation Guidance	Notes	Reporting Periods											
												May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
RPED01	Clinical outcome	Proportion of restraint incidents which were prone	Of those in the denominator, the number of incidents which were prone	The total number of all restraint incidents in the reporting period	Rolling Annual	Monthly	Provider submitted	Provider submitted		Neutral	When counting the number of incidents which involved prone – please include all incidents were prone was utilised, this is to consider prone as the most restrictive level of physical restraint	N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED02	Clinical outcome	Count of patients who were subject to prone restraint intervention	Total number of patients who were subject to prone restraint in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED03	Clinical outcome	Proportion of restraint incidents which were supine	Of those in the denominator, the number of incidents which were supine	The total number of all restraint incidents in the reporting period	Rolling Annual	Monthly	Provider submitted	Provider submitted		Neutral	When counting the number of incidents which involved supine restraint, please discount any incidents where the patient was also held in prone position, this is to avoid double counting of incidents with prone also utilised in a single incident	N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED04	Clinical outcome	Count of patients who were subject to supine restraint intervention	Total number of patients who were subject to supine restraint in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED05	Clinical outcome	Proportion of prone restraints lasting longer than 10 minutes	Of those in the denominator, the number of incidents which lasted longer than 10 minutes	The total number of prone restraints incidents in the reporting period	Rolling Annual	Monthly	Provider submitted	Provider submitted		Lower is better	When counting the number of incidents where prone restraint lasted longer than 10 minutes, this must relate to the patient being in actual prone position for 10mins or longer. Do not include restraints that lasted longer than 10 mins but where the patient was in prone for less than 10 minutes. For example – standing restraint for 10 mins, followed by prone for 3 mins, followed by seated for 10 mins. This does not count as a prone restraint over 10 minutes.	N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED06	Clinical outcome	Count of patients who were subject to a standing restrictive intervention	Total number of patients who were subject to standing restrictive intervention in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED07	Clinical outcome	Count of patients who were subject to a restrictive escort intervention	Total number of patients who were subject to restrictive escort intervention in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED08	Clinical outcome	Count of patients who were subject to a side seated restrictive intervention	Total number of patients who were subject to side seating restrictive intervention in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED09	Clinical outcome	Count of patients who were subject to a kneeling restrictive intervention	Total number of patients who were subject to kneeling restrictive intervention in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED10	Clinical outcome	Count of patients subject to a chemical restraint - Injection (Rapid Tranquillisation)	Total number of patients who were subject to a chemical restraint (Injection (Rapid Tranquillisation)) in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral	as defined in V4 of MHMDS	N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED11	Clinical outcome	Count of patients subject to a chemical restraint - Injection (other)	Total number of patients who were subject to a chemical restraint (Injection (other)) in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED12	Clinical outcome	Count of patients subject to other chemical restraint	Total number of patients who were subject to other chemical restraint in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED13	Clinical outcome	Count of patients subject to mechanical restraint	Total number of patients who were subject to mechanical restraint in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED14	Clinical outcome	Count of patients subject to seclusion	Total number of patients who were subject to seclusion in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED15	Clinical outcome	Count of patients subject to segregation	Total number of patients who were subject to segregation in the reporting period	N/A	Rolling Annual	Monthly	Provider submitted	N/A		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21
RPED16	Clinical outcome	Proportion of patients that are subject to NG intervention under restraint	Of those in the denominator, the number of patients who were subject to NG intervention under restraint	Total number of patients who are subject to restraint intevention in the reporting period	Rolling Annual	Monthly	Provider submitted	Provider submitted		Neutral		N/A	Jun 19 - May 20	Jul 19 - Jun 20	Aug 19 Jul 20	Sep 19 - Aug 20	Oct 19 - Sep 20	Nov 19 Oct 20	Dec 19 - Nov 20	Jan 20 - Dec 20	Feb 20 - Jan 21	Mar 20 Feb 21	Apr 20 - Mar 21

Data collection has been approved by the Review of Central Returns - ROCR
ROCR/OR/2230/001MAND

Mental Health Restrictive Practice - Eating Disorders (Adults) Quality Dashboard 2020/2

Restrictive interventions are defined as:

(1) 'Planned or reactive acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken;

and

(2) end or reduce significantly the danger to the person or others;

and

(3) contain or limit the person's freedom'

Required reporting and working definitions

A - Physical restraint (sometimes referred to as manual restraint)

This revised dataset seeks to record incidents that

(1) meet the MHA code of practice (2015, DH) definition of physical restraint

'any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another'

and

(2) meets all parts of the above definition of restrictive interventions and

and

(3) that take place in one of the following positions:

Position	Definition
Prone	A physical restraint in a chest down position, regardless of whether the person's face is down or to the side.
Supine	A physical restraint where the patient is held on their back.
Side	A physical restraint where the patient is held on their side
Standing	Where the patient is restrained in a standing position.
Seated	Where the patient is held in a seated position.
Kneeling	Where the patient is held in a kneeling position.
Restricted escort	Any restrictive hold where an individual is moved/ re-located from one area of a unit to another or between units regardless of level of hold.

Notes on physical restraint

1. Incidents where there is no resistance from the patient, such as a guiding hand or directing a patient away from an area they are not supposed to enter, (a male patient walking towards the female toilet) **should not be recorded as restraint**.

2. The intention of staff is irrelevant. If a patient is placed in, falls into, or put themselves into any of the above positions and the criteria for restraint to be recorded are present, the incident should be recorded as a restraint in that position.

3. The duration of the restraint is irrelevant. A restraint should be recorded if the patient is in one of the above positions however briefly and regardless of intent.

4. Where a patient is held in order to facilitate care or a clinical procedure (sometimes referred to as clinical holding) the incident must be recorded as a restraint provided that all criteria of the restraint definition are present. For example: an older person with dementia may require restraint to be assisted with dressing and the use of the toilet as there are periods during the day when communicating this need is difficult. This plan has been agreed through a best interests meeting and relatives/carers are aware. The person lacks capacity and the use of restraint varies dependant on how the person responds to staff at the time and the level of personal care needs. Whenever possible staff will avoid restraint and wait for an appropriate opportunity to engage, however there are times when staff must intervene due to personal hygiene issues. Whenever restraint is used, even as part of planned care this must be recorded as a restraint.

5. It is irrelevant if a restraint is care planned. Any incident that meets all elements of the definition must be recorded

6. The content of staff training and or provider policy is irrelevant. If a patient is placed, falls into or puts themselves in one of the above positions and the criteria for restraint are present, the incident should be recorded as a restraint

see section F for start and finish times

B - Mechanical Restraint

Mechanical restraint refers to: ‘the enforced use of mechanical aids such as belts, cuffs and restraints to forcibly control a patient’s movement for the prime purpose of behavioural control’

Any incident recorded as mechanical restraint must meet all the criteria for a restrictive intervention.

C - Chemical Restraint

Chemical restraint refers to: 'the use of medication which is prescribed, and administered (whether orally or by injection) for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness'.

Any incident recorded as chemical restraint must meet all the criteria of a restrictive intervention.

	Definition
Oral	Only record medication that is prescribed and offered as an alternative to the patient being subject to any other restrictive interventions
Injection (rapid tranquillisation)	The use of haloperidol, lorazepam, aripiprazole, olanzapine, promethazine, or diazepam by the parenteral route usually intramuscular but exceptionally intravenous, where the use of oral medication is not possible or appropriate, to achieve sedation.
Injection (other)	Any parenteral process that meets the criteria for a restrictive intervention and for chemical restraint but does not amount to rapid tranquillisation including the use of acuphase –
Other	Medication that meets the criteria for a restrictive intervention and for chemical restraint that is not given orally or by injection e.g. a nasal spray or breath actuated spray

Notes on chemical restraint

1. Do not record PRN medication where it does not meet the criteria for a restrictive interventi

D – Seclusion

Seclusion refers to the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others. MHA code of practice (2015, DH)

The following practice should be recorded as seclusion:

1. A patient is locked in a seclusion room
2. A patient is locked in a bedroom
3. A patient is placed alone in a room and prevented from leaving either by the door being locked, held shut or staff standing in the doorway preventing the patient from leaving
4. Where a patient asks to be isolated from others and is then prevented from leaving the area in which they are isolated

The following practice should not be recorded as seclusion

5. If a patient is being restrained by staff, they are not being secluded
6. If a patient is told to go to a particular area but is free to leave that area, they are r

E – Segregation

Nursing or caring for a person in enforced isolation, excluding isolation to prevent the spread of infection, regardless of:

(1) whether the procedures and requirements of the MHA code of practice 2015 for long term segregation are met, and/or

(2) the user of services has periods of interaction with staff and or peers

Notes on segregation

The following should be recorded as segregation

1. Over the last 4 weeks John has assaulted other patients and several members of staff who attempted to intervene. He has previously been restrained and secluded for short periods of time. Each time John comes out of seclusion he makes threats and assaults other patients. The MDT call a meeting to discuss what to do about John and invite the specialised commissioning case manager to attend. They decide that his behaviour presents a prolonged and continuing risk to the other patients and decide that John should be cared for away from other patients until the therapeutic interventions of staff have reduced his level of risk. They move John to the extra care area where he has an ensuite room, a small lounge

2. John is moved to a different extra care area that does not have a separate lounge or access to outdoor space.

3. Alan has refused to wash himself or changes clothes for 2 weeks. The ward manager is concerned about Alan's personal hygiene and has received complaints from other patients that Alan smells. Alan has been shouted at and punched by other patients. The ward manager decides to move Alan to an unused ward area away from other patients and to prevent him associating with his peers.

4. Dorothy has dementia. She has periods of significant confusion and distress which lead to her assaulting other patients and staff. She finds the presence of others in the ward a trigger and the staff make a plan with her family that during these periods she be separated from her peers. She is placed in part of the ward where she can de- escalate with staff but is prevented from integrating with her peer group until her level of distress and confusion reduces. This may range from 2 hours to 5 hours per day. It may not be every day or at the

5. Chardonnay is autistic and finds busy or noisy periods of time on the ward acutely distressing. This results in her vocalising her distress and engaging in severe self harming behaviour. It is agreed through her MDT that she should be able to access a chill out area at these times, guided into this area by staff. It is known she will de- escalate without further need for restriction if she is able to chill in this area. She cannot access the rest of the ward at this time but is able to pace, shout etc in this area until she calms. Staff remain with her. She accesses this ward area several times a day for short periods.

The following practice should not be recorded as segregation

6. John assaults a member of staff, is restrained and moved to the seclusion room. (This should be recorded as seclusion).

7. Colin is escorted to another ward for art therapy and to use the gym. He is the only patient who accesses these services. Colin returns to the ward whenever he is not using the services.

F Start and finish times

The start and finish time of each part of an incident should be recorded.

Example:

(1) A patient attempts to assault a member of staff. The member of staff prevents the patient from striking and restrains the patient in a standing position. The start and finish times for this part of the incident should be recorded as a restraint in a standing position.

(2) The patient struggles and the member of staff requests assistance. The patient is moved by staff to a different area of the ward. The start and finish times of this part of the incident should be recorded as a restricted escort.

(3) The staff moved to a seated position and hold the patient in that position whilst attempting to de-escalate the situation. The start and finish times of this part of the incident should be recorded as a restraint in a seated position.

G Post incident review

1) involving the patient

a discussion between at least one member of the clinical team and the patient as soon after the incident as is practicable and reasonable in all the circumstances.

2) for the staff team

a review involving as many members as possible of the staff team involved in the incident and the patient's care, and where possible the patient's carer or member of family. The purpose of this review is to learn lessons from what happened and to consider whether any changes are required in the patient's care plan.

H Injuries

Injury to patient

any injury recorded in the patient's care record as a result of a restrictive intervention should be included as part of the incident record in MHSDS.

Injury to staff

any injury sustained by staff immediately before or during the restraint incident should be recorded.

Injury to others

any injury sustained by a third party during or immediately preceding the restraint incident. This includes but is not limited to police, visitors and security staff not employed by the provider.