



Chief Executives
NHS Boards

1st May 2019

Dear All,

You may be aware of recent media coverage regarding the use of restraint within NHS facilities.

Mental health is a priority for this government, we are investing significantly into mental health services, and expect all services across Scotland to be delivered to the highest standards.

I am aware that there are many examples of good practice across the country such as the Scottish Patient Safety Programme for Mental Health which has led to reductions in self-harm, seclusion, violence and aggression, and restraint across a number of areas through collaboration and innovation from staff, service users and carers and the use of quality improvement and improvement science over the last 6 years.

The Scottish Government is clear that alternatives to physical restraint should always be considered first. These may include nursing interventions, medical, psychological or other treatments, and/or modifications of observation policy, care regimes, the person's activities, or even buildings. Only after assessment and with fully trained and qualified staff should restraint be used and as a last resort. Everyone should be able to feel safe whilst receiving treatment or working in our mental health services therefore the use of physical restraint and rapid tranquillisation should only ever be a last resort.

Health Boards therefore have a duty to ensure that they have policies in place covering all forms of restrictive practice and that staff receive appropriate training. While there is currently no statutory duty to publish data on the use of physical restraint or rapid tranquillisation we expect that these episodes are recorded in clinical case records in accordance with NMC / GMC codes of practice, and that a critical incident review should take place locally if an injury occurs during the use of restraint and any serious injury should be reported to the Mental Welfare Commission. We also expect these events to be recorded in your board incident reporting system.

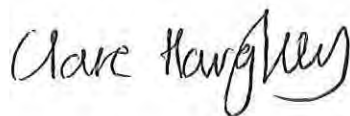
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With that in mind I am now taking this opportunity to seek reassurance from all Health Boards that you have the appropriate policies and training in place for all staff. In addition that these policies, training records and incidences of restraint and rapid tranquillisation are regularly reported at and reviewed at your clinical governance and other relevant meetings and that the use of restraint and rapid tranquillisation is also recorded and monitored in line with good clinical governance. Training records of all staff involved in these interventions must be maintained and training kept up to date. I require your assurance that this is the case.

I would be grateful if you can provide the necessary assurance that the above processes are in place, by e-mail to: mentalhealthlaw@gov.scot. Please contact Teresa Medhurst (Deputy Director – Adult Mental Health via e-mail [REDACTED]@gov.scot in the first instance) if you would like to discuss this in more detail.

In moving forward this approach will continue to further improve our mental health services and the experience of patients, their families and staff are key to reshaping treatment and support.



Clare Haughey

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