



Annual Review

St Patrick's University Hospital Physical Restraint Activity 2025

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 is 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 208 inpatient residents at any one time and there were 1804 service users admitted during the reporting period of 2025. There were 41 episodes of physical restraint, related to 15 service users, in St Patricks University Hospital in 2025. This equates to less than 1% of inpatient admissions for the year. The shortest episode of physical restraint lasted for less than 1 minute and the longest episode lasted for 12 minutes.

The following aggregate data summarises the analysis of physical restraint data in 2025 in St Patrick's University Hospital.

- 15 service users were restrained a total of 41 times in 2025
- All episodes of restraint related to an immediate threat of harm to self or others
- 39 of the 41 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
- 68% of restraint episodes occurred between 8am and 6pm
- 59% of restraint episodes related to female service users
- 83% of service users restrained were aged 18-64 years and 17% were over 65 years old. Service users under the age of 18 are not admitted to St Patrick's University Hospital
- 80% of restraints lasted 5 minutes or less, 97.5% lasted less than 10 minutes and 2% lasted longer than 10 minutes (12 minutes in total)

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 is committed to achieving full compliance with all the required standards of the code of practice on the use of physical restraint. Where necessary, areas for improvement are identified, and responsibilities are apportioned through 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.

Continuous Improvement

St Patrick's Mental Health Services Clinical Governance Department monitor compliance with the code of practice on the use of physical restraint. If issues related to compliance are identified, they will be managed through well established line management processes. To ensure the adoption of all requirements of the *Codes of Practice on the Use of Physical Restraint*, the following actions have been taken:

1. All clinical staff that may be involved in episodes of physical restraint are trained

2. The Human Resources Department monitor staff training needs
3. Nurses have been provided with guides to support the recording of their nursing notes recorded after the episode of physical restraint.
4. Care plans are monitored to ensure they are updated after each individual episode of physical restraint.
5. The Datix incident report form has been amended to include a mandatory field to capture information related to physical and psychological examination post restraint, as required by the COP.
6. Online forms to incorporate the required MDT debrief meeting and the MDT review meeting are part of the clinical record to facilitate these requirements.
7. The Clinical Governance Committee continue to consider quarterly and annual analyses of episodes of physical restraint.

Review

This report was considered by the Multidisciplinary Review and Oversight Committee, the Clinical Governance Committee on Friday, 30th January 2025.



Signed _____

Mr. Paul Gilligan, Chief Executive Officer
Registered Proprietor Nominee
St Patrick's University Hospital